

**DATE PRESENTING CLINICAL SIGNS**

8.4.2023 At Annual Exam no concerns except excessive drinking. Hx of dental disease. Elevated Creatinine and Amylase with poorly concentrated urine support renal insufficiency and pancreatitis  
 PE: BCS 5.0/9. 1+ calculus, otherwise normal exam.

**PATIENT**

Baxter Blethen

Current Medications: Hill's K/D.

Lab Results: USG 1.020. Trace proteinuria, inactive sediment. BUN 30.3 mg/dl, Creatinine 2.6 mg/dl, Amylase 1421.0 iu/L, Glob 5.4 (2.6-5.1), Urine not well concentrated, hematology normal, thyroid normal.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE**

10/1/2008

The left kidney is normal in size (3.55 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

10.9 lbs

The right kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.48 cm in the transverse plane) There is no evidence of nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

**HOSPITAL NAME**

Friendly Paws VC

**Spleen**

The spleen is normal in size (0.94 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.

**REFERRING VET**

Dr. Price

**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.

**INVOICE**

13960

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

### ***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 segmentally dilated with fluid and chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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.

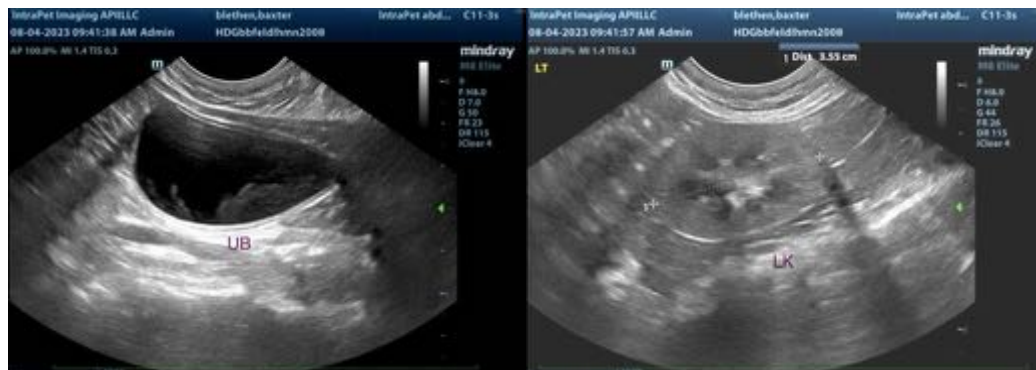
## **ULTRASONOGRAPHIC FINDINGS**

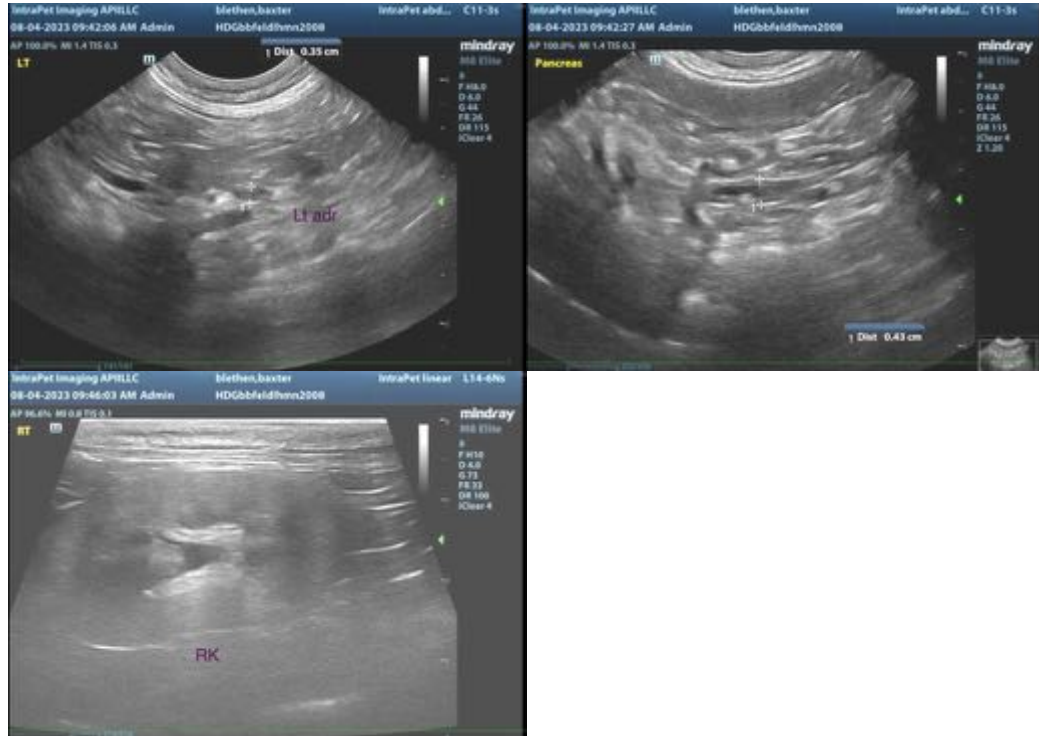
### **Findings**

- Bilateral chronic renal changes. The right pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history, and the sonographic renal changes, consider the following:
  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Baseline blood pressure measurement
  4. Transitioning to a prescription renal diet
  5. Serial monitoring of the patient's renal values to assess for progressive azotemia





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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