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Clinical Sonography & Telecytology
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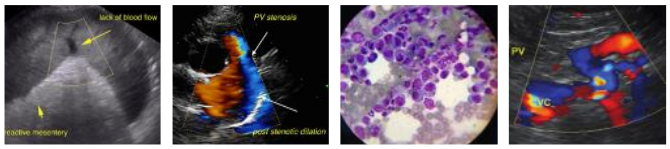


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kyro Bear Zielinski

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

13827

DATE

10/16/21

PRESENTING CLINICAL SIGNS

History: Was diagnosed with E. coli based urinary tract infection a month ago and was placed on a course of antibiotics. Blood work taken at that time demonstrated an acute, inflammatory leukogram and mild elevations in SDMA/creatinine. Did improve while on the antibiotics but started to decline quite significantly after cessation. On presentation he was significantly dehydrated with extremely renal azotemia and massive pyuria/bacteriuria.Urine cultures subsequently returned as E. coli sensitive to almost all antibiotics. Working diagnosis has been pyelonephritis.

Abnormal PE/Chem/CBC/UA Results: Thin, weak, dehydrated Moderate neutrophilia Severe azotemia Hyperphosphatemia (renal clearance) Hyponatremia (dehydration) Hypochloremia (dehydration) Mild hyperbilirubinemia Mild elevation GGT Hyperglobulinemia UA - pyuria, isosthenuria, rod bacteriuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **pelvic urethra** was dilated to the pelvic flexure in this patient up to 0.23 cm, the exact cause is unclear as to poor urethral tone or distal obstruction.

The **kidneys** presented subjectively end-stage degenerative renal changes, interstitial nephritis pattern with embedded pyelectasia. The left kidney measured 3.36 cm. The right kidney presented cortical infarcts and remodeling. The right kidney measured 4.75 cm. Blood flow to the kidneys appeared to mildly subnormal on color flow assessment.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.42 cm.

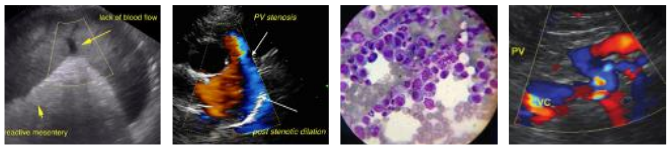
Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct measured the upper limits of normal at 0.39 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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Some retention of fluid and chyme were noted in the **stomach**. The pylorus was thickened in this patient. with no overt loss of detail. Areas of mucosal hypertrophy present. Minor soft stool was noted in the colon.

Pancreas

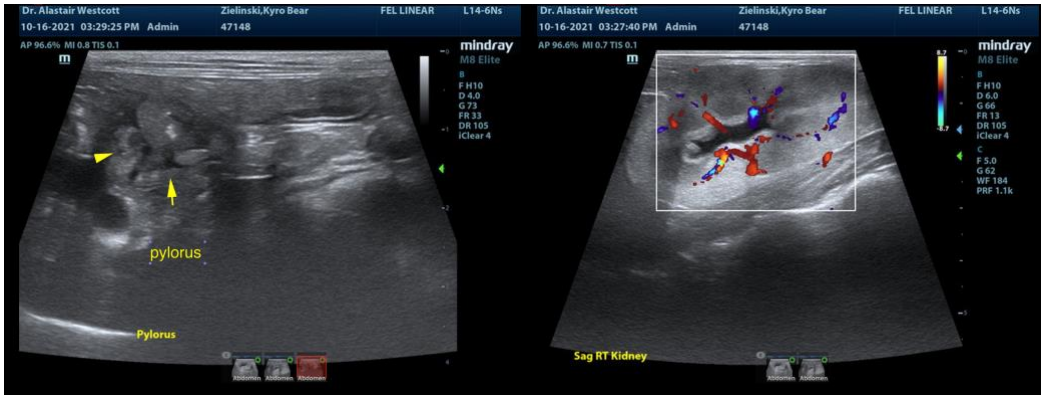
The **pancreas** revealed slight duct dilation at 0.21 cm. The left pancreatic limb measured 0.59 cm with hypoechoic undulating contour.

