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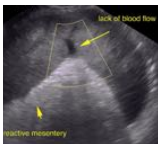
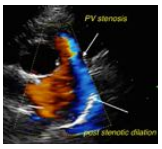
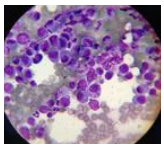
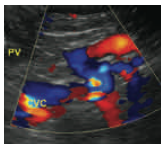

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1-800-838-4268 info@sonopath.com

PATIENT

Kit Kat Jaryal

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

3 years

WEIGHT

3.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hour AH

REFERRING VET

Dr. Malaguti

INVOICE

96328

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Lumpy irregular shaped kidneys on abdominal x ray. Suspect obstructed ureter on AFAST.
Abnormal PE/Chem/CBC/UA Results: Mild elevation kidney enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae appeared to be intact with normal ureteral jets.

The **kidneys** revealed moderate dystrophic changes. Multi-focal infarcts were noted in both kidneys. The right kidney measured 2.57 cm. The nodules are likely secondary to infarcts. The left kidney revealed pyelectasia. The right ureter was dilated at the right renal pelvis with enhanced, echogenic, ill-defined fat. Dilated right ureter, appeared to be strictured approximately 2.0 cm caudal from the right renal pelvis. This is suggestive for pyelonephritis. The pelvis of the left kidney revealed small calculus that measured 0.2 cm. Minor, active inflammatory pattern was noted around both kidneys.

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 0.3 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 was 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 cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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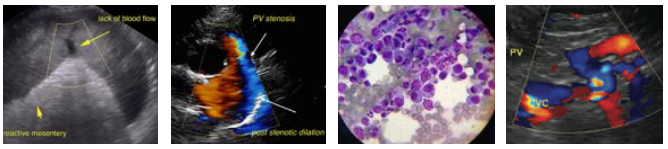

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

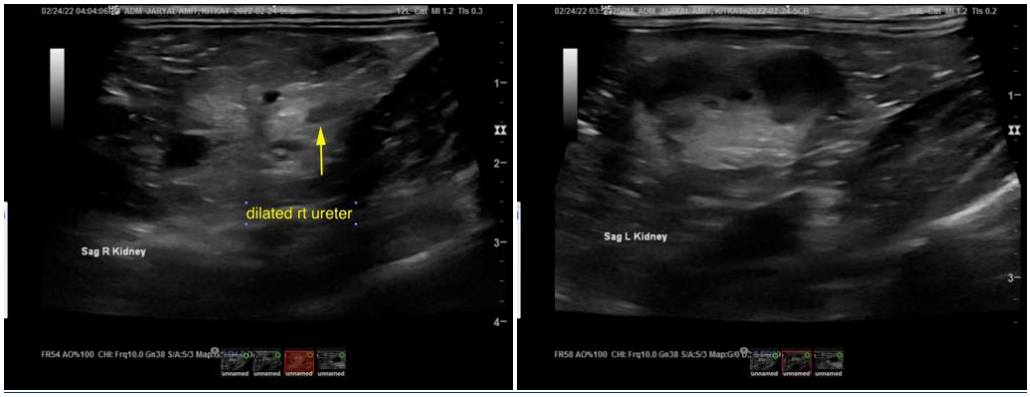
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Pyelonephritis renal pattern with secondary infarcts and dystrophy. Minor, obstructive nephrolithiasis and strictured right ureter. Distal ureters appeared to be patent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Passage of calculi is likely common for this patient. Secondary infection is suspected. 72 hour IV fluid protocol, blood pressure measurements and manual palpation of the kidneys is recommended to assess for discomfort. Guarded long term prognosis.



