



PATIENT **PRESENTING CLINICAL SIGNS**

Marty Brown

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

7 years

WEIGHT

5.42 kg

History: Initially seen 12/4/2021 for PU/PD, bloodwork and urinalysis performed at time showed elevation in two renal function markers, mild anemia and low SG of urine, concern for renal disease. Recommended SDMA, high end of normal, spoke with internal medicine specialist at ANTECH who advised SDMA isn't always elevated in renal disease and with the other changes on BW and SG they are still suspicious of a primary renal cause. P was started on Kidney diet when elevation in renal values first determined. P was doing okay until 3/26/2022 when he started urinating around the house again and increased urination. Repeated bloodwork and renal values had increased again. O called on 5/19/2022 for vomiting 3x in past week. T = 37.8 HR = 176 RR = 24 BCS = 5/9 BAR Mucous membranes pink and moist with CRT < 2 seconds No appreciable skin tent Eyes- Eyeballs, eyelids and associated structures appear normal, patient appears to see normally, no ocular discharge Ears - Both ear canals and pinna's are normal, patient appears to hear fine Mouth/Teeth - Oral exam normal, no evidence of tartar or oral disease Nose/Throat -Air flows freely through nostrils, no discharge, no difficulties vocalizing or swallowing PLN - wnl CVS - no murmur or arrhythmia noted, strong femoral pulses present, normal RR/RE - clear bronchovesicular sounds, no crackles or wheezes appreciated throughout all lung fields Abd - Abdominal palpation normal, this means the kidneys, intestines, liver and other abdominal organs that are palpable are normal, no masses, fluid, lumps or pain. MS- ambulatory x 4, no lameness or joint effusion Skin/coat - hair coat healthy and clean, no external parasites or lesions seen UG/Reproductive - No external lesions noted Neuro - Full neuro exam not performed, no obvious deficits meds: Feline K/D, Cerenia 4mg SID

Abnormal PE/Chem/CBC/UA Results: 12/05/2022 BUN 15.0mmol/L Creatinine 288umol/L RBC 5.51012/L Hemoglobin 89g/L Hematocrit 24% Specific Gravity 1.006 12/14/2022 SDMA 14.3ug/dL 03/27/2022 BUN 17.8mmol/L Creatinine 323umol/L RBC 5.11012/L Hemoglobin 76g/L Hematocrit 22% Specific Gravity 1.006 Please see attached BW

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burford VH

The left kidney is small in size (3.34 cm in length); with a severely irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. The medullary architecture is completely effaced. Moderate pyelectasia is present (0.62 cm in the transverse plane). There is no evidence of nephroliths. Renal vasculature is normal.

REFERRING VET

Dr. Clench

The right kidney is normal in size (4.43 cm in length); with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. The medullary architecture is completely effaced. Mild pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of nephroliths. Renal vasculature is normal.

INVOICE

10969

DATE

5/26/22



PATIENT *Adrenal Glands*

Marty Brown The left adrenal gland is normal size (0.69 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

SPECIES The right adrenal gland is normal size (0.43 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Feline

BREED *Spleen*

Siamese The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

SEX *Liver*

Neutered Male The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

AGE

7 years The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. A few parenchyma cysts are visualized. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

IMAGING PERFORMED BY

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The bilateral renal changes could be consistent with congenital renal dysplasia, or potentially prior insult (i.e., infection, toxin). Renal dysplasia is favored.

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Secondary Findings

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PATIENT

- The pancreatic changes are suggestive of chronic active pancreatitis with parenchyma cysts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Siamese

- Given the persistent anemia, a reticulocyte count is recommended to determine if the anemia is regenerative.
- Given the patient's azotemia and sonograph renal changes, consider the following:
 - UPC (if proteinuria is present)
 - Urine culture and sensitivity
 - Baseline blood pressure measurement
 - Serial monitoring (i.e., every 2-3 months) is recommended to assess for progression of disease.
 - Also consider thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.

