



PATIENT

Yuki Maradiaga

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

9 years

WEIGHT

10.25 lbs.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Bravo

INVOICE

14290

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Patient presents for abdominal ultrasound due to abnormal blood values.

Abnormal PE/Chem/CBC/UA Results: Diag - BUN 47, creat. 3.10. CBC: WBCs 4.51, neut. 3.10.

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.

The right kidney is large in size (5.2 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A small amount of perirenal free fluid, as well as enhanced hyperechoic fat were noted. Just cranial to the right kidney, there is a hypo to anechoic structure surrounded by hyperechoic enhanced fat believed to be a lymph node.

The left kidney is small (2.57 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral is observed.

Adrenal Glands

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

The left adrenal gland is normal in size (0.26 cm width at the cranial pole and 0.33 cm width at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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.



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Gastrointestinal

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The stomach wall is normal in thickness (< 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.

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The visible small intestines are normal in wall thickness and layering (< 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.

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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.

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Free Abdomen

No appreciable free fluid or lymphadenopathy were noted, but refer back to the perirenal inflammatory changes described above.

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ULTRASONOGRAPHIC FINDINGS

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- These findings are consistent with chronic kidney disease. The right renomegaly is most likely compensatory hypertrophy. Infiltrative disease including lymphoma cannot be ruled out but is considered less likely without other evidence of lymphoma elsewhere. The evidence of perirenal inflammation characterized by free fluid and hyperechoic enhanced fat is suggestive of an acute on chronic crisis with differentials being; toxic Infectious vs. other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 ratio is recommended.

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A blood pressure is recommended If not recently evaluated.

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Supportive medical management of acute on chronic kidney disease is recommended with IV fluids / diuresis, management of clinical signs as-needed with things like antiemetics, appetite stimulants if needed, gastroprotectants, etc., and empirical broad-spectrum antibiotics are recommended, given the evidence of acute on chronic disease. If improvement does not occur and/or perirenal inflammation remains present, a fine needle aspirate of the right kidney could be considered to rule out unlikely but possible lymphoma.

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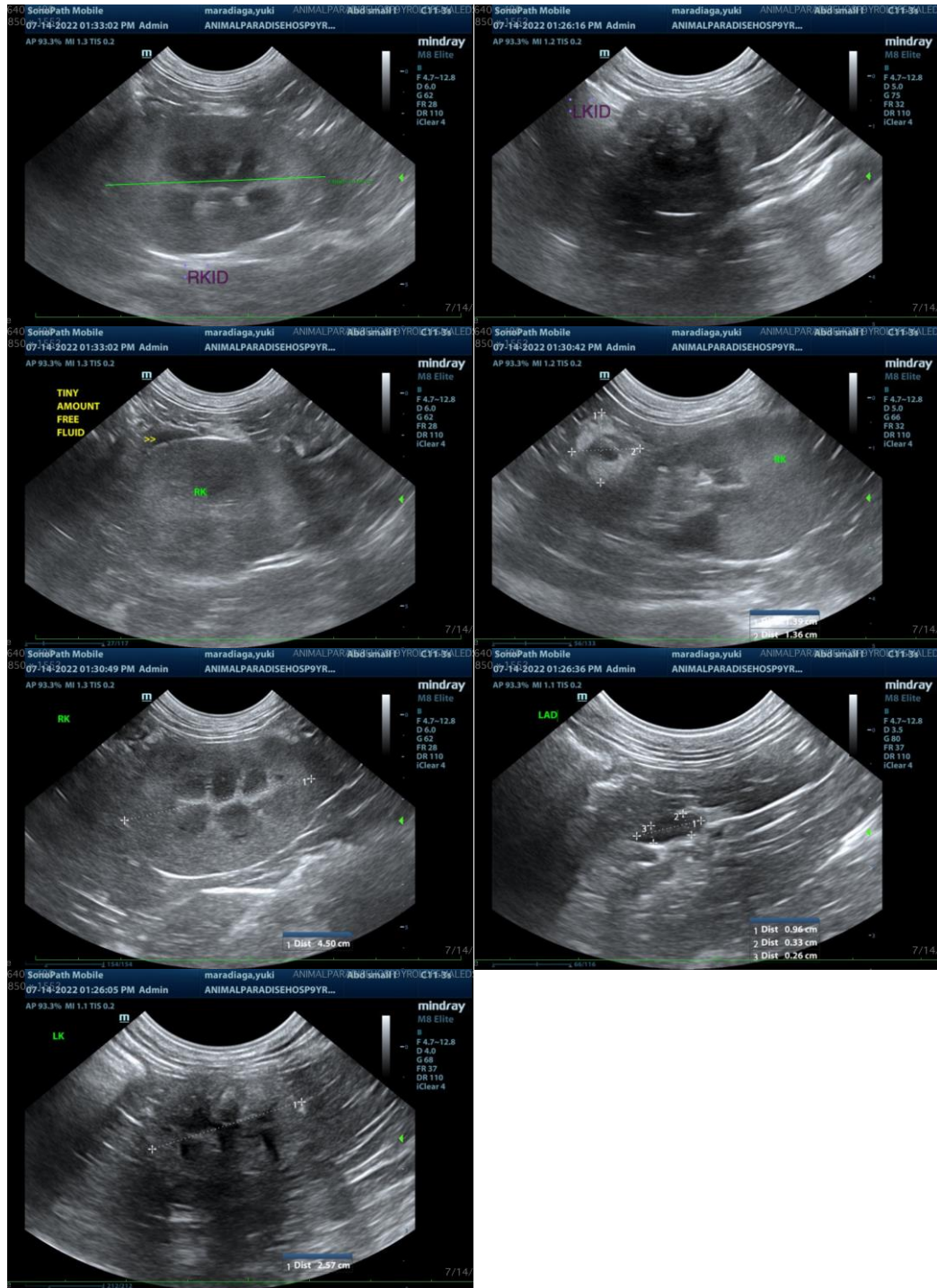
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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