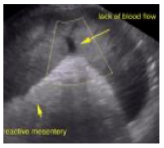
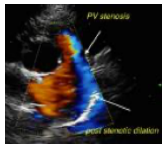
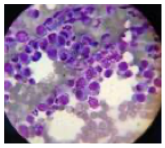
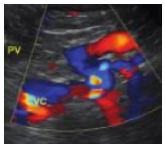
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
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PATIENT
Topaz Lew

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
18 years

WEIGHT
10.75 lbs

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

IMAGING PERFORMED BY
Ashley Fatzer

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Hummel

INVOICE
11373

DATE
8.8.22

PRESENTING CLINICAL SIGNS

History: decreased appetite, weight loss, hx of renal disease.
Abnormal PE/Chem/CBC/UA Results: PE: palpable mass or enlarged kidney cranial dorsal abdomen
Bloodwork pending Bloodwork done 9/21 BUN 55, crea 2.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The **left kidney** is upper limits of normal size (4.45 cm in length); with an irregular shape. The cortex is diffusely thickened and hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

The **right kidney** is normal size (4.40 cm in length); with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.54 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The **left adrenal gland** is normal size (0.33 cm cranial; 0.32 cm caudal; 1.14 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.46 cm cranial; 0.34 cm caudal; 1.01 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.59 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 **gall bladder** is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 chyme. 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. 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

The **mesentery** surrounding the kidneys is hyperechoic. Trace retroperitoneal fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

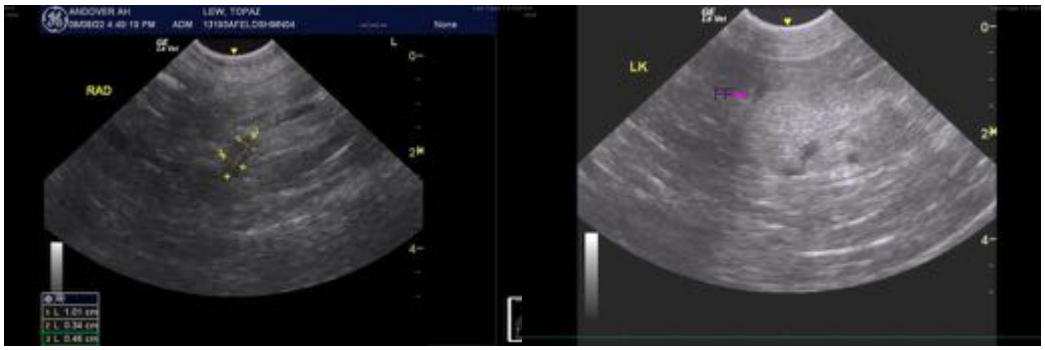
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. Retroperitonitis is present. The bilateral pyelectasia could be secondary to pyelonephritis, age-related remodeling, PU/PD, fluid therapy (if applicable) or some combination thereof.

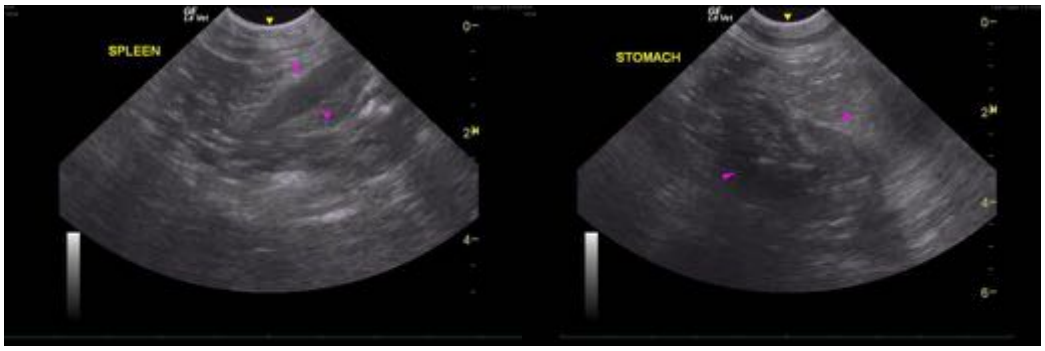
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

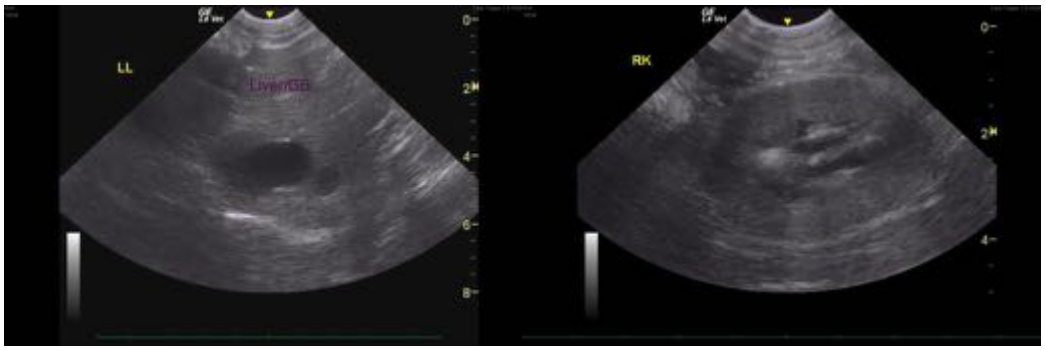
Given the bilateral renal changes and the history of azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. UPC (if proteinuria is present)
3. Baseline blood pressure measurement
4. Fluid therapy (i.e., intravenous or subcutaneous), if warranted
5. Consider transitioning to a prescription renal diet if the patient will tolerate it

Given the history of weight loss, also consider three-view thoracic radiographs to assess for occult neoplasia in the chest, as well as a fecal evaluation for ova and Giardia, +/- a GI panel including serum cobalamin and folate, TLI and PLI.







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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