



PATIENT

Morchick Moore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

18863

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with grade 2 IRIS renal insufficiency in July. Since diagnosis waxing and waning appetite and vomiting - treated supportively with cerenia, SQ fluids, metronidazole. Presented 11/28 with anorexia, vomiting, lethargy, and black liquid diarrhea with no control of his bowels. He has been hospitalized on LRS IV fluids, sucralfate, metronidazole, cerenia, famotidine and mirtazipine. Continues to be anorexic. No vomiting or BM noted while hospitalized.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: RBC 6.35, SDMA 15, Creat 2.5. All other values WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. 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.

Kidneys are bilaterally small (left kidney is 3.75 cm, right kidney is 3.45 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Pyelectasia is noted in both kidneys, the left pelvis measures 0.44 cm in the transverse view, and the right pelvis measures 0.29 cm in the transverse view. A small amount of anechoic free fluid is noted around the left kidney.

Adrenal Glands

The area of the left adrenal gland is examined without evident pathology.

Right adrenal gland is normal in size (0.38 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. The gallbladder is bilobed, which is a normal anatomic variant.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



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There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

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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

AGE

15 Years

A scant amount of anechoic free fluid is noted around the left kidney. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8 Pounds

Primary Findings

- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Pyelectasia bilaterally – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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Secondary Findings

- Urinary bladder debris

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*There is no ultrasonographically visible explanation for this patients reported melena in these images at this time, however, visualization is partially limited by ingesta and gas throughout the bowel, so mild pathology cannot be definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilateral pyelectasia and scant amount of anechoic free fluid around the left kidney, an acute on chronic kidney disease, possibly pyelonephritis, is suspected. Therefore, if not recently evaluated, a 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.

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Given the reported melena, a fecal exam and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function are also recommended.

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In the meantime, empirical supportive/symptomatic medical management of acute on chronic kidney disease and hemorrhagic gastroenteritis in the form of antiemetics, gastroprotectants, including sucralfate, appetite stimulant and or feeding tube, if necessary, pain management if indicated, broad spectrum antibiotics, empirical deworming with a 5-day course of Panacur and fluid therapy is



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recommended.

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If gastrointestinal signs and/or especially melena persist, recheck fasted imaging is recommended or upper GI gastroscopy/endoscopy could be considered for further evaluation of the proximal GI tract mucosa and biopsies.

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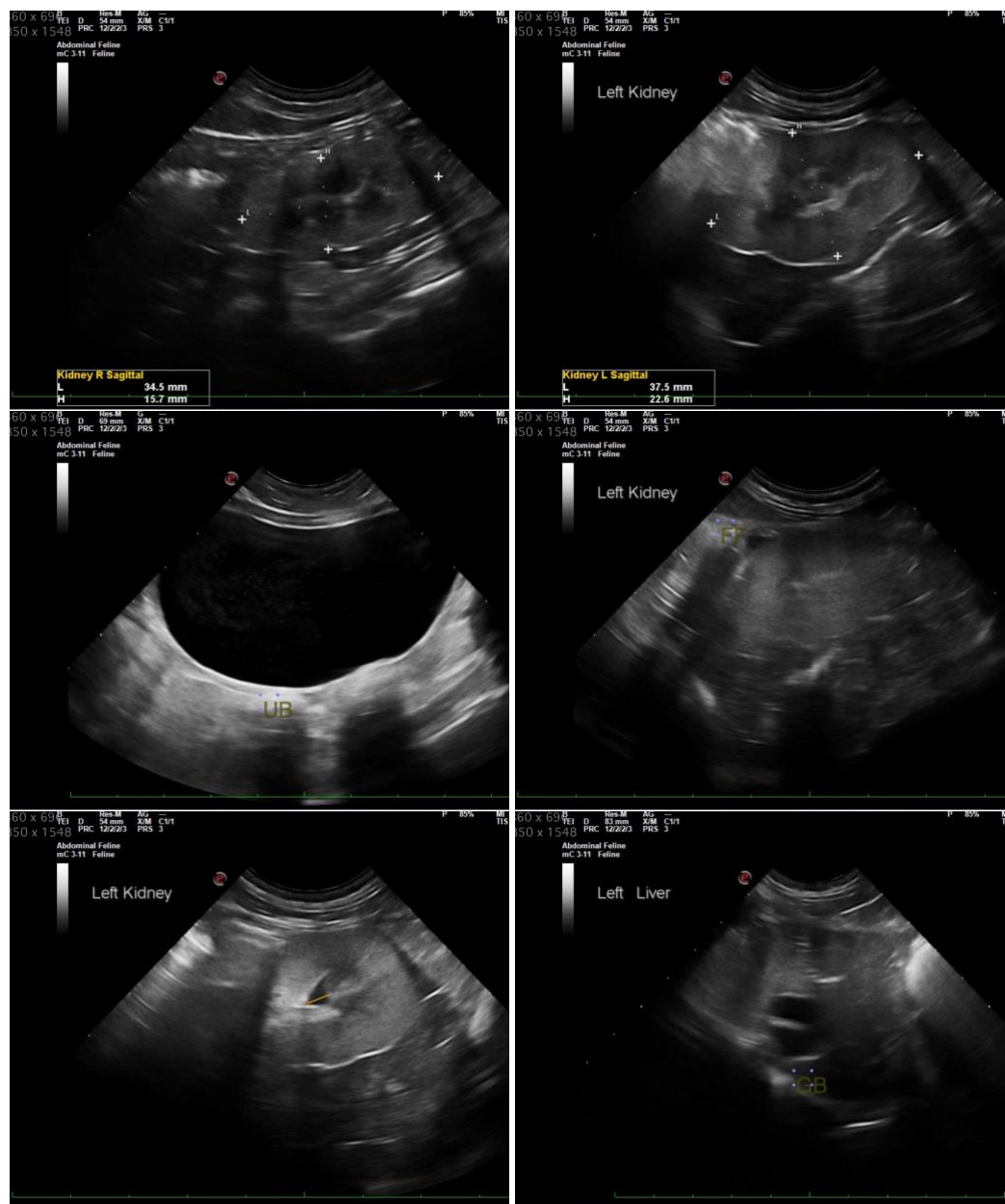
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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