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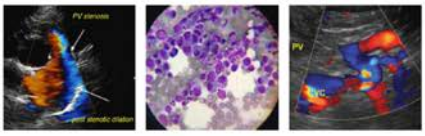

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PATIENT

Lulu Stranjak

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

2 Years

WEIGHT

11.94 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Teresa Taylor

INVOICE

45476

DATE

2/23/23

PRESENTING CLINICAL SIGNS

UTI, dilute urine. Presented to ER for stranguria 2-10-23. Dx severe UTI - rods and cocci. USG was 1.012. Placed on 10 day course of Baytril. No urine culture then. Feeling better, no dysuria. Stable weight. Last dose Baytril 2-21-23. Possible enlarged left kidney on palpation and lateral rad on 2-10-23 one kidney looks larger than other.

Abnormal PE/Chem/CBC/UA Results: UA today - USG 1.010, 1+ Cocci , no more Rods, WBC 1+ (more than at ER). 2-10-23 - blood work from ER did not include CBC BUN 20 15 - 32 mg/dL Crea 1.13 0.5 - 1.9 mg/dL Glu 155 H 63 - 133 mg/dL Sending out Urine culture today with hopes something will grow.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is subjectively mildly overdistended. 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.

Both kidneys are normal in size. The left kidney meaures 3.66 cm. The right kidney measures 3.81 cm. Slightly irregular shape is noted as a result of acute and chronic infarcts bilaterally. Echogenicity is overall normal, and a normal 1:3 cortex:medulla ratio with appropriate corticomedullary distinction is maintained. A hyperechoic band parallel to the corticomedullary border is present in both kidneys. Mild bilateral pyelectasia is noted (0.21 cm in the left kidney and 0.17 cm in the right kidney – measured in the transverse view). No mineral is observed. A small cortical cyst is noted in the right kidney.

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology, but is not well visualized in these images.

The left adrenal gland is normal in size (0.35 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.

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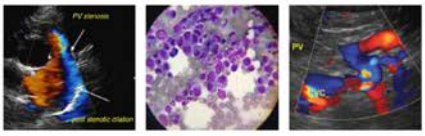

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

The mesenteric 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.

A 0.54 cm thick hypoechoic lymph node is noted adjacent to the right kidney.

PRIMARY FINDINGS

- **Bilateral medullary rim sign -** This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- **Mild bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Mild acute and chronic renal infarcts
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- **Enlarged renal lymph node** – This may represent chronic infections.

SECONDARY FINDINGS

- Urinary bladder debris

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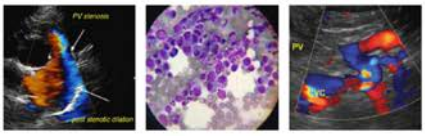

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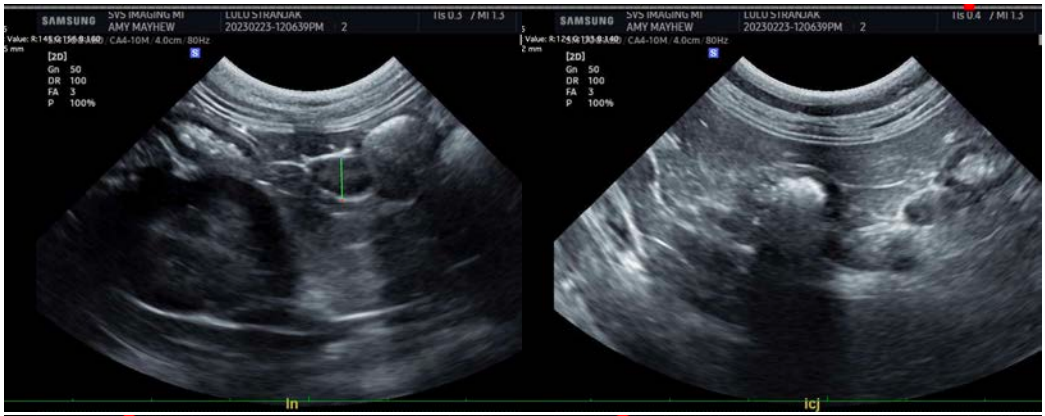
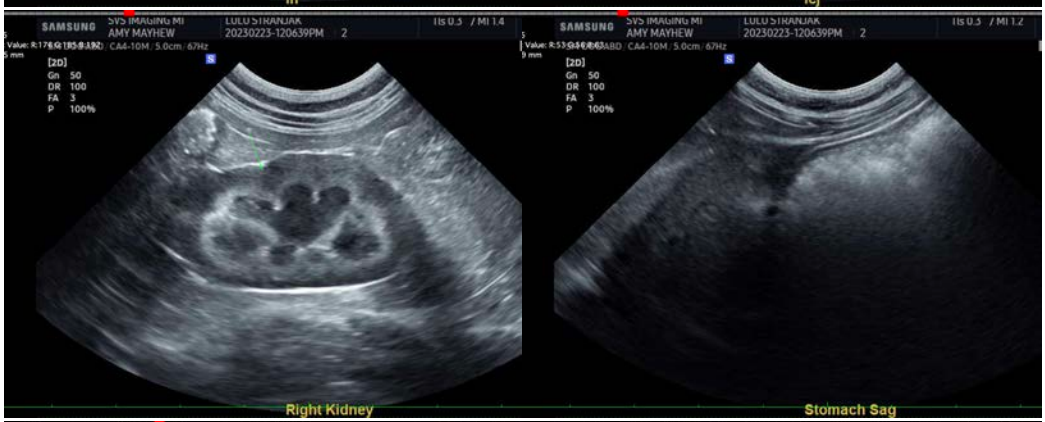
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

