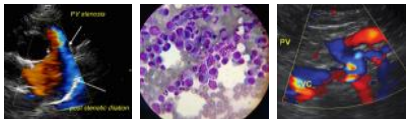
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

5/4/23

PATIENT

Duncan Howard

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/5/11

WEIGHT

9 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Stay Pet Vet

REFERRING VET

Dr. Klimovitz

INVOICE

22305

PRESENTING CLINICAL SIGNS

History of PU/PD, good appetite and persistent weight loss. Body condition is thin with bony prominence. Thyroid panel (FT4) pending, rest of lab work pending. Mild CKD with dental disease. Leukocytosis with a monocytosis and eosinophilia. Creatinine 2.5, BUN 35, USG 1.015, no proteinuria, T4 normal

Current Medications: On kidney diet
Lab Results: See attached.
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, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. Luminal contents are mostly anechoic. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Moderate to severe pyelectasia is present (0.72 cm) in the longitudinal plane. There is no evidence of nephroliths or infarcts. Proximal hydroureter is present (0.20 cm in diameter). After 1-2 cm, the ureter becomes narrowed and is no longer visible.

The right kidney is normal in size (3.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Moderate to severe pyelectasia is present (0.74 cm) in the longitudinal plane. There is no evidence of nephroliths or infarcts. Proximal hydroureter is present (up to 0.25 cm in diameter). The ureter is visible for 1-2 cm, after which it becomes narrowed and is no longer visible.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.56 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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy. Bilateral pyelectasia with proximal hydroureters. This finding may be secondary to bilateral ureteral obstructions (i.e., strictures), stones or tumors (stricture is favored), pyelonephritis, age-related remodeling, PU/PD, or some combination thereof.

