



PATIENT

Sri Sanders

PRESENTING CLINICAL SIGNS

Hematuria for past month. Hyporexia, weight loss and PU/PD for past few years. Suspected left kidney stone, heart murmur grade 3/6 never worked up and present for years. Severe dehydration on PE

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Creat 4.3, bun 82, P 6.1, neutrophilia 16K, hematocrit 28%, USG 1.016, 2 + proteinuria and 2-3 WBC and hematuria.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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.

AGE

10 years

The left kidney is small in size (2.60 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. A few, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

WEIGHT

5.58 lbs

The right kidney is small in size (2.55 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

IMAGING PERFORMED BY

Charlie Rodriguez

Spleen

The spleen is normal in size (0.69 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.

HOSPITAL NAME

Bethany Family Pet Clin.

Liver

The liver is not visualized in its entirety. In the visualized portions, it appears normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed.

REFERRING VET

Dr. Tiffany Pow

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



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The gastric lumen is mildly fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

SEX

Spayed Female

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

10 years

- Bilateral, nonspecific, chronic, renal changes with nonobstructive nephrolithiasis, a left cortical infarct, and right pyelectasia

WEIGHT

5.58 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Consider additional sonographic imaging of the liver to rule out pathology in this organ.
- Regarding the patient's clinical signs and azotemia consider the following:

IMAGING PERFORMED BY

Charlie Rodriguez

- IV fluid diuresis, broad-spectrum antibiotic therapy and symptomatic care
- Baseline blood pressure measurement
- Serial monitoring of the patient's renal values to assess for progression
- Thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.

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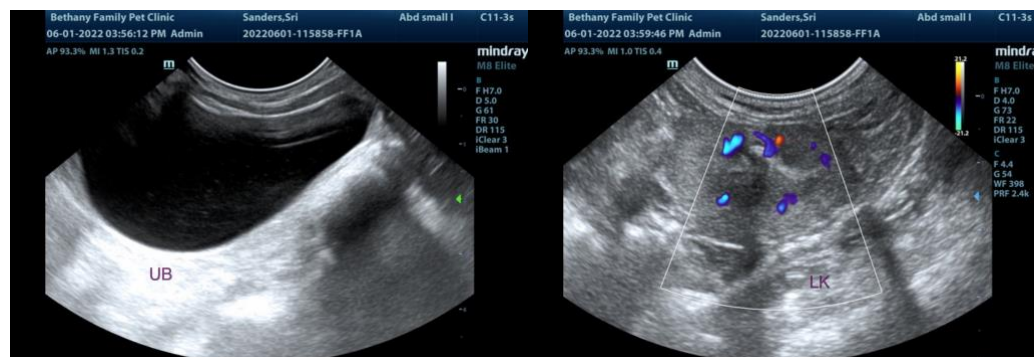
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**IMAGING
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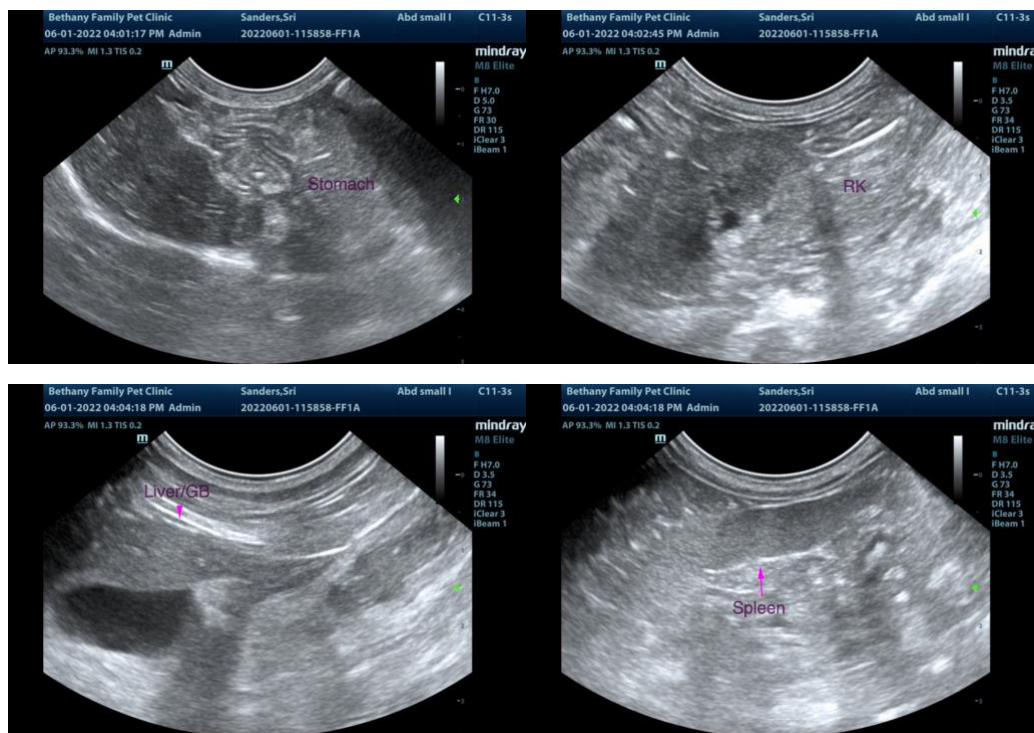
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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