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Clinical Sonography & Telecytology
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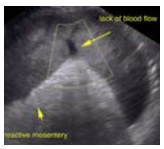
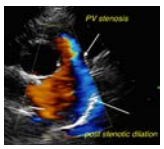
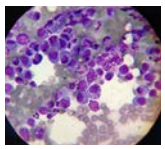
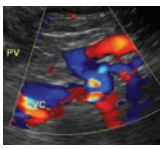

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Blu Kitty Vogel

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

41030

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9/3/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargy, not eating, and drinking more. At home O has been syringe feeding P. P last vomited on Tuesday, and has had loose stool 9/2/22. Seen at RDVM where bloodwork was done. O gave Cerenia and fortiflora at home. Previous Health Concerns: none Current Medications/Supplements/OTC: fortiflora, Cerenia
Abnormal PE/Chem/CBC/UA Results: Cardiovascular: 2/6 murmur Genitourinary: small kidneys and bladder Epoc: ph 6.9; na 147; bun > 120; creat13. 49 ; hct 19 Rads: small rounded kidneys; dense stool in colon . sl thickened stomach wall (reg vet blood work: bun :315 creat: 13.5 pi 15.7 us sp grav 1013 rest normal

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. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is small in size (3.99 cm in length) with slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Moderate pyelectasia is present at 0.55 cm in the transverse plane. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A scant amount of retroperitoneal effusion is noted.

The right kidney is normal in size with slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Moderate to severe pyelectasia is present at 0.95 cm in the transverse plane. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland was normal in size, measuring 0.42 cm in width. Normal shape and glandular echogenicity.

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

Spleen

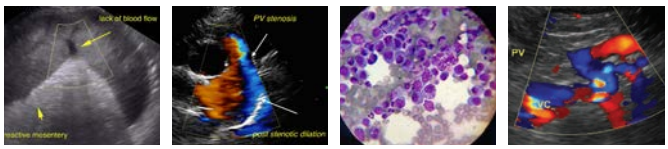
The spleen is overall normal in size with rounding/swelling at the cranial aspect. In this region, the parenchyma is slightly mottled. In the remainder of the spleen, the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

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. There is a questionable bilobed conformation. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are visible but not overtly dilated.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately 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



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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. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is isoechoic to mildly hyperechoic relative to surrounding omental fat and mottled in appearance with several small cystic lesions in the left limb. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of retroperitoneal fluid is present.

The abdominal lymph nodes are normal/not visible.

PRIMARY FINDINGS

- Bilateral chronic nephropathy. The bilateral pyelectasia may be secondary to pyelonephritis, age related remodeling, fluid therapy, PU/PD, or some combination thereof. The retroperitoneal fluid is likely secondary to renal pathology.

SECONDARY FINDINGS

- The splenic swelling at the cranial pole trends towards the benign (i.e., area of extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, or similar). However, an emerging tumor cannot be completely excluded.

- Age related pancreatic remodeling with parenchymal cysts. Mild chronic pancreatitis may also be present. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly in light of the patient's heart murmur and potential fluid diuresis.

In regards to the azotemia, consider the following:

1. Urine culture and sensitivity, preferably on a pre-antibiotic sample.
2. UPC if proteinuria is present in the absence of a urinary tract infection.
3. Baseline blood pressure measurement.
4. IV fluid diuresis and symptomatic care.
5. Also consider initiating broad-spectrum antibiotics (i.e., fluoroquinolone, which has good renal penetration) while awaiting urine culture and sensitivity results.
6. Nutritional support (i.e., temporary feeding tube) is also recommended to help prevent hepatic lipidosis in the face of anorexia.