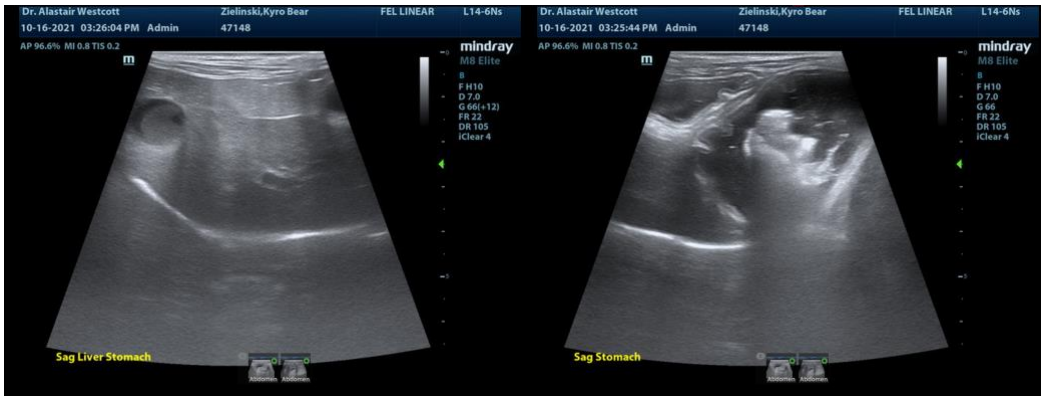
ULTRASONOGRAPHIC FINDINGS

- Subjectively end stage degenerative renal disease- interstitial nephritis pattern with pyelectasia embedded and cortical infarcts- UTI likely, possibility of primary renal dysplasia with secondary degenerative changes
- Dilated pelvic urethra, possibly owing to poor tone or pudendal neuropathy or distal obstruction after the pelvic flexure of the urethra
- Chronic gastritis pattern
- Chronic pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. Some cursory evaluation with cytology of the renal cortex may be of assistance if minor potential for dry form FIP in this patient. Primary renal dysplasia is a strong potential with secondary degenerative changes. 72-hour IV fluid protocol, urine culture, blood pressure measurements all indicated, however, prognosis is extremely guarded to poor long term in this patient.





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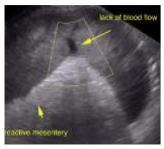
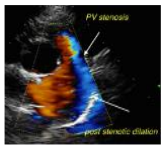
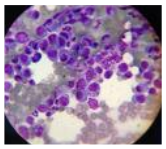
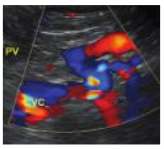

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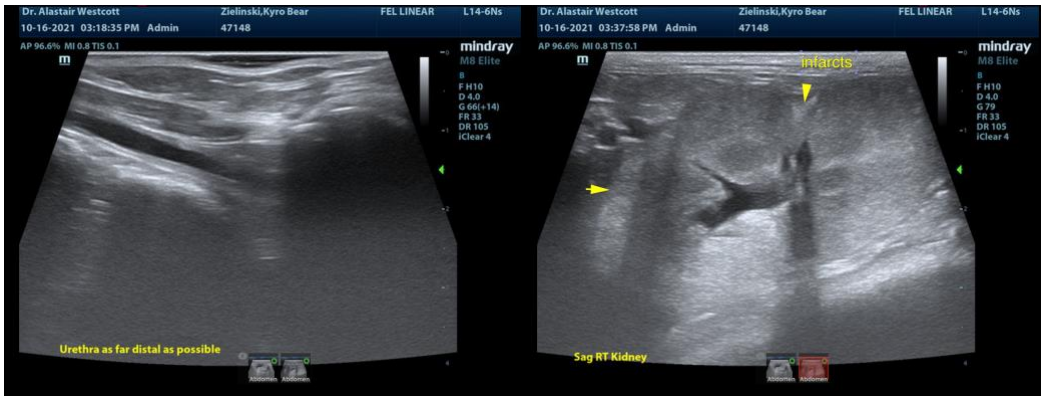