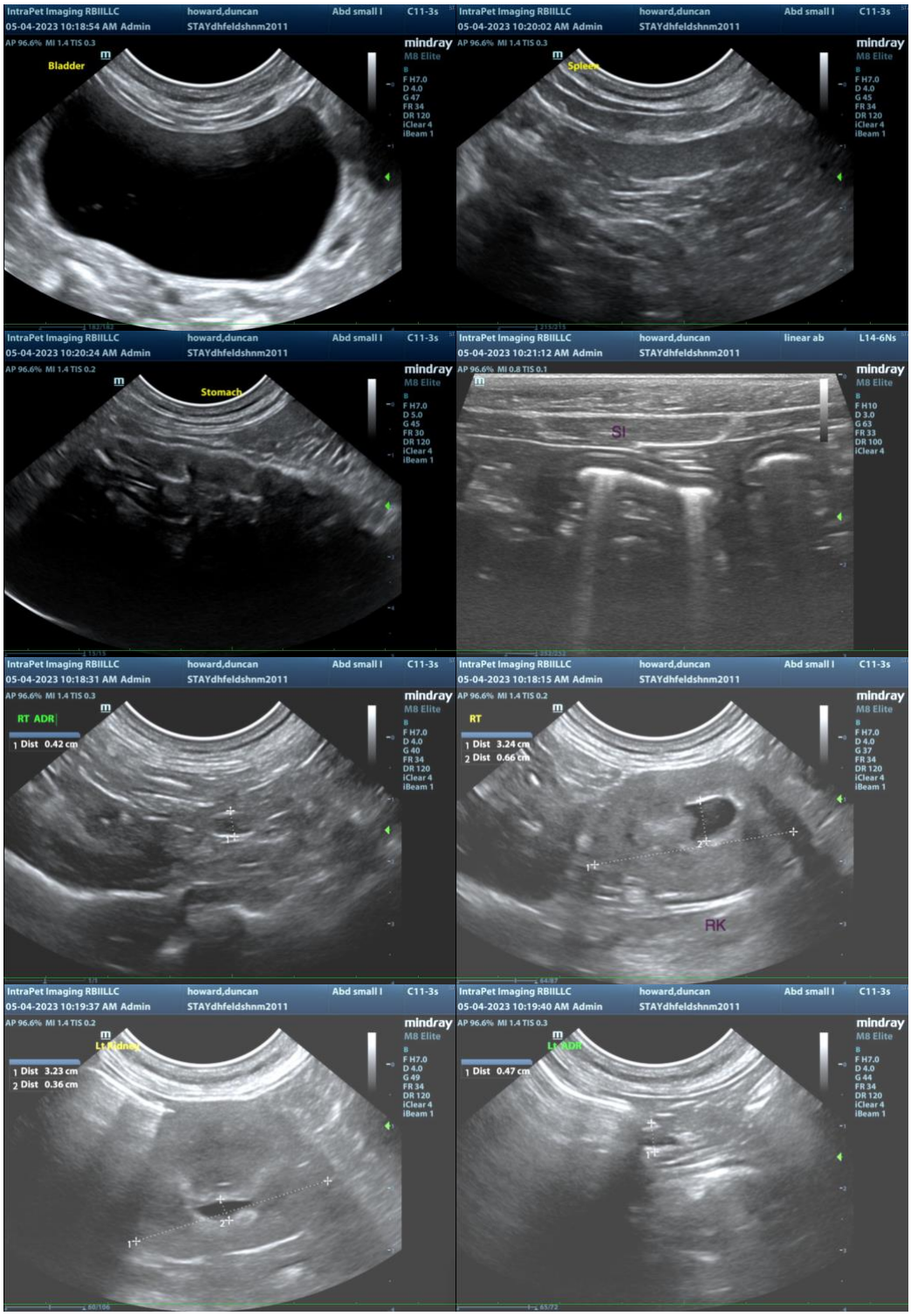
Secondary Findings

- Bowel pattern suggestive of inflammatory bowel disease. This may be an incidental finding. Correlation with the patients clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patients clinical history and sonographic changes, consider the following:

- Urine culture and sensitivity
- Baseline blood pressures measurement to evaluate for systemic hypertension
- Serial monitoring of the patients renal values (i.e., every three months) to assess for progressive azotemia.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Bladder
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IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
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Spleen
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IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.2
Stomach
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SI
mindray M8 Elite
IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.3
RT ADR
1 Dist 0.42 cm
mindray M8 Elite
IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
05-04-2023 10:18:15 AM Admin STAYdhfeldshnm2011
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 3.24 cm
2 Dist 0.66 cm
RK
mindray M8 Elite
IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
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Lt Kidney
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2 Dist 0.36 cm
mindray M8 Elite
IntraPet Imaging RBIILLC howard,duncan Abd small I C11-3s
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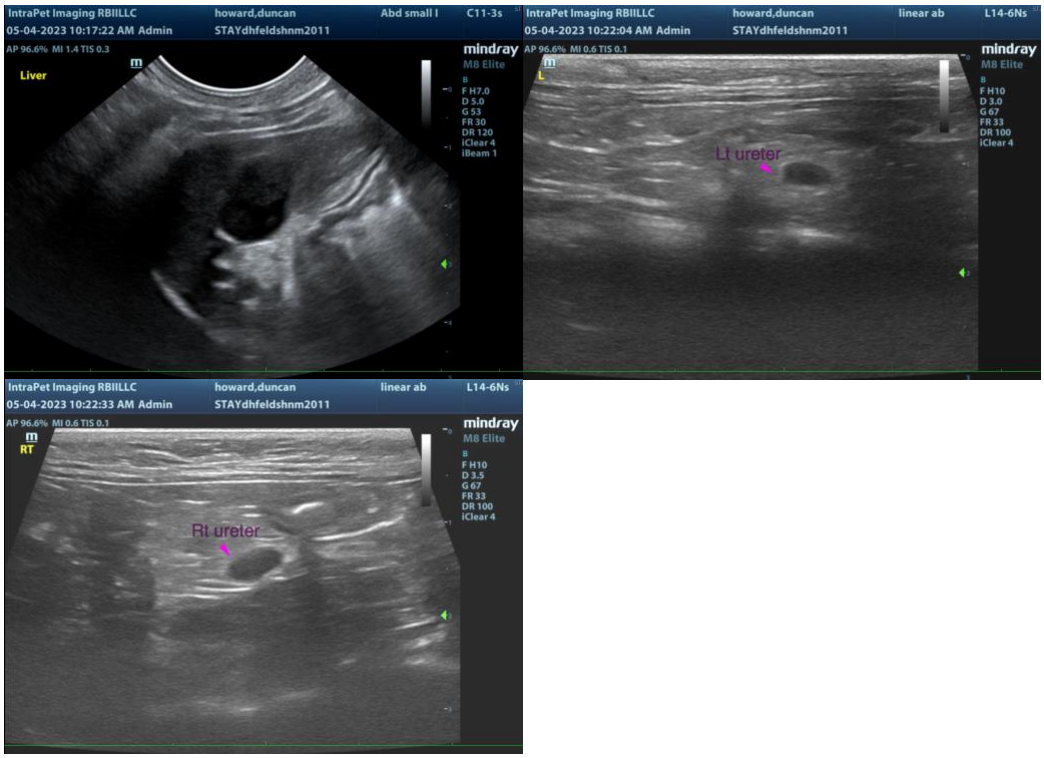
Lt ADR
1 Dist 0.47 cm
mindray M8 Elite



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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