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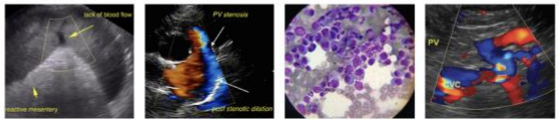

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Zayla Steele

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/15/2010

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Randinelli

INVOICE

11017

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: O states she is not seeing hands in front of her face and she tripped over a threshold. O thinks she can see light and movement. Recommend rechecking p and getting BP readings as hypertension can accompany renal disease and lead to blindness. If caught early enough they have an ~50% chance of the retina laying back down and restoring some vision. O notived some bloody/pink tinged urine on the litter box liner 2 weeks ago. Based on rad, think there are punctate mineralizations in the renal pelvises, but are very small. Explained kidney stones are often untreated in animals but can be nidus for infection and inflammation. Recommend urine culture +/- AUS with sedation. O understands everything but is overwhelmed. O requests to start with BP and culture first.

Abnormal labwork values: BUN 66mg/dL (3/9/22)
CREA 2.6mg/dL (3/9/22). BUN 43mg/dL (5/30/22). CREA 1.9mg/dL (5/30/22)

Current Medications: Convenia, Prednisone Acetate Opth Drops

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 mostly anechoic urine. 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.

The left kidney is small in size (2.41 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A large cortical infarct is present at the caudal pole. Pyelectasia is present. There is no evidence hydroureter. Renal vasculature uptake appears reduced.

The right kidney is borderline small in size (3.21 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A large cortical infarct is present at the caudal pole. Pyelectasia is present. There is no evidence hydroureter. Renal vasculature uptake appears reduced.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.90 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.

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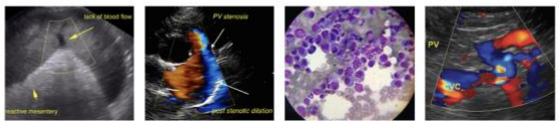

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Gastrointestinal

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic, age-related renal changes with cortical infarcts

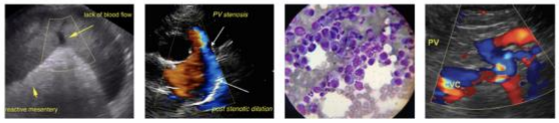
Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- Minor, age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring of the patient's renal values is recommended to assess for progressive azotemia. Further considerations include the following:

1. Urine culture and sensitivity
2. UPC (if proteinuria is present)
3. Baseline blood pressure measurement



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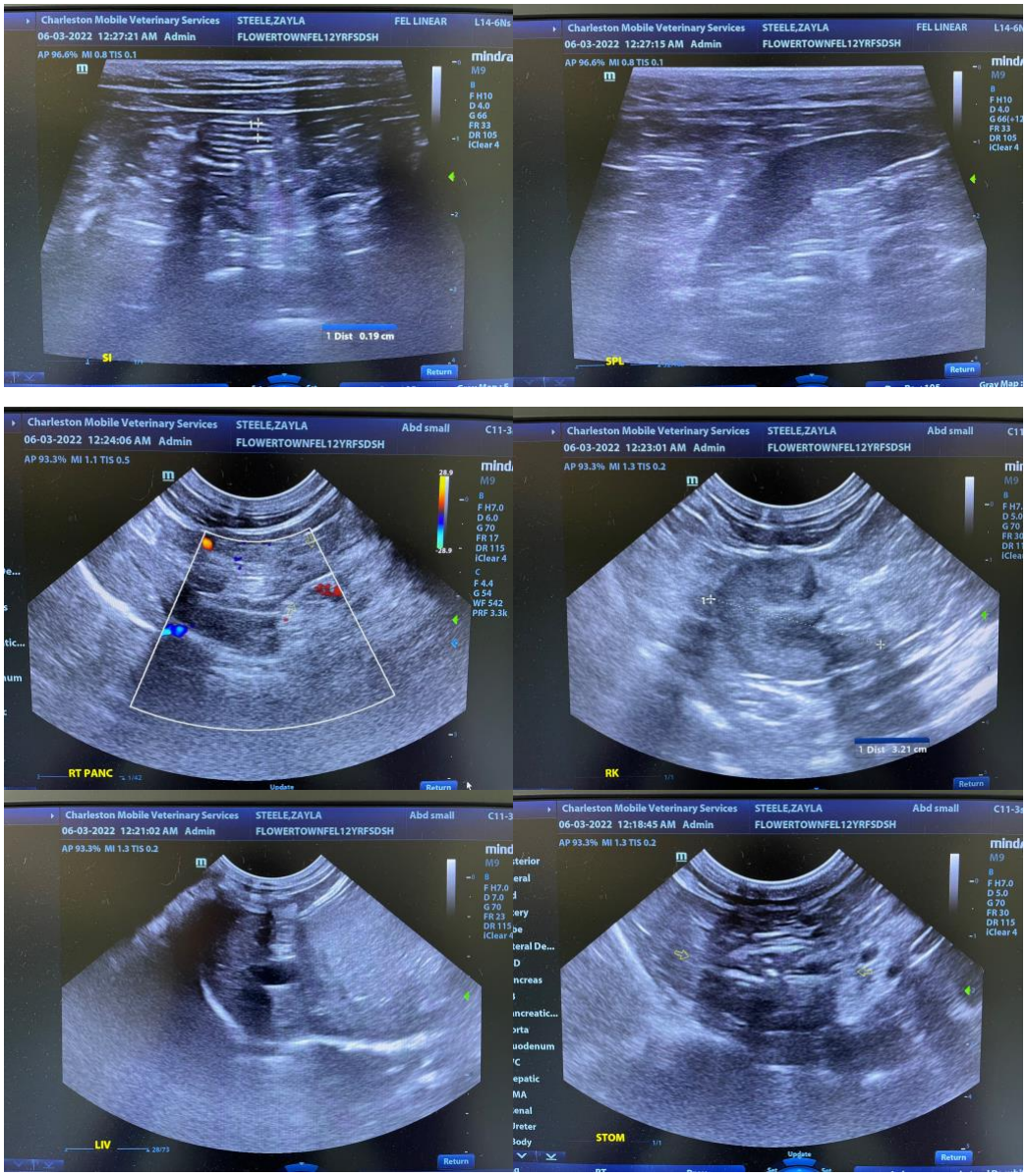
4. Thoracic radiographs can also be considered to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.
5. If the patient develops gastrointestinal signs, further GI work-up (i.e., malabsorption panel, fecal evaluation +/- GI biopsies may be warranted.



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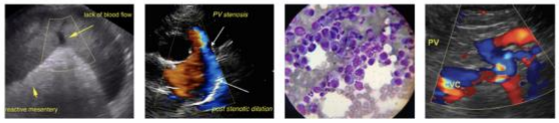

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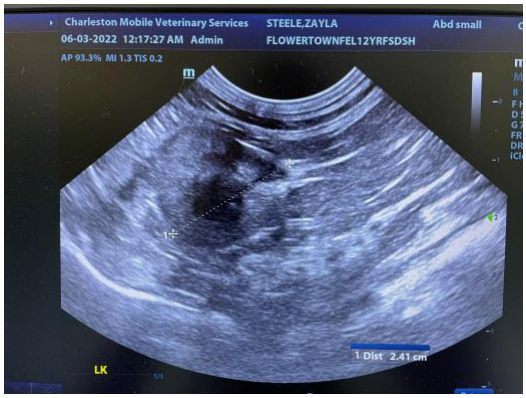

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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