


PATIENT

Roo Haynes

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

14 Yrs. 5 months

WEIGHT

5.75 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

12267

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Previous hx of CKD and Pancreatitis in June 2020. ,Pancreatitis has resolved on recent blood screen but renal disease persist Repeat scan . Last AUS 06/02/20
 Abnormal PE/Chem/CBC/UA Results: Increased Creat 255 (N 80-203), Urea 18 (N 5.7-13.2, SDMA 25 (NO-14), USG 1.012, Spec fPI normal , TT4 normal
 Patient was sedated for scan.

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. 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.

The left kidney is normal size (3.44 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.54 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is prominent in size (4.72 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate to severe pyelectasia is present (1.34 cm in the transverse plane). A small amount of suspended echogenic debris is observed within the renal pelvis. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm cranial; 0.33 cm caudal; 1.33 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.56 cm cranial; 0.47 cm caudal; 1.08 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 minimally fluid distended. 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. No obstructive disease is noted.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization. The pyelectasia, which could be secondary to pyelonephritis and/or age-related remodeling, is more pronounced compared to the previous scan. Overall, the renal changes appear to have progressed.

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Secondary Findings:

- Urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the worsening pyelectasia, consider a urine culture and sensitivity. A UPC should also be considered if proteinuria is present. Other considerations include a baseline blood pressure measurement as well as a prescription renal diet.

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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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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Andrea.nicastro@sonopath.com

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