



PATIENT

Pluto Rein

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 years

WEIGHT

5.5 lbs

PRESENTING CLINICAL SIGNS

History: History: Significant weight loss noted 7/2021 weight 5.8lbs o states usually 8lbs. At that time lab results: BUN 78, Cr 4.1, Chol 294, reduced lymphocytes, T4 normal, UA USG 1.015, 2+ protein, mild hematuria (iatrogenic from cysto?), negative urine C/S. Pt started on K/D canned diet, O opted not to bring pt back for further diagnostics since it is stressful for pt to come into the clinic. 5/4/2022: Current weight 5.5lbs BCS 4/9. Small thyroid slip noted. Grade 3/6 systolic murmur. Coughs with tracheal palpation. Left kidney palpates rounded slightly, right kidney too far cranial to thoroughly palpate. Firm small to normal sized feces in colon. Mod dental disease Pt coughs occasionally, pt had one coughing fit during hospitalization for the day.

Radiographs: Radiographic Findings Whole body radiographs are supplied. Cardiovascular structures are within normal limits. There is no radiographic impression of cardiomegaly. Abdominal detail is satisfactory. The stomach and small bowel appear empty except for mild gas. The colon contains moderate formed feces. Although not optimally visualized due to obscuring bowel, the kidneys appear moderately diminished in size. The urinary bladder is moderately distended. Other visceral structures are within normal limits. Conclusion Cardiopulmonary abnormalities are not defined. There is no radiographic impression of cardiomegaly. Impression of moderate chronic bilateral renal disease with diminished size. Other abdominal viscera are without defined abnormalities. Steve Harnagel, DVM, DACVR ECG- HEART RATE AND RHYTHM: Heart Rate: 241 bpm Rhythm: Sinus ECG AND CLINICAL ASSESSMENT: Normal ECG. The reported heart murmur noted in this patient raises concern for underlying structural heart disease. BP Systolic average 130 mmHg Feline comprehensive panel- BUN 63, Creat 4.1, CHO 369, lympho 735, T4 3.2 (recommended free T4) UA- USG 1.020, pH 6.5, pro 2+, occult blood 1+ (cysto?) , fecal not submitted UPC 0.6 (ref range <0.5) Renal tech positive.

INTERPRETED BY

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

Abnormal PE/Chem/CBC/UA Results: HEART RATE AND RHYTHM: Heart Rate: 241 bpm Rhythm: Sinus ECG AND CLINICAL ASSESSMENT: Normal ECG. The reported heart murmur noted in this patient raises concern for underlying structural heart disease

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

HOSPITAL NAME

Brighton Greens VH

The left kidney is normal size (2.33 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Robin Janeway

The left kidney is normal size (2.54 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

INVOICE

10878

DATE

5/5/22

Adrenal Glands

The left adrenal gland is normal size (0.90 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.



PATIENT

Pluto Rein The right adrenal gland is normal size (0.85 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

SPECIES *Spleen*

Feline The spleen is normal in size (0.75 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.

BREED *Liver*

DSH 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.

SEX

Spayed Female 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.

AGE

6 years *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 small intestinal lumen is not dilated. 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 or overt infiltrative disease is noted.

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Animal Internal Medicine)

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.

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RVT LVT

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

HOSPITAL NAME

Brighton Greens VH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

REFERRING VET

Dr. Robin Janeway

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

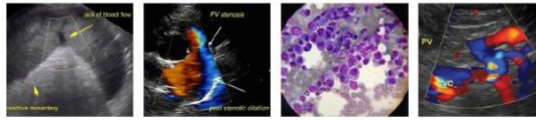
- Given the azotemia, a urine culture and sensitivity is recommended. Serial monitoring (i.e., every 3-4 months) of the patient's renal values and blood pressure is recommended to assess for progression of disease.
- Given the substantial weight loss, consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to assess for concurrent gastrointestinal and/or pancreatic disease as possible contributing factors.

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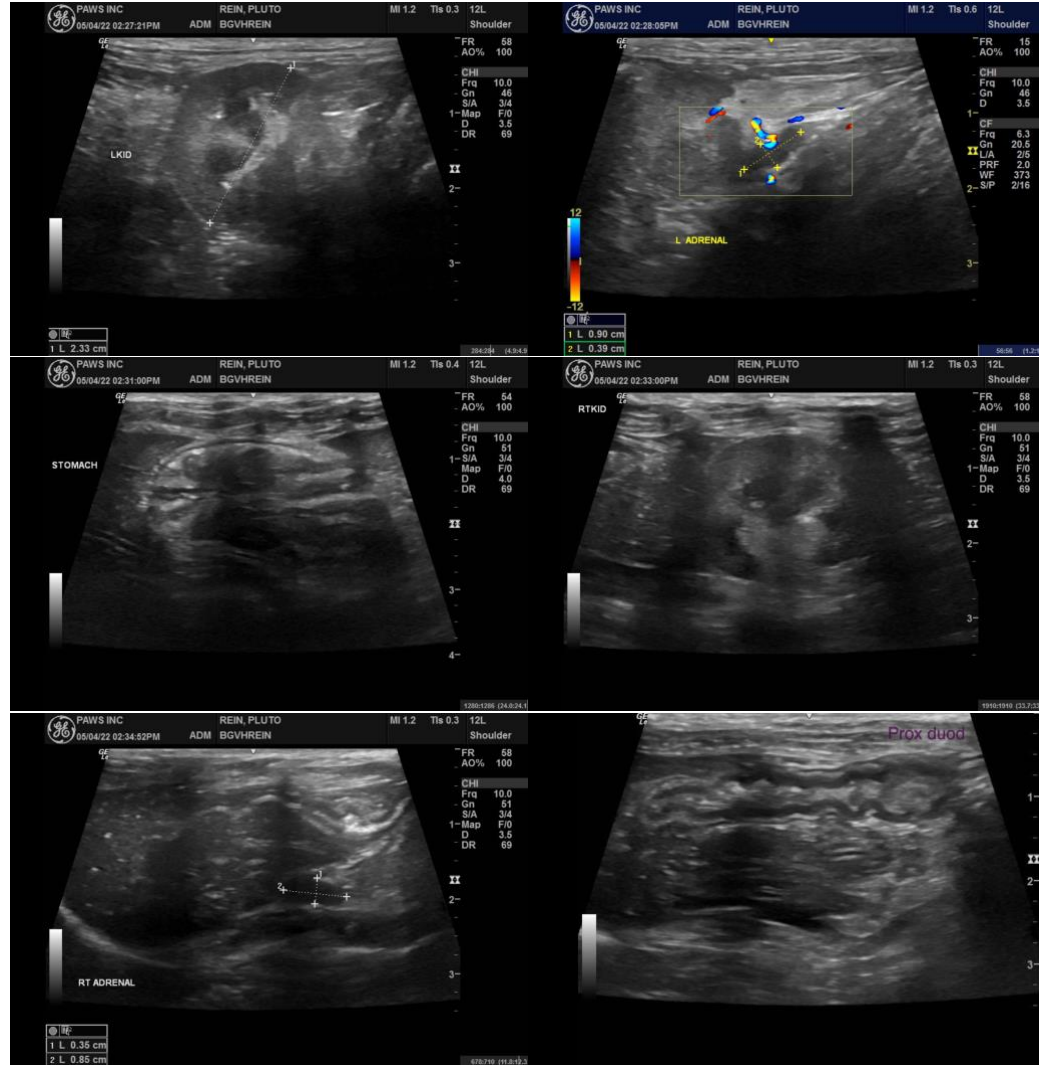
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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