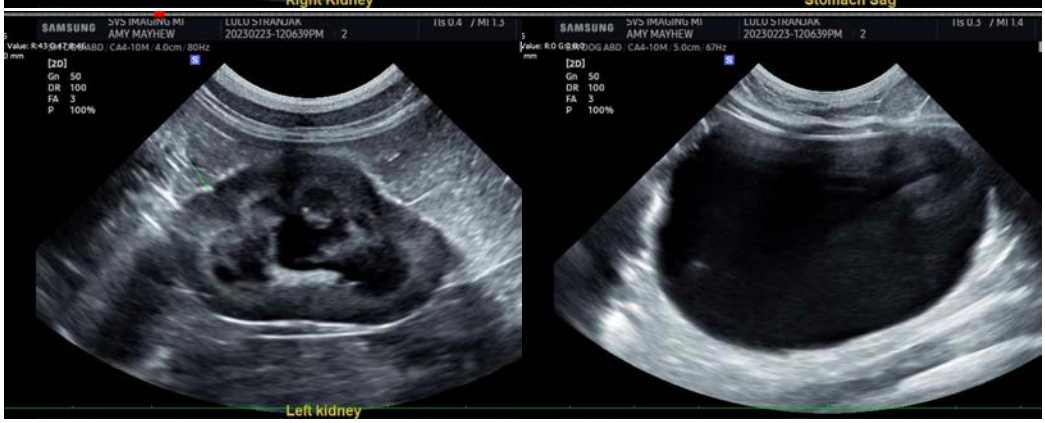
As is reportedly already planned, a urine culture is recommended if it has been at least 7-10 days since finishing antibiotics to prevent a false negative result. If this patient's culture is positive, then pyelonephritis as the original presenting complaint or potentially resolving pyelonephritis is the top differential and should be treated accordingly. If there is no evidence of an infection in an otherwise quiet sediment but protein is present, then protein should be quantified via a urine protein to creatinine ratio.

Additionally, a blood pressure is recommended.

Further evaluation of kidney health is partially dependent on whether this was believed to be brought on by an infection and pyelonephritis, which can be managed. Having said that, close monitoring of this patient's kidneys moving forward is recommended to help further identify potentially progressing renal disease versus static renal disease.







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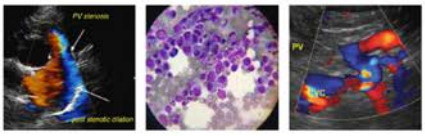

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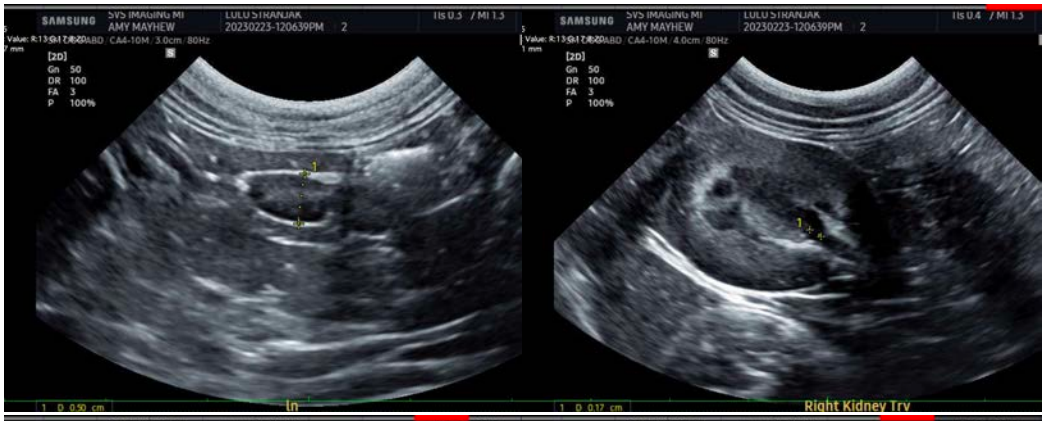