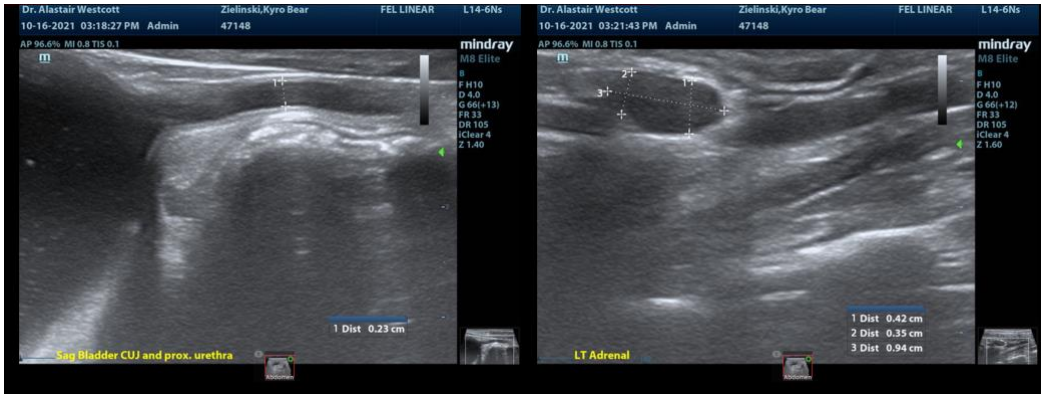

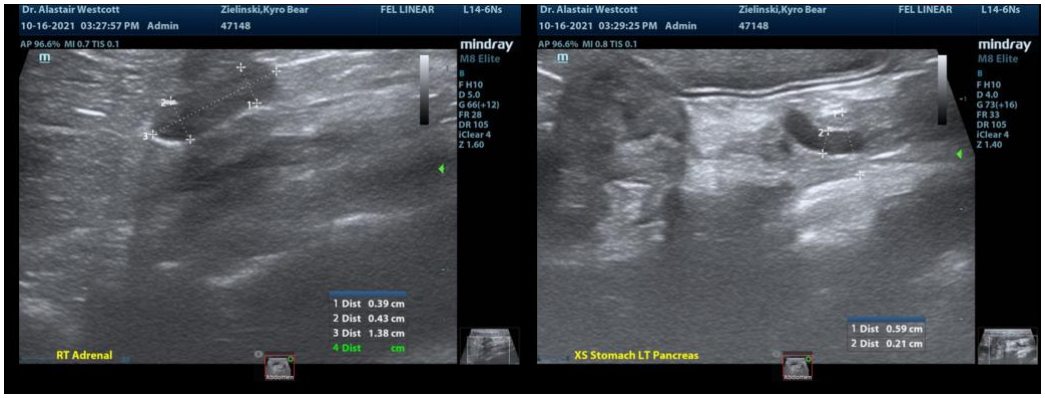

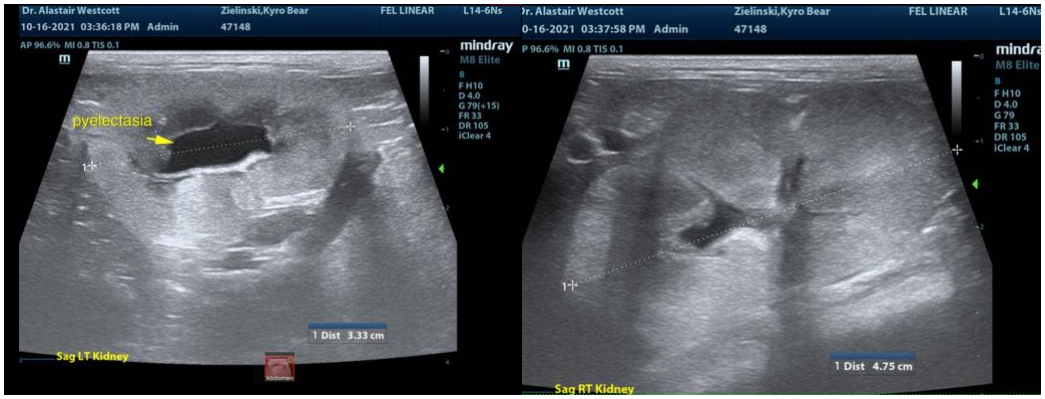

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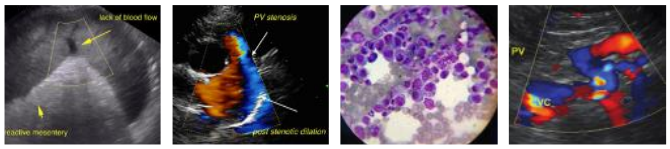

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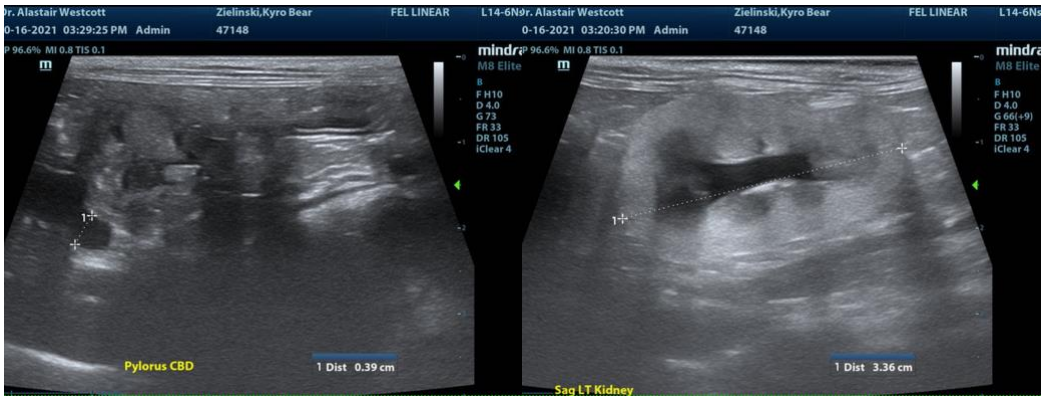

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com