



**PATIENT**

Apie Grochmal

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Hudgins

**INVOICE**

95731

**DATE**

2/1/22

**PRESENTING CLINICAL SIGNS**

Presents for decreased appetite and passing few BMs. Abnormal PE/Chem/CBC/UA Results: Currently being treated for hyperthyroid disease. History of mild kidney elevations and mild fPL elevation. U/A today collected by cystocentesis should lots of rod bacteria and dilute. U/A submitted for culture in house.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with normal uniform wall thickness of less than 0.2 cm. The contents include primarily anechoic fluid and some gravity dependent non-shadowing debris/sand settled against the dependent wall. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally (left kidney measures 3.5 cm and the right kidney measures 3.4 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Renal pelvis is dilated (pyelectasia), measuring (0.34 cm in the left kidney and 0.32 cm in the right kidney). No visible obstruction is observed, but cannot be ruled out.

**Adrenal Glands**

Left adrenal gland is normal in size (0.82 cm long x 0.31 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.8 cm long x 0.24 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta and fluid. Complete visualization of the far wall is partially inhibited by gas. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



**PATIENT**

Apie Grochmal

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

**SPECIES**

Feline

**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**BREED**

Domestic Shorthair

**Free Abdomen**

**SEX**

Spayed Female

Lymph nodes are normal with no observed enlargement.

**AGE**

14 years

**ULTRASONOGRAPHIC FINDINGS**

**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 – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Urinary bladder sediment, most consistent with cellular debris or crystalluria.
- Coarse splenomegaly.
- Mildly fluid/ingesta/gas distended stomach. Likely normal post prandial; however, delayed gastric emptying/mild gastric stasis cannot be ruled out.

**WEIGHT**

11 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Hudgins

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include medically managing the reported urinary tract infection based on the culture and sensitivity results and managing potential pyelonephritis, given the bilateral pyelectasia, but include a mid treatment course culture to be sure the infection has cleared treating at least 4 weeks and following up with a final urine culture a week after finishing treatment to be sure that the infection has fully cleared and has not returned. If not already performed a blood pressure is recommended. If clinical signs persist management of the UTI recommendations include a gastrointestinal malabsorption panel to include a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract and pancreas as well as a recheck of the stomach after complete fasting to better evaluate the full gastric wall with an empty stomach and ensuring no pathology causing delayed gastric emptying.

**INVOICE**

95731

**DATE**

2/1/22



**PATIENT**

Apie Grochmal

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Hudgins

**HOSPITAL NAME**

Petvax AH

**REFERRING VET**

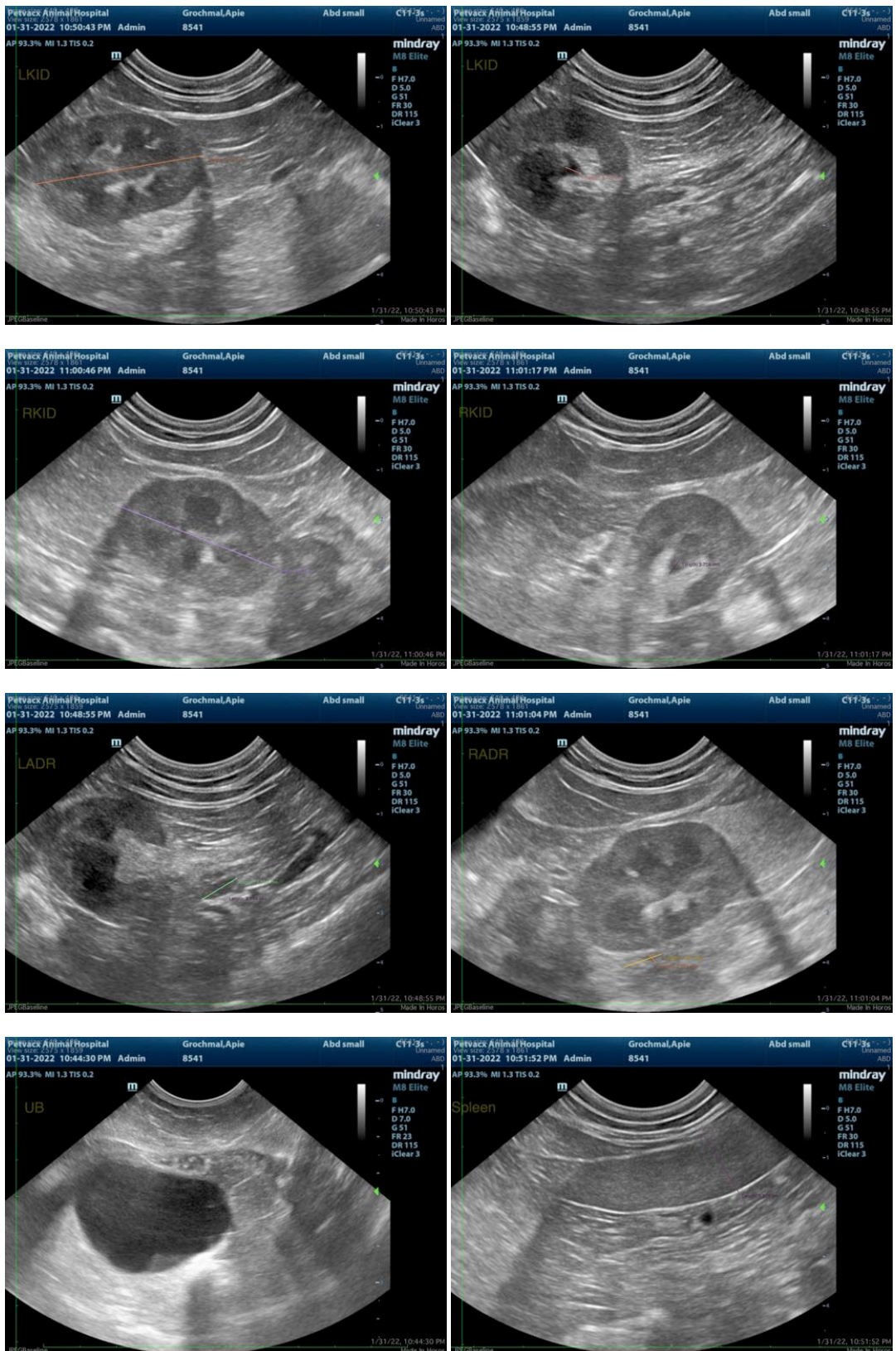
Dr. Hudgins

**INVOICE**

95731

**DATE**

2/1/22





**PATIENT**

Apie Grochmal

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Hudgins

**INVOICE**

95731

**DATE**

2/1/22



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.

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com