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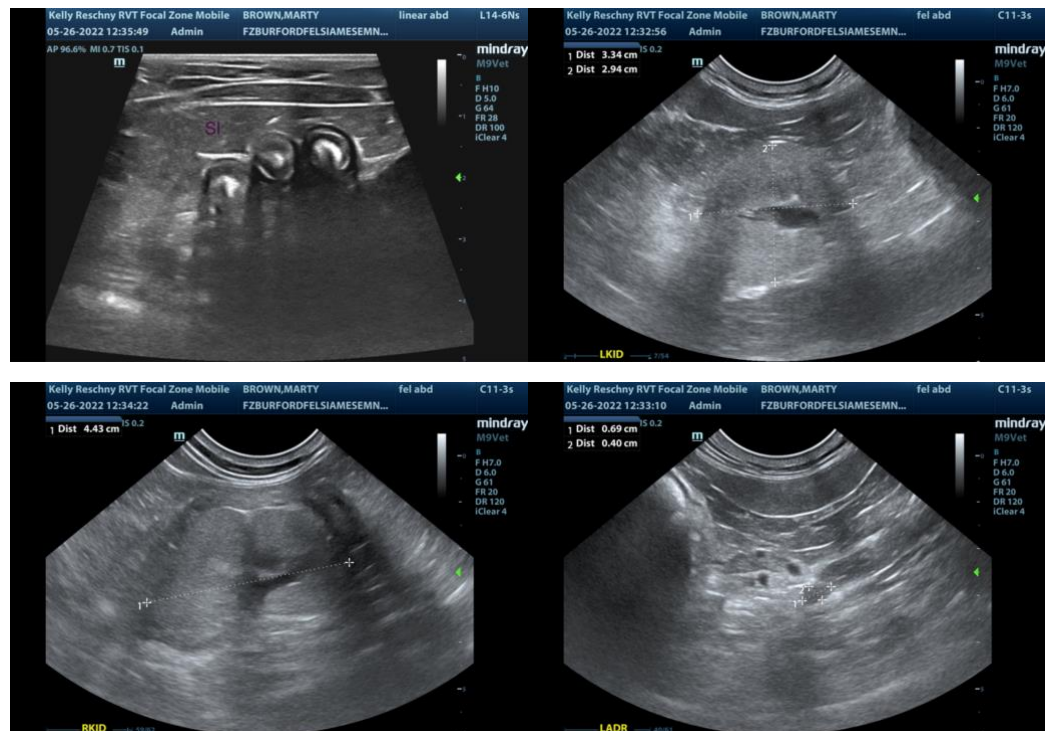
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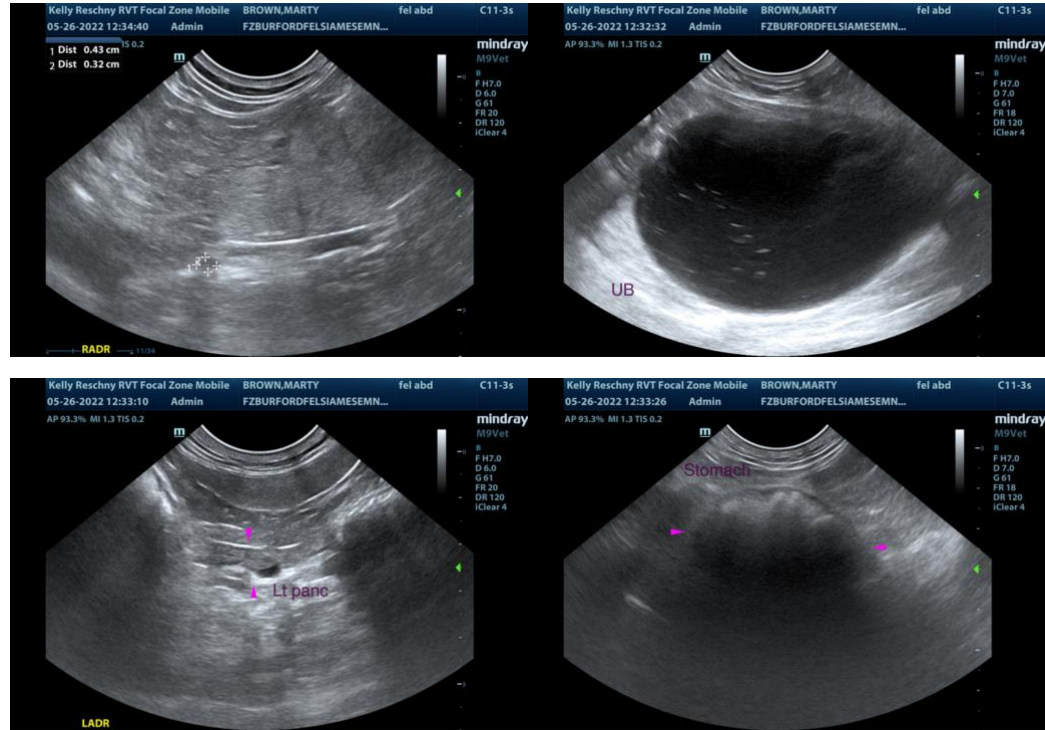
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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