

**DATE PRESENTING CLINICAL SIGNS**

1/16/23 History: Pt presents for Acute on chronic kidney failure. Grade IV/VI parasternal heart murmur detected BNP abnormal. BP 140.

PATIENT

Goldie Lucci

Current Medications: Benazepril 2.5mg SID for blood pressure
 Mirtazapine Feline Transdermal Ointment, LRS- Sub Q 100ml

SPECIES

Lab Results: Hospitalized for acute on chronic kidney failure vs pyelonephritis 1/2-1/4. Creat on 12/30 - BUN 115, Creat 1.5

Feline

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sedation: Not required to complete full diagnostic ultrasound.

DSH

Stat Report: Not requested.

SEX

Imaging Performed By: Stephanie Warga, RDCS, RVT.

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE****Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Mineral/sand debris is appreciated along the dependent wall. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

10/25/09

WEIGHT

9.4 Pounds

The left kidney is small (1.91 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the left kidney.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Right kidney is normal in size (4.85 cm) and echogenicity. Contour is distorted by the presence of capsular indentations at hyperechoic wedge-shaped cortical lesions consistent with chronic infarcts. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. There is no evidence of obstruction/pyelectasia observed.

HOSPITAL NAME

Everhart VH

Adrenal Glands

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (x cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended. The left adrenal gland measures 0.37 cm. The right adrenal gland measures 0.26 cm.

REFERRING VET

Dr. Rubinstein

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

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Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

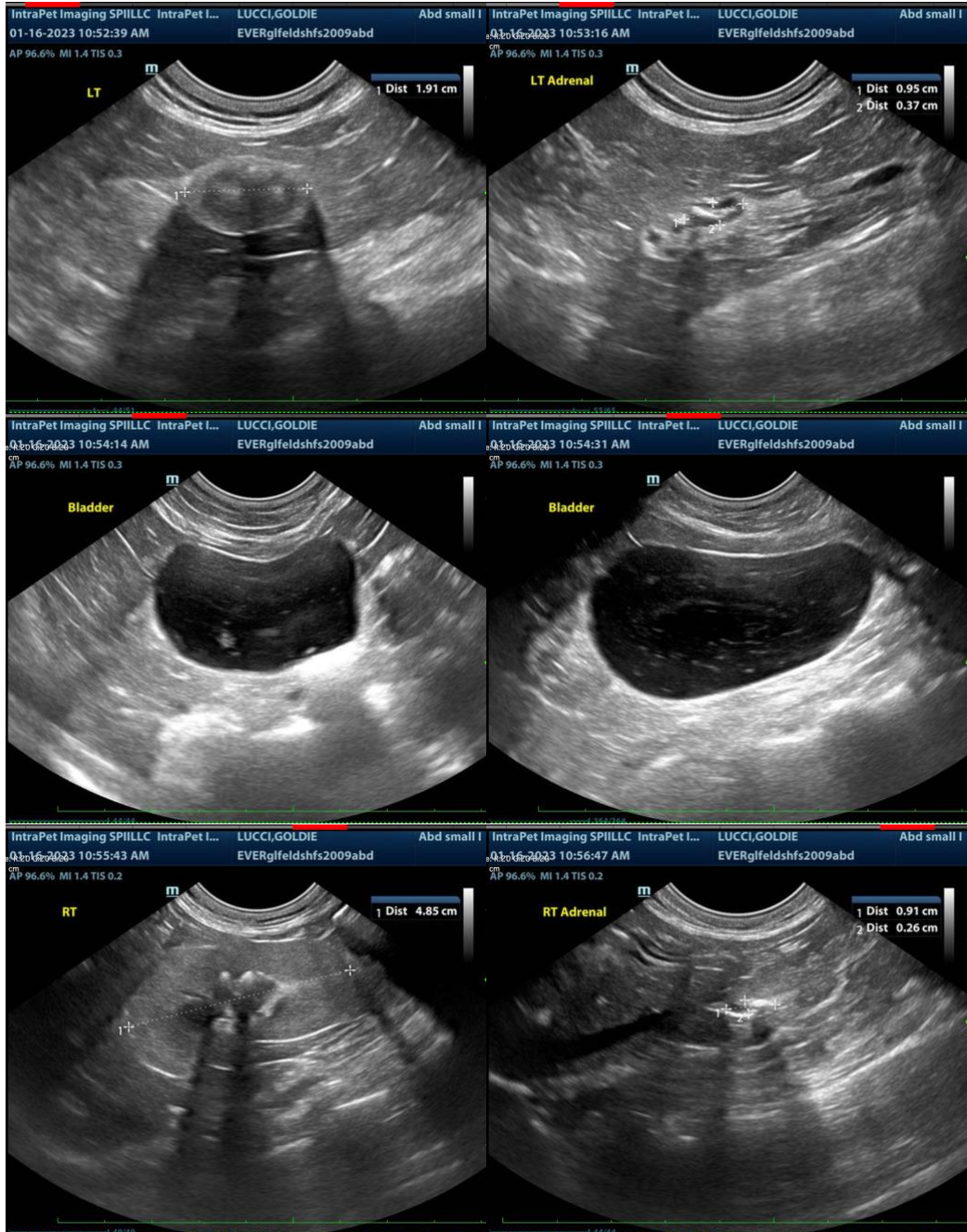
- Acute on chronic infracting kidney disease with nonobstructive nephrolithiasis bilaterally. No evidence of pyelectasia/pyelonephritis, however, chronic or resolving pyelonephritis cannot be definitively ruled out.
- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

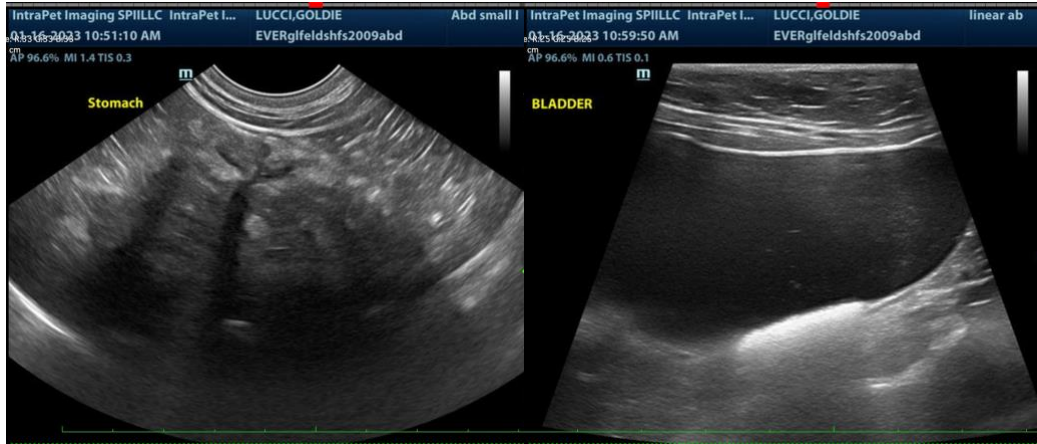
Secondary Findings

- Urinary bladder debris with some mineral/sand debris noted

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported negative urine culture, normalized blood pressure and marked improvement in azotemia, continued supportive/symptomatic care and medical management of chronic kidney disease is recommended.





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.

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