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Clinical Sonography & Telecytology
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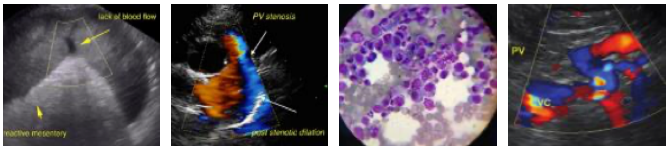

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sweetie SPCA

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
3.5 Yrs.

WEIGHT
3.5 lbs.

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

IMAGING PERFORMED BY
Dr. Laura Field

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Laura Field

INVOICE
14571

DATE
2/8/23

PRESENTING CLINICAL SIGNS

History: Presented after being surrendered to SPCA. Has mild sarcopenia, renal changes. Has been on IV fluids for a few days. Has started eating reliably. Renal values and dehydration improved with IV fluids but SDMA is still elevated.
Abnormal PE/Chem/CBC/UA Results: CBC WNL, except: RDW 27.3% (N 15.0-27.0) HIGH PLT 92K/uL (N 151-600) LOW PCT 0.14% (N 0.17-0.86) LOW Chemistry WNL, except SDMA 30ug/dL (N 0-14) HIGH CREA 236 umol/L (N 71-212) HIGH UREA 20.9mmol/L (N5.7-12.9) HIGH PHOS 2.70mmol/L (N 1.00-2.42) HIGH TP 94g/L (N 57-89) HIGH GLOB 54g/L (N 28-51) HIGH ALKP <10U/L (N 14-111) LOW SNAP fpl normal Urinalysis: SG= 1.015 pH=6.0 pro= trace glu/ket/BIL= neg bld = 50 Ery/uL WBC <1/HPF RBC= 7/HPF Bacteria -rods = none -cocci= suspect presence epi non-squamous <1/HPF casts/crystals = none

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. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 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.

Spleen

The spleen is normal in size (0.66 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.

Gastrointestinal

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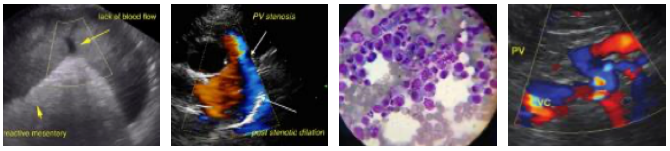

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

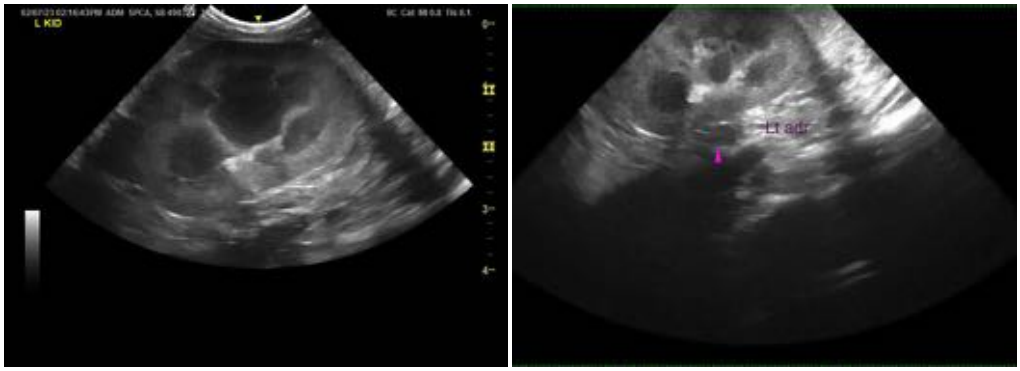
ULTRASONOGRAPHIC FINDINGS

- The trace pyelectasia in the right kidney may be secondary to IV fluid therapy, pyelonephritis, PU/PD (if applicable) or some combination thereof.

*An obvious cause for the patient's azotemia is not identified in this study. Given the lack of significant chronic renal changes, an acute insult is suspected. Considerations include pyelonephritis, other infection, nephrotoxicity, hypotensive event, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for pyelonephritis.
- Also consider a baseline blood pressure measurement to evaluate for systemic hypertension.
- Continued IV fluid diuresis is recommended until the patient's kidney values plateau.
- Serial monitoring of the patient's renal values is recommended to assess for progression of disease.



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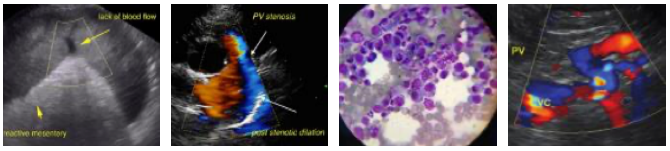

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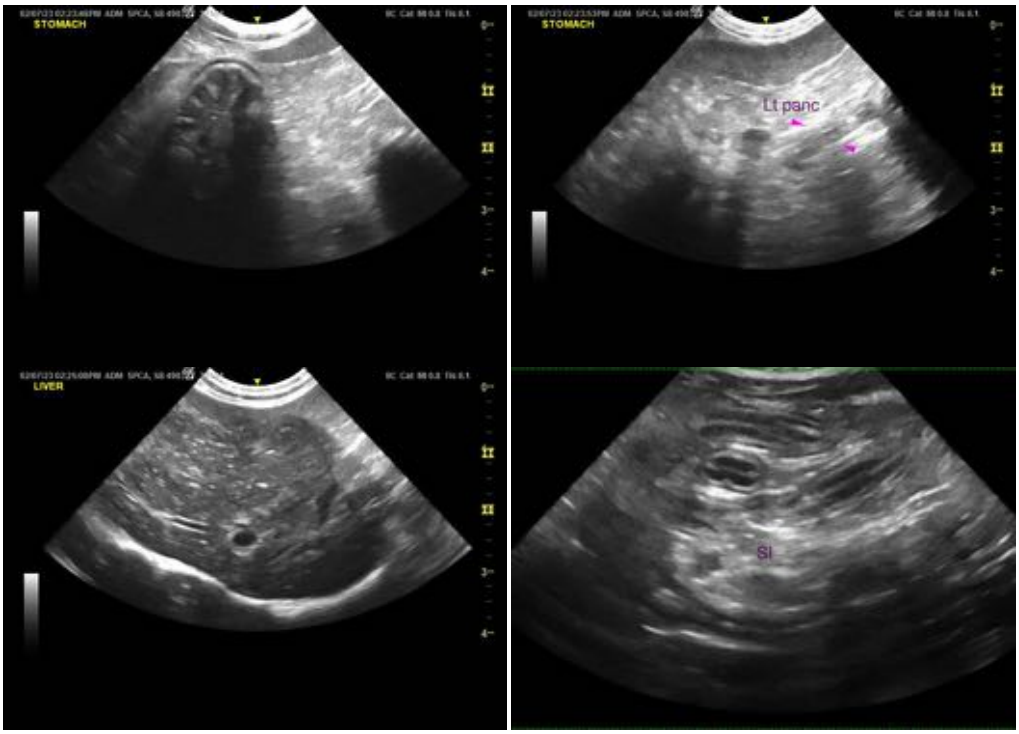

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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