

PATIENT PRESENTING CLINICAL SIGNS

Remmington Shayna

Not sedated and squirmy- History: Patient is showing symptoms of CRD. Recheck renal values and UA every 3 months (has not had BW since June). Patient is on RC Select protein and ultamino dry kibble since litter mate has food allergies. Reason for Ultrasound: CRD in young patient
Abnormal PE/Chem/CBC/UA Results: Abnormal BW and UA: From June CBC WNL, BUN 49, Cr 2.8, USG 1.063, 2+ proteinuria, inactive sediment, positive renal tech, Add on UPCR <0.5, BP 179

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years

WEIGHT

13.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

43469

DATE

12/14/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 normal in size, but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 4.11 cm. The right kidney measures 3.6 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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.

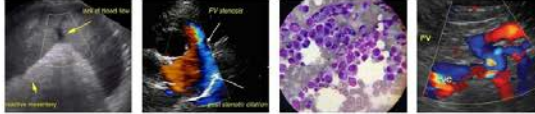
Liver

The 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.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



Portable Animal Wireless Sonography, Inc.

IMAGING PERFORMED BY

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Pancreas

DLH

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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Neutered Male

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

AGE

5 Years

The mesenteric and pancreaticoduodenal lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Chronic active pancreatitis**
- **Reactive mesenteric and pancreaticoduodenal lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient does have ultrasonographic evidence of chronic kidney disease, and the chronic azotemia matches that. However, it is extremely atypical for patients with true kidney dysfunction to be able to concentrate their urine to 1.063, as concentrating ability usually is lost prior to the development of azotemia. Therefore, despite the appearance of the kidneys, true kidney dysfunction may not be present, and the azotemia being reported could be prerenal.

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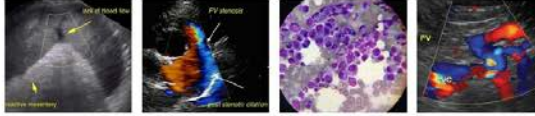
Therefore, recommendations including ensuring and encouraging adequate hydration in this patient with reevaluation of the azotemia and USG for changes, as is reportedly being done.

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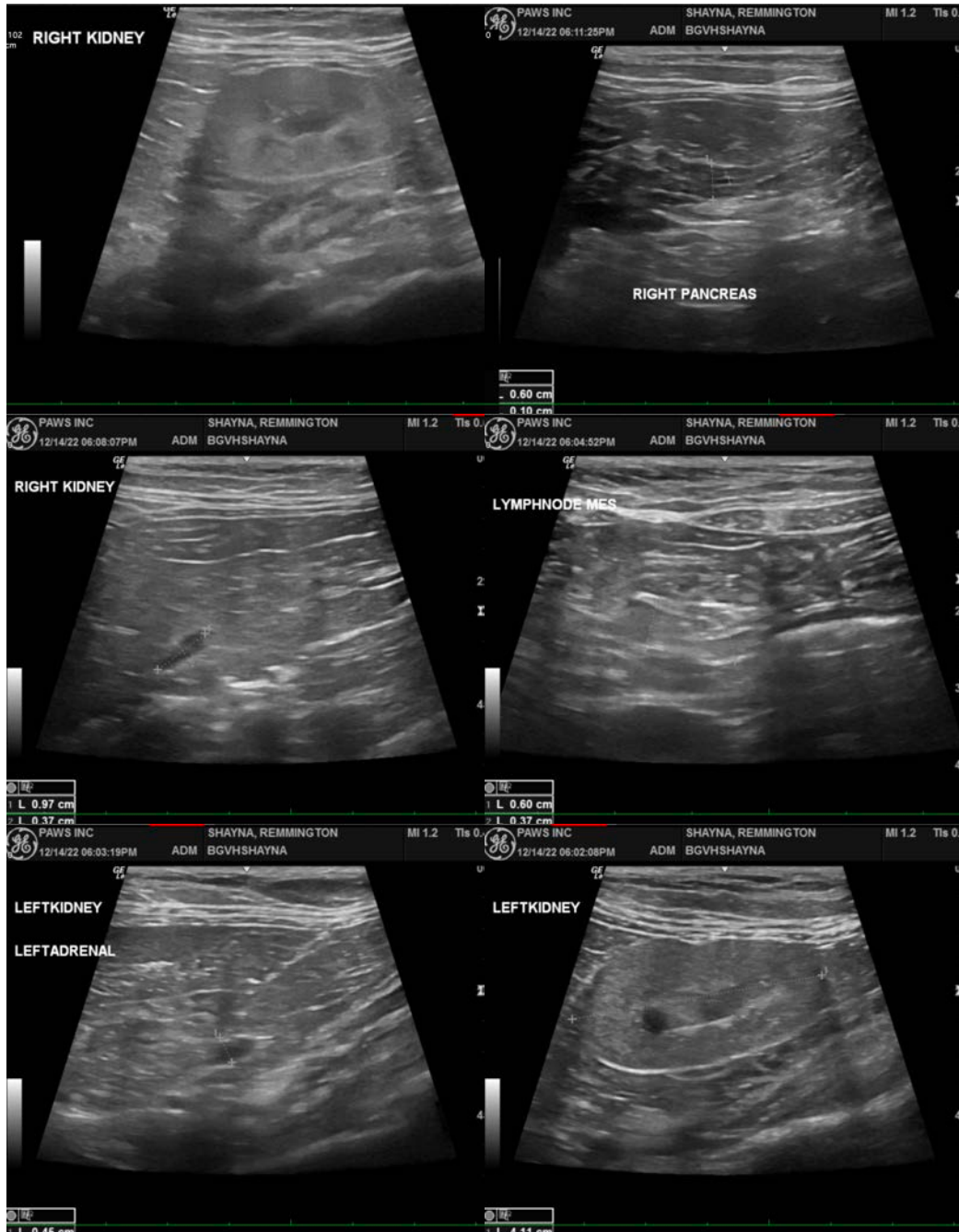
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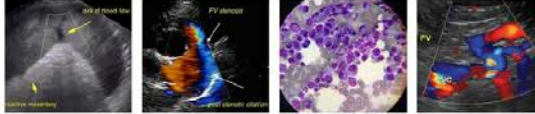
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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