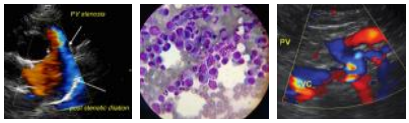
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/26/2022

PATIENT

Max Safchinsky

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/27/2012

WEIGHT

8.1lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Warner-Jones

INVOICE

10972

PRESENTING CLINICAL SIGNS

Hypercalcemia. Ionized Calcium is truly elevated.

Current Medications: Renal diet, Semintra and Minidose aspirin for Hypertension and proteinuria associated with CKD IRIS STage 2 renal disease. Gabapentin 50mg 2 hours prior to scan.
Lab Results: SDMA 28, CUN 37, Creat 2.8 >> IRIS Stage 2 CKD
Ca 15.8, Ionized Ca 1.5 (normal 1.13-1.38).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness. A small amount of suspended, echogenic debris is observed within the lumen, along with a suspected 0.24 cm cystic calculus. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.25 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic. There is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.41 cm in the longitudinal plane). Several nephroliths are visualized, some of which are in the area of the renal pelvis. There is no evidence of infacts. Left hydroureter is present. The proximal ureter measures 0.38 cm. Several stones are observed within the left ureter, the largest measuring 0.49 cm in diameter. The ureter is mildly dilated distal to the stones (0.15 cm).

The right kidney is normal size (2.17 cm in length); with a slightly irregular shape The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 0.50 cm cortical cyst is present at the caudomedial aspect. Trace pyelectasia is present. There is no evidence of hydroureter. Vascular uptake is reduced.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size, with a normal shape smooth peripheral contours. Mineralized foci are observed throughout the gland. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.71 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.

Liver

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.

The gall bladder lumen is mildly distended. The wall is thin and smooth. A scant amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Within the small intestinal lumen, a small amount of shadowing material is visualized, but does not appear obstructive. The remaining small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosla layer in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no evidence of free fluid. 0.54 cm colic lymph node is visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic renal changes with left pyelectasia, nephrolithiasis and hydroureter with ureteroliths and dystrophic mineralization in the right kidney
- Suspected small cystic calculus

Secondary Findings

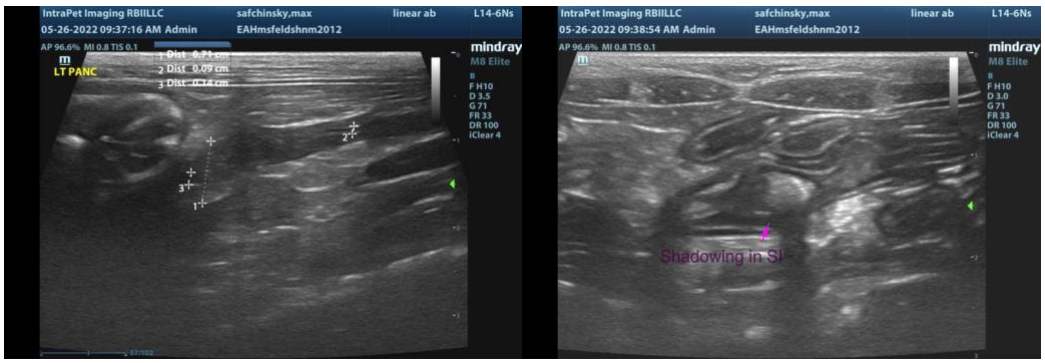
- The mineralization of the right adrenal gland is likely a benign, incidental age-related change
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

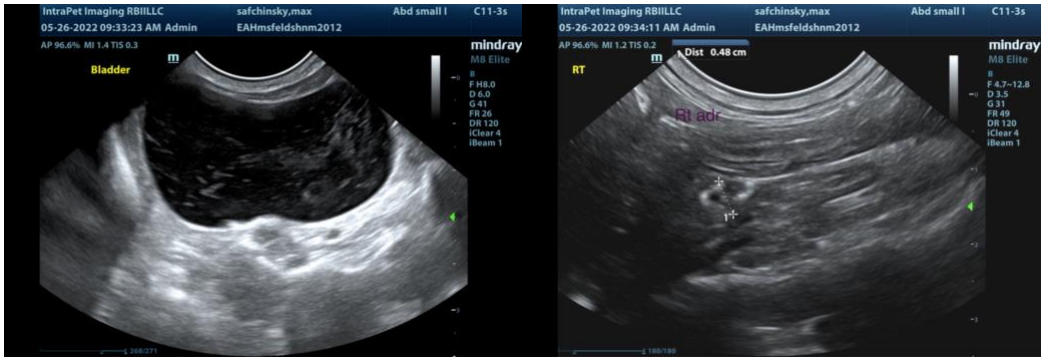
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

