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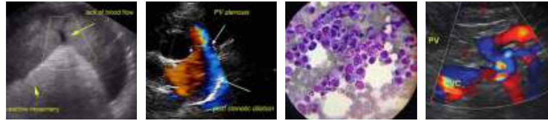


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Peeka Sikich

SPECIES
Feline

BREED
*Domestic Shorthair

SEX
Female Spayed

AGE
13 years

WEIGHT
8 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
West Hills Animal Hospital

REFERRING VET
Dr. Remcho

DATE
8/10/21

INVOICE
11611kk

PRESENTING CLINICAL SIGNS

History: Chronic kidney disease.

Current Medications oral Enrofloxacin and sq fluids

Abnormal PE/Chem/CBC/UA Results: Creat 3.0, WBC 19,750 and Neutrophils 16,000, WBC and RBC and rods in urine sample (culture pending).

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 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 normal size (3.64 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.57 cm in length) with an irregular shape. The cortex is hyperechoic. The kidney is variable thickened with moderate loss of corticomedullary distinction. Several large nephroliths are visualized throughout the organ. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

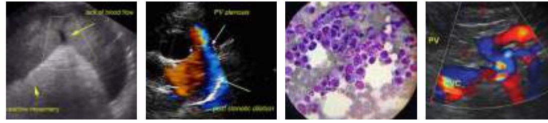
The right adrenal gland is normal size (0.47 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.61 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is distended with ingesta. 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 is normal in thickness with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the distended stomach. The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. One to two prominent lymph nodes are suspected in the left cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

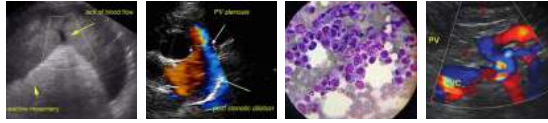
- Bilateral, chronic, age-related renal changes, more severe on in the right kidney, with dystrophic mineralization and numerous right non-obstructive nephroliths.

Secondary Findings:

- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. Correlation with clinical findings is recommended.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are likely reactive with a low possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the renal disease, consider the following:
    a. UPC (if proteinuria is present)
    b. Baseline blood pressure measurement.
    c. Transition to a prescription renal diet if the patient will tolerate it.
    d. Continued antibiotic treatment for pyelonephritis for 3-4 weeks. A urine culture should be repeated 5-7 days after the last dose of antibiotics.



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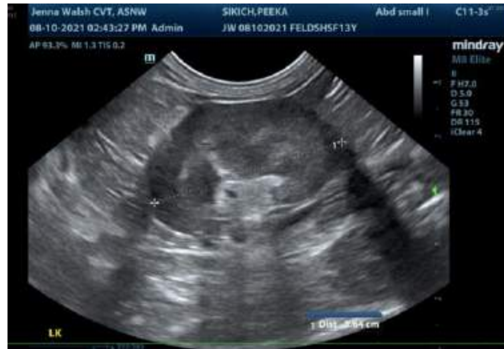
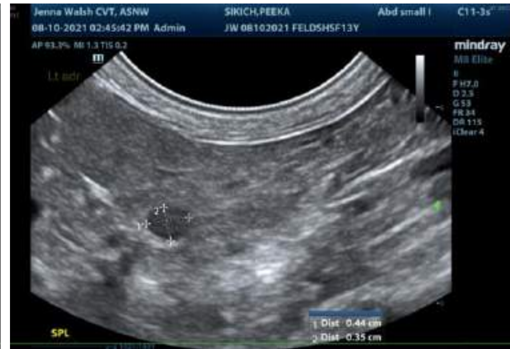
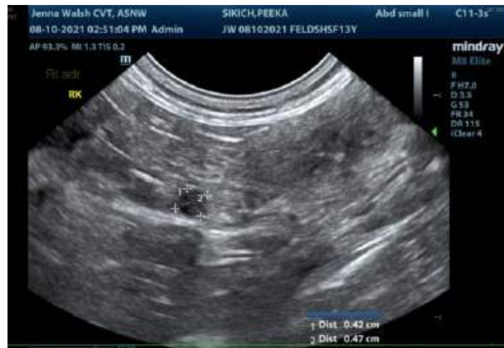
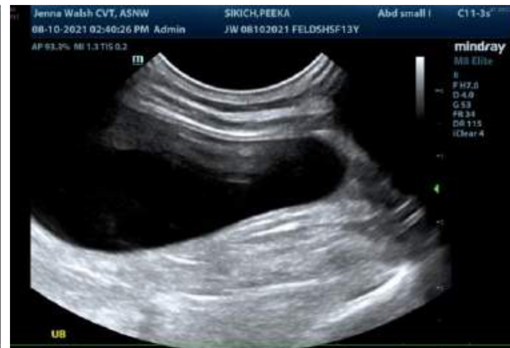
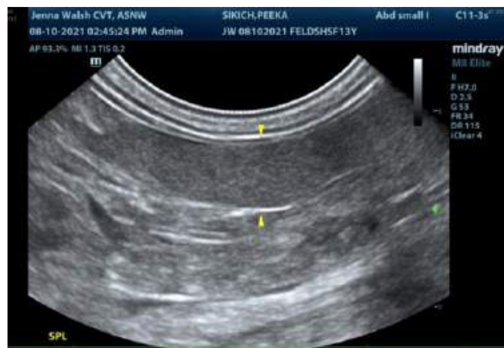
e. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly given that fluid therapy is being initiated.

