



**PATIENT**

Heady Kostalek

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

11.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Carly Pate

**HOSPITAL NAME**

VCA McKenzie AH

**REFERRING VET**

Dr. Arpaia

**INVOICE**

95774

**DATE**

2/2/22

**PRESENTING CLINICAL SIGNS**

P has history of recurrent UTIs (July and December 2021), E. coli, Enterococcus Stage 2 chronic kidney disease, Marked improvement in renal values after resolving UTI infection Periodontal disease with resorptive lesions Goal is to rule out pyelonephritis

Abnormal PE/Chem/CBC/UA Results: Urinalysis - USG 1.020 pH 6 urine chems: 3+ o. blood urine sedi: RBC 11-20/hpf MA: 1 (<2.5); Urine culture - No growth; Chemistry profile - 1/5/22 Renal chems: wnl -high normal BUN 34 - high normal creatinine 1.8 12/15/21 Superchem: wnl except -BUN 50 (14-36) - creatinine 2.1 (0.6-2.4)- high normal - cholesterol 231 (75-220) - amylase 1386 (100-1200); CBC - Wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Renal pelvis is dilated (pyelectasia). No visible obstruction is observed, but cannot be ruled out. The left kidney measures 3.01 cm and pyelectasia measures 0.27 cm. The right kidney measures 3.69 cm and the pyelectasia measures 0.29 cm.

**Adrenal Glands**

Bilaterally uniformly plump egg-shaped adrenals, hypoechoic in echogenicity. The left adrenal gland measured 0.46 cm thick and the right adrenal measured 0.58 cm thick.

**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 is empty.



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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.

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**Pancreas**

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

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**Free Abdomen**

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Lymph nodes are normal with no observed enlargement.

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**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.
- Feline age related adrenomegaly – 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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If not already performed recommendations include a current urinalysis and culture to be sure that there is no active infection currently. Due to the chronic renal changes and mild pyelectasia, pyelonephritis is a differential. If the current culture is negative then recommendations include rechecking urine and renal values in 1-2 months or sooner if the patient develops clinical signs. If the UTI returns I recommend to treat it as if it is pyelonephritis with a longer course of therapy with a mid treatment course urine culture to ensure that the infection is clear and repeat culture a week after finishing antibiotics to ensure full resolution. Blood pressure is recommended if not already evaluated.

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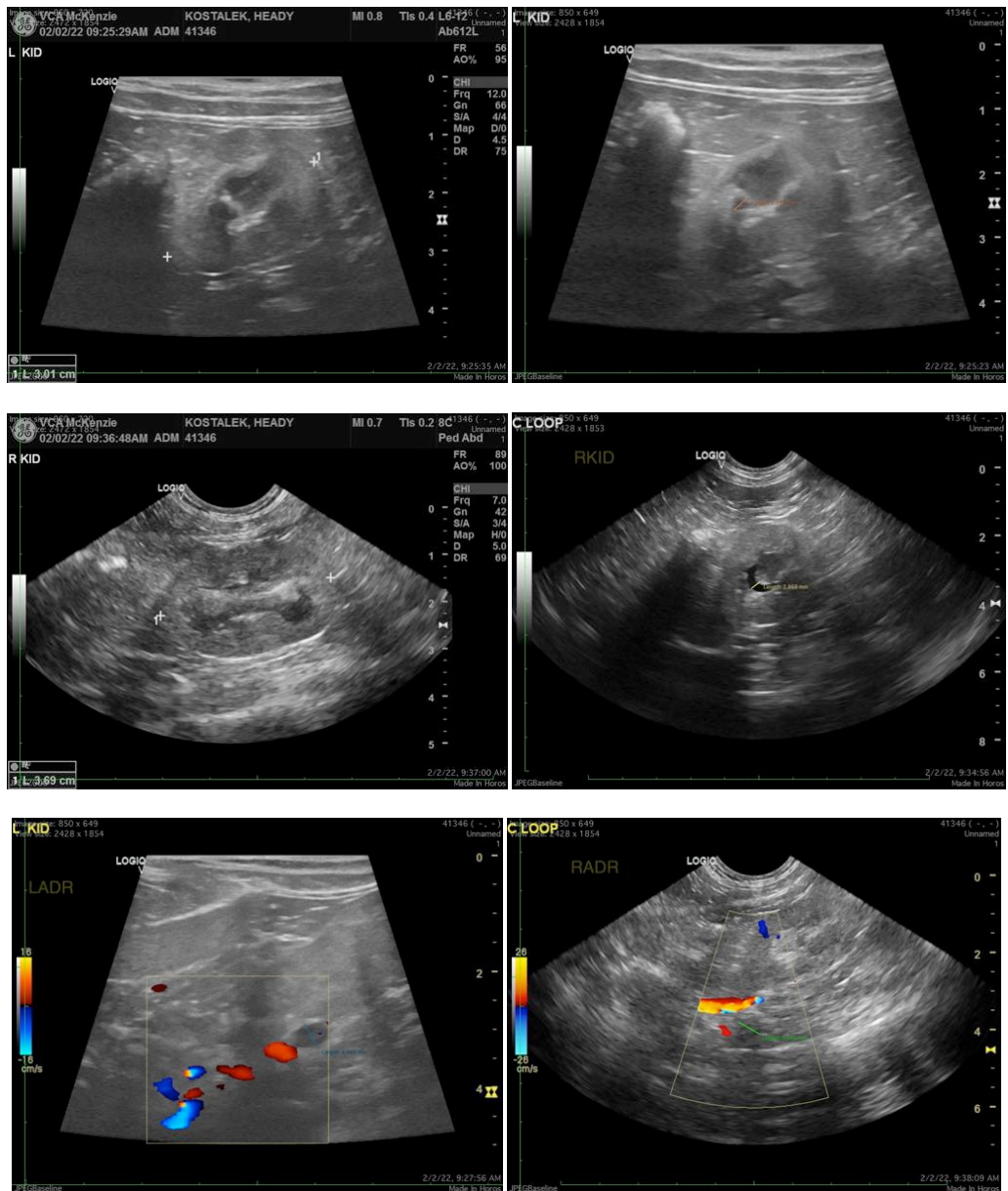
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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