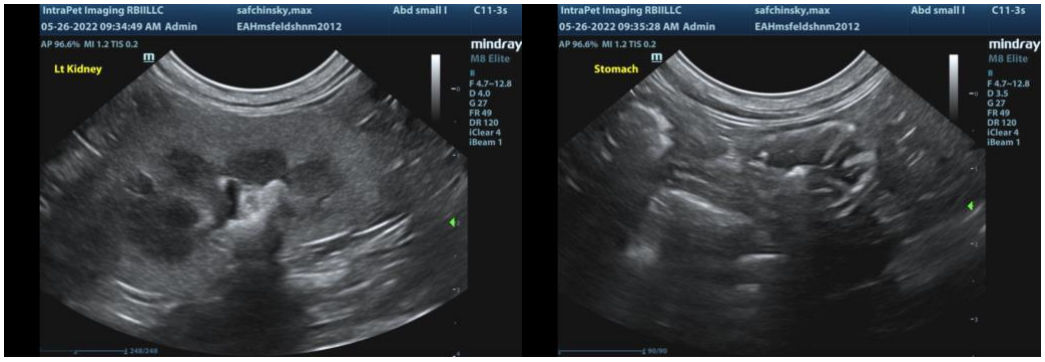
- Given the hypercalcemia, thoracic radiographs are recommended to assess for occult neoplasia. A PTH/PTHrP should also be considered.

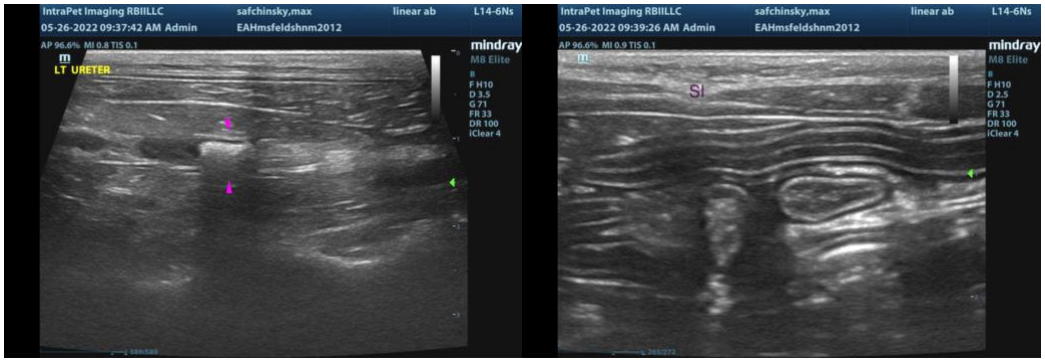
- Regarding the renal disease, consider the following

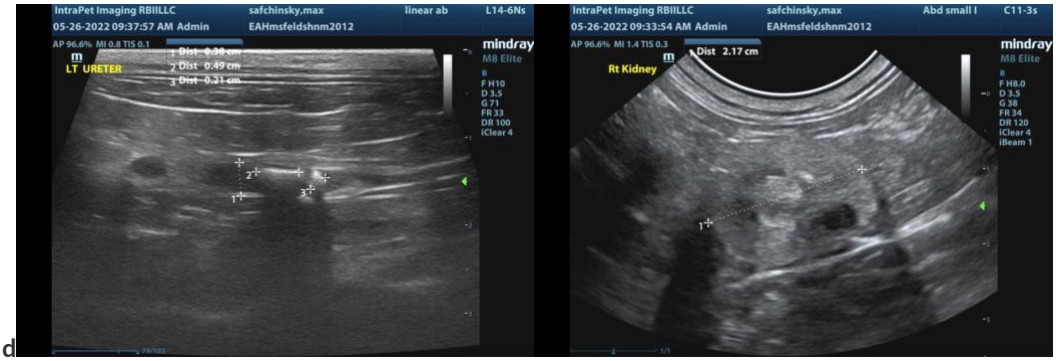
    1. Urine culture and sensitivity
    2. UPC (if proteinuria is present)
    3. Baseline blood pressure measurement
    4. Transition to a prescription renal diet
    5. Serial monitoring (i.e., every 2-3 months) of the patient's renal values to assess for progression
    6. Consider a repeat ultrasound in 7-10 days (or sooner, if azotemia worsens) to assess for movement of the left ureteroliths.











d

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com