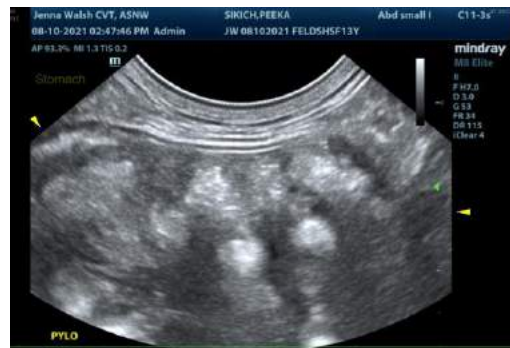


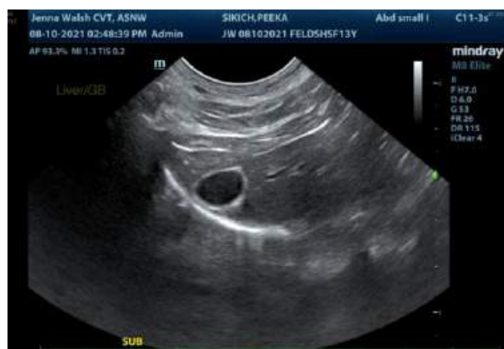


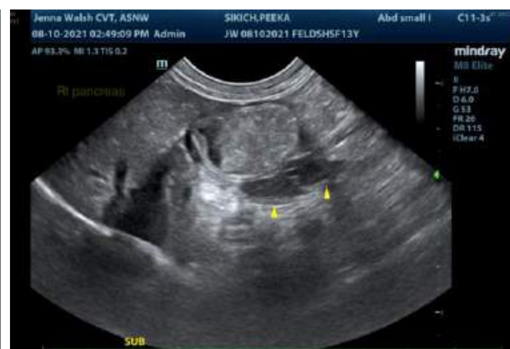


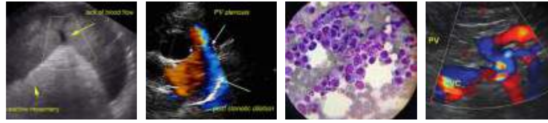












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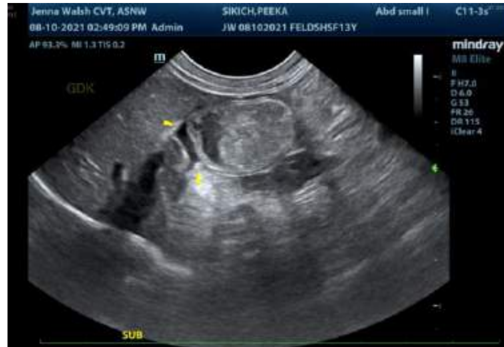

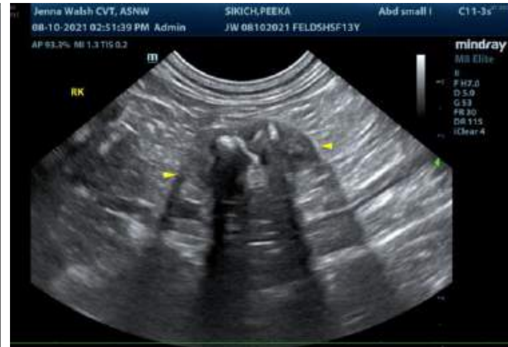

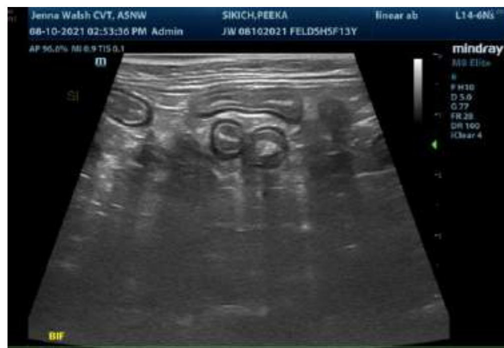

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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