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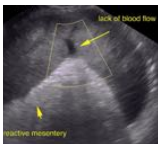
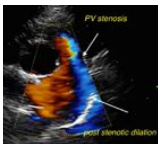
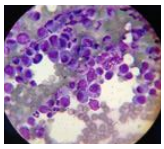
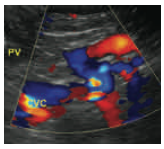

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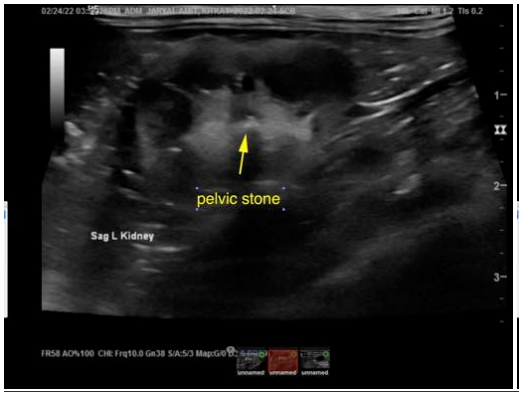

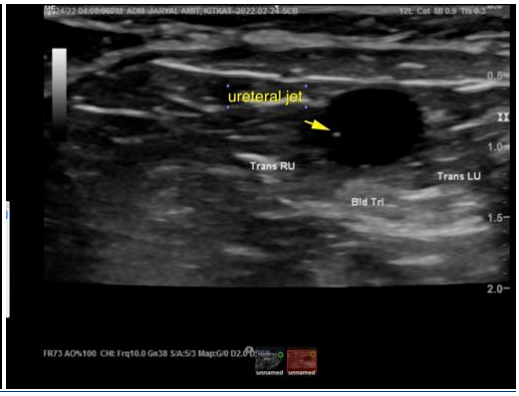

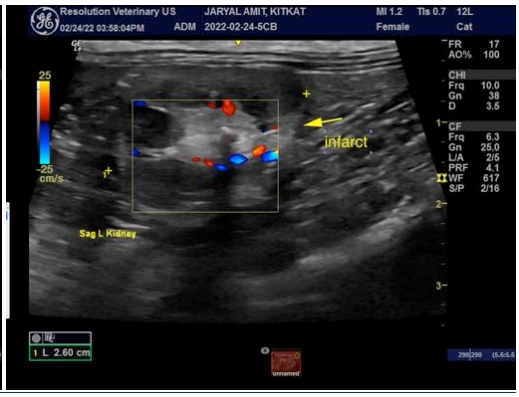

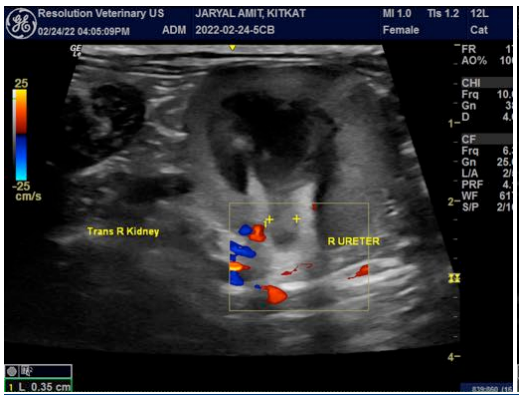

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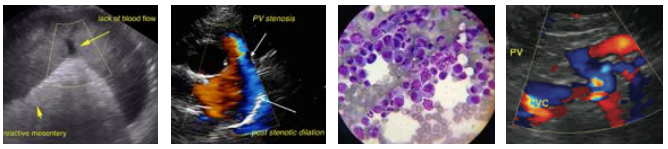

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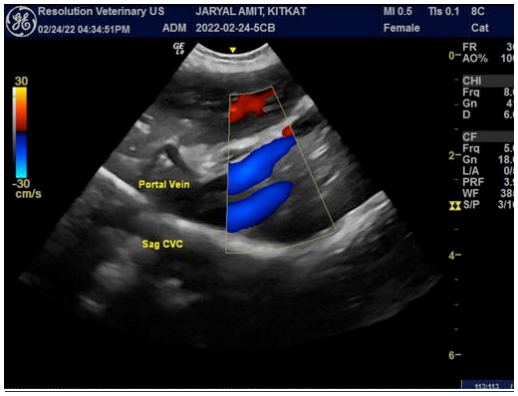

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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