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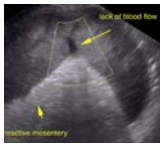
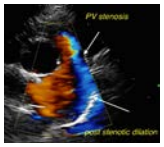
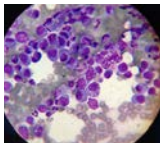
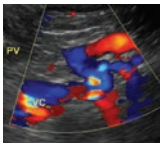

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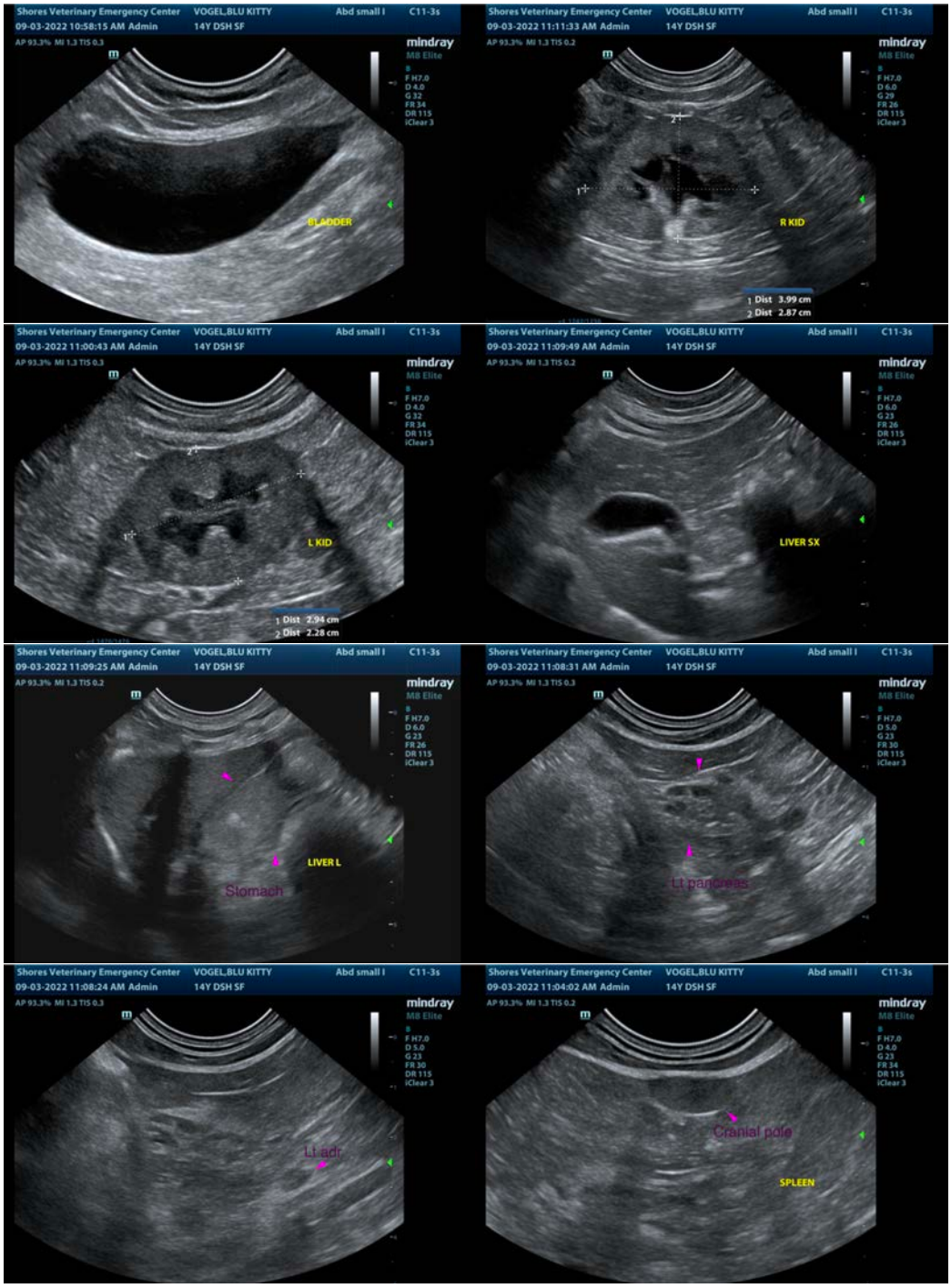

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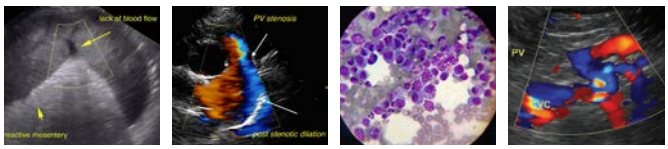

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com