



**PATIENT**

Hershey McNemar

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Feline

History: hx of kidney disease - recheck u/s - decreased appetite, constipated, dehydrated. current meds: renakare, kidney gold both given daily - gave 150 mL LRS SQ, 0.3mL cerenia, and 1 inch of mirtaz transdermal day prior to scan meds used to sedate : 100mg/ml gabapentin for pvp this am, 0.1 mL - torb and a hub of dexdomitor

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**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 2 cm, are normal.

**AGE**

15 years, 9 mos, 14 days

The left kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hyperechoic. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

8 lbs, 2 oz

The right kidney is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hyperechoic. Mild pyelectasia is present (0.48 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**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**

Heather McNemar

**HOSPITAL NAME**

Animal Care Clinic of  
Flanders

**Spleen**

The spleen is normal in width (0.77 cm at the level of the hilus) with a curled, slightly elongated contour. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Dr. Villari

**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.

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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.

**DATE**

6/3/22



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**Gastrointestinal**

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern. There is slight 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 pancreas is partially obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent jejunal lymph nodes are visualized, the largest measuring 1.32 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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

**Secondary Findings**

- Mild splenomegaly, previously observed
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Small intestinal wall pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the patient's renal disease, consider the following:
  - Urinalysis with urine culture and sensitivity
  - UPC (if proteinuria is present)
  - Baseline blood pressure measurement
- Given the patient's clinical history, consider thoracic radiographs to assess for occult neoplasia in the chest
- A CBC (send to a diagnostic lab) with a reticulocyte count is recommended to determine if the anemia is regenerative versus nonregenerative.
- Given the hyperglobulinemia, also consider a serum protein electrophoresis.



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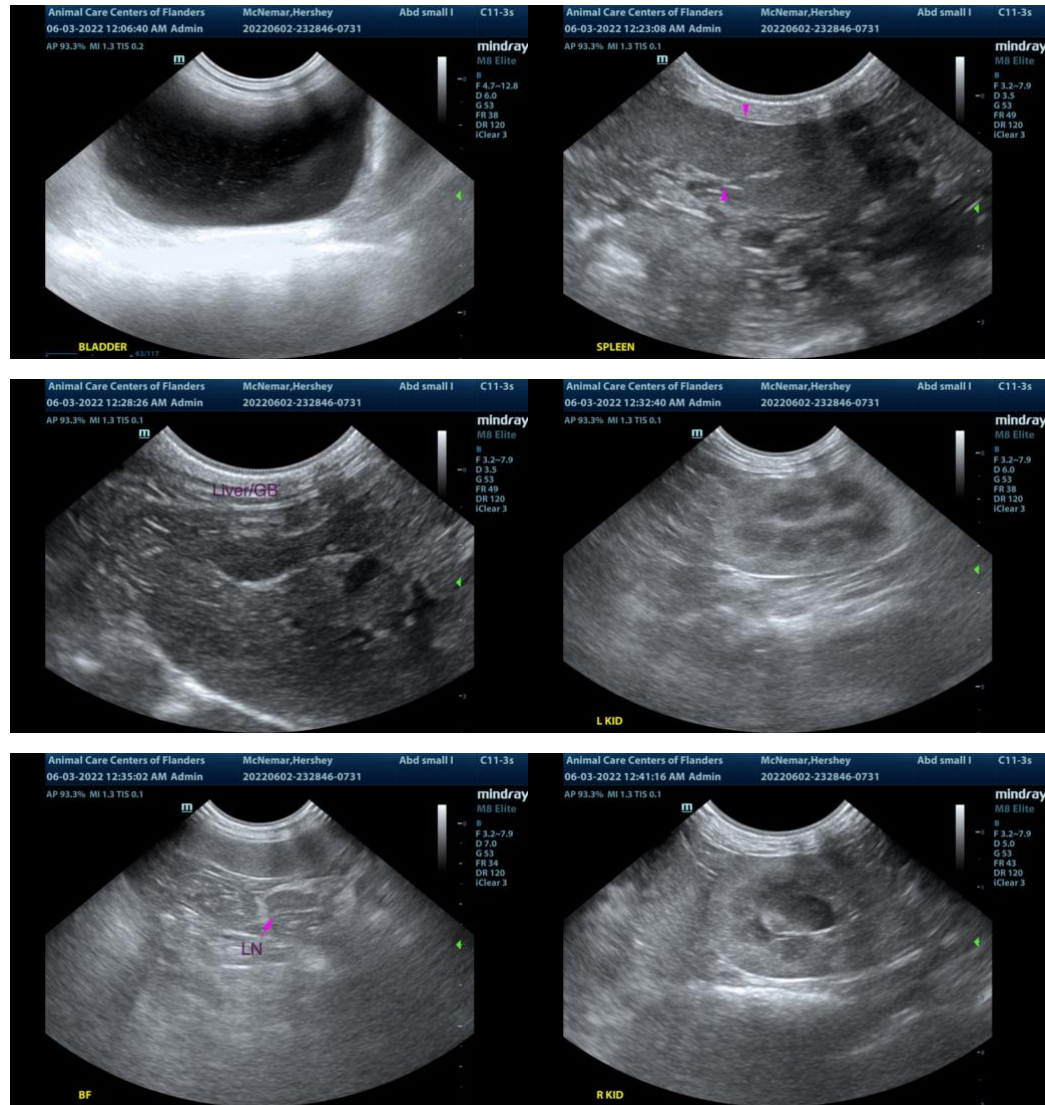
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com