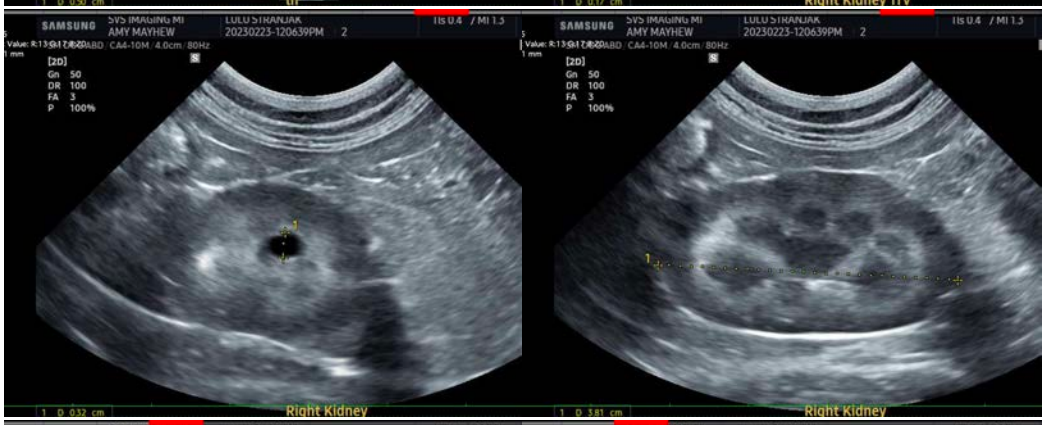

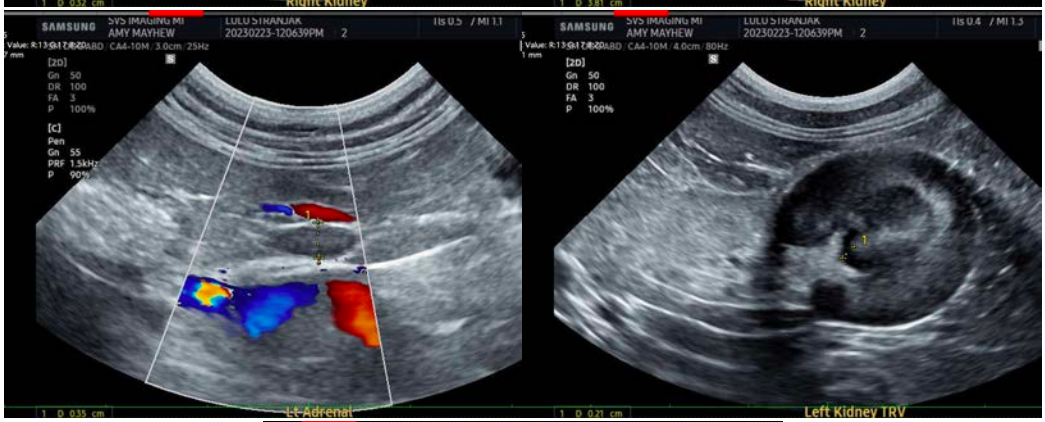

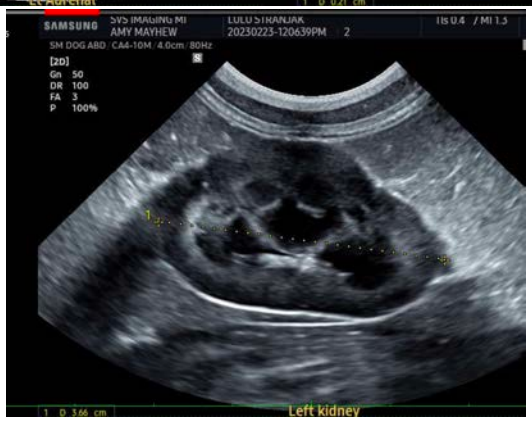

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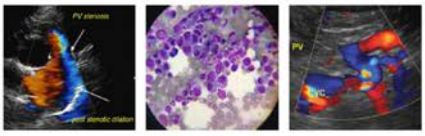

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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