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Clinical Sonography & Telecytology
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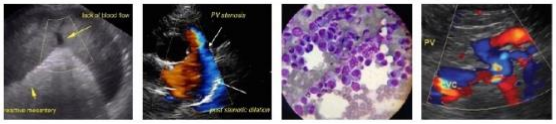


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Ophelia Gaudet

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region VEC

REFERRING VET

Dr. Vercaigne

INVOICE

17906

DATE

10/25/22

PRESENTING CLINICAL SIGNS

History: 7% dehydration - lethargy - abdominal discomfort - grade 1-2/6 systolic murmur - pale pink mm - hypertensive meds: PLA, cerenia, pantoprazole, methadone
Abnormal PE/Chem/CBC/UA Results: marked azotemia, SDMA 47 - mild hyperglycemia - moderate non regenerative anemia - marked hyperphosphatemia rads: There are degenerative renal changes bilaterally with left-sided nephrolithiasis. The remaining abdominal structures are within normal limits and the intrathoracic structures are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The left kidney measures 2.96 cm. The right kidney measures 2.74 cm. Bilateral non-obstructive areas of mineralization/nephroliths are noted, more significant in the left kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

Liver

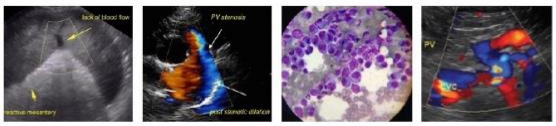
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.



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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

- Chronic Kidney Disease with nonobstructive nephrolithiasis bilaterally – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

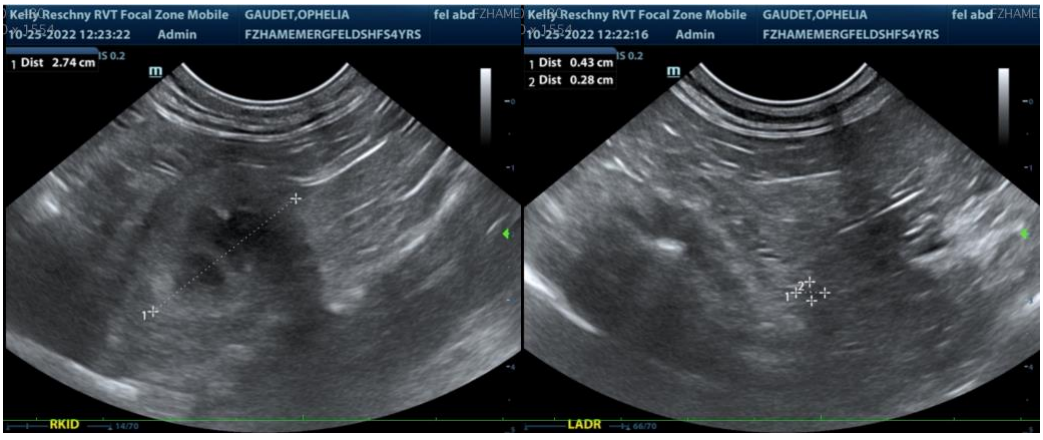
Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Supportive/symptomatic medical management of an acute on chronic kidney insult with (as aggressive as can be tolerated) diuresis, antiemetics, gastroprotectants, appetite stimulants (if necessary), electrolyte management, etc., is recommended.

Once azotemia has plateaued, transition to subcutaneous therapy at home could be tried and/or even potentially even fluid therapy can be discontinued depending on patient status.

A kidney diet is recommended once patient is stable and eating well. Management of the hypertension is recommended, as well as management of proteinuria if indicated, based on urinary protein to creatinine ratio results.

Finally, close monitoring of the anemia is recommended to determine when and if darbepoetin may be considered if there is not another contributing cause to this patients anemia other than the chronic kidney disease.



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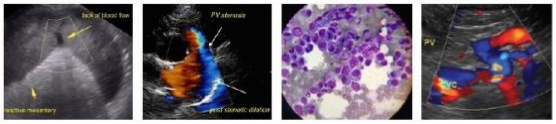

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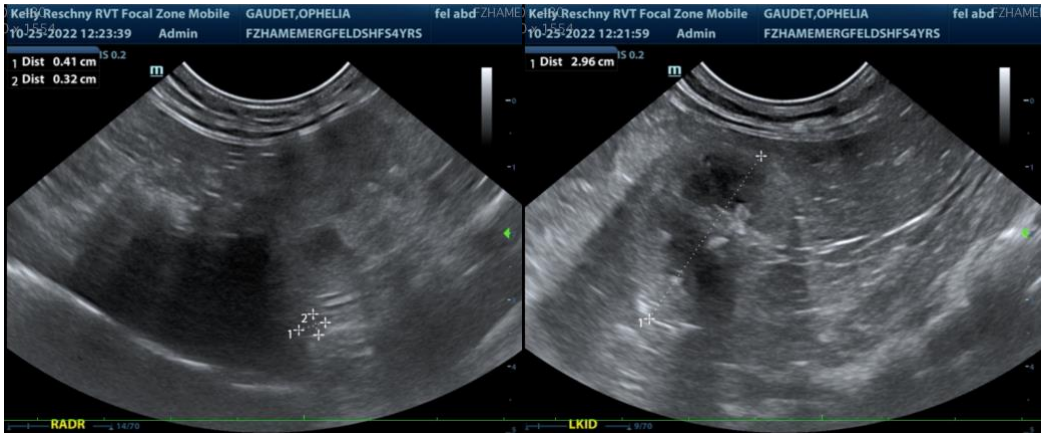

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com