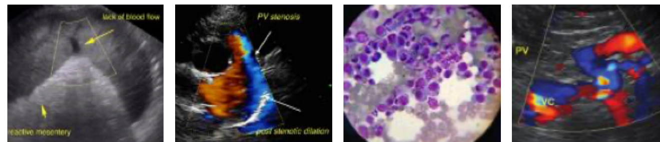
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Jinxi Hornback

SPECIES

Feline

BREED

DSH

SEX

Mixed

AGE

18 years

WEIGHT

9.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Maria Martes

INVOICE

13442

DATE

6.21.23

PRESENTING CLINICAL SIGNS

History: The patient was presented for evaluation of hypoxia and abnormal urination. The patient has been urinating outside the litterbox for these last 2 days. She has not defecated in these last 2 days. She is lethargic. Does not have vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: TT4 - normal at 1.1 SDMA - high 31 UA - rods +, cocci 4+, RBC 32, WBC > 500, USG 1.013, protein 1+ radiographs - spondylosis, mineralization at left kidney; DJD changes at coxofemoral joints CBC: RBC 5.40 M/µL 6.54 - 12.20 LOW HCT 29.5 % 30.3 - 52.3 LOW HGB 8.5 g/dL 9.8 - 16.2 LOW MCV 54.6 fL 35.9 - 53.1 HIGH RETIC 1.6 K/µL 3.0 - 50.0 LOW RETIC-HGB 21.5 pg 13.2 - 20.8 HIGH LYM 0.81 K/µL 0.92 - 6.88 LOW EOS 0.00 K/µL 0.17 - 1.57 LOW CHEM: SDMA 31 µg/dL 0 - 14 HIGH CREA 5.1 mg/dL 0.8 - 2.4 HIGH BUN 69 mg/dL 16 - 36 HIGH PHOS 7.7 mg/dL 3.1 - 7.5 HIGH AMYL 1515 U/L 500 - 1500 HIGH K 2.5 mmol/L 3.5 - 5.8 LOW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (3.87 cm in length) with and irregular shape. The cortex is variably thickened. There is moderate loss of 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, or hydroureter. The mesentery surrounding the kidney is hyperechoic.

The right kidney is borderline small in size (3.08 cm in length) with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A cortical infarct is suspected at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

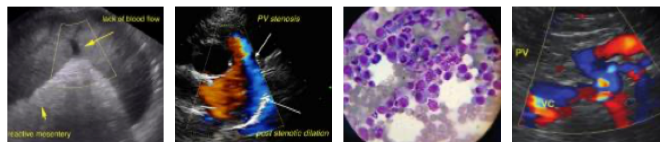
Spleen

The spleen is normal in size (0.79 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 appears 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 is mildly to moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.



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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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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

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

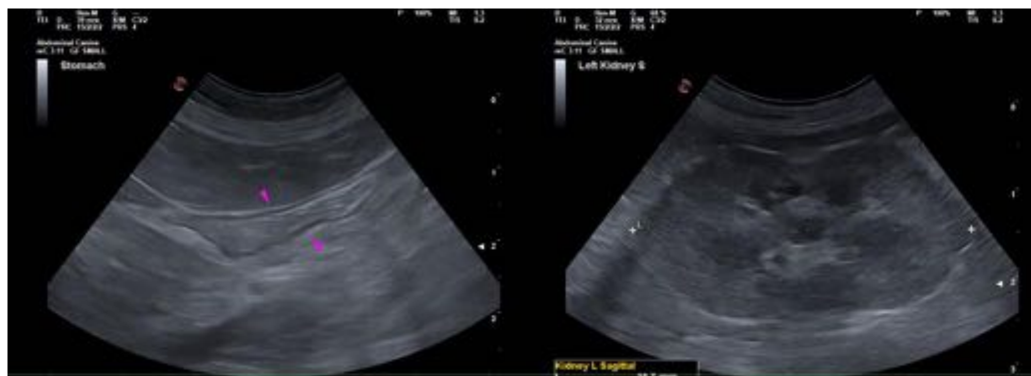
ULTRASONOGRAPHIC FINDINGS

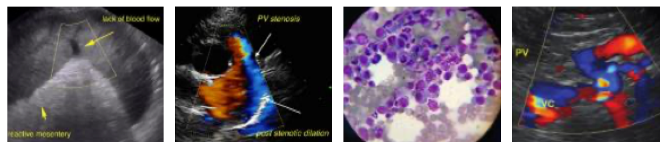
Findings

Bilateral chronic renal changes with nonobstructive nephrocalcinosis and a right cortical infarct. There is evidence of retroperitonitis. Given the patient's clinical history, acute-on-chronic renal failure is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- UPC (if proteinuria is present in the absence of infection)
- Baseline blood pressure measurement
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be initiated.
- Symptomatic care including fluid therapy, gastric protectants, and broad-spectrum antibiotics (while awaiting urine culture and sensitivity results) is recommended.
- Serial monitoring of the patient's renal values should be performed to assess for progression of disease.





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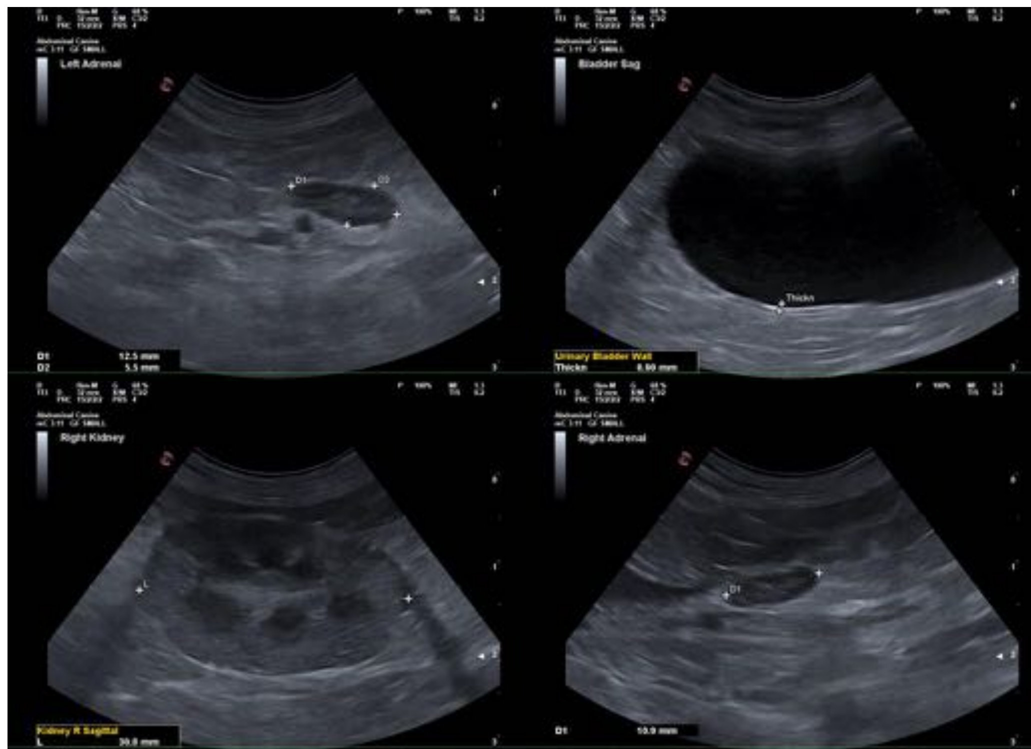

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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