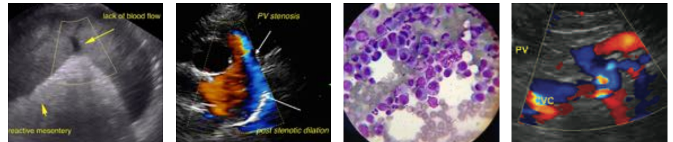
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

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

PATIENT

Aspen McWebb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

10 weeks

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

96378

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Off food last week. Referral. B/W BUN over 160, phosph over 16, Creat 4 , HCT 12% and regen. No fever. Feleuk/FIV neg. Once on fluids has been eating like a horse. BW 2 days later no change wrt kidneys, still regen but 11% hct. No obvious blood loss, tbil normal. Chest clear.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed thickened, irregular cortices. Hypervascularity was noted with patchy, cortical echogenicity. The contour was swollen. The left kidney measured 4.45 cm. The right kidney measured 4.64 cm.

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.

Spleen

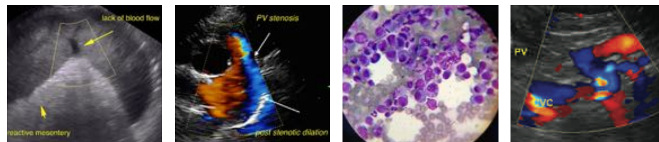
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** was mildly swollen with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

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. Some retention of ingesta was noted. 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.



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Pancreas

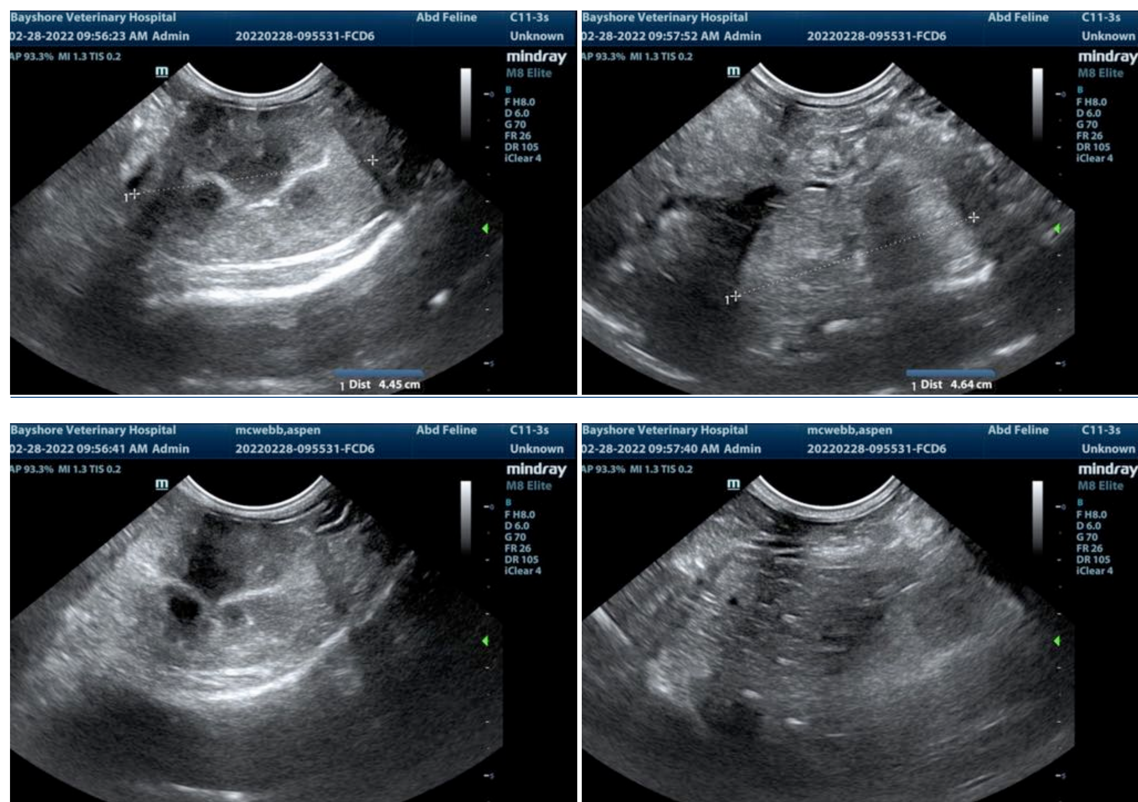
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

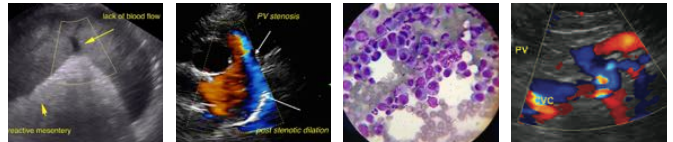
ULTRASONOGRAPHIC FINDINGS

Interstitial nephrosis renal pattern, possible underlying FIP or primary dysplasia. Slight pyelectasia of the right kidney was noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further definition. However, the changes are concerning. 72 hour IV fluid protocol, blood pressure, urine culture and coverage for infection is all indicated. Otherwise, renal biopsy is necessary. 25-gauge FNA could be considered to assess for granulomatous disease. Given the anemia blood transfusion would be necessary prior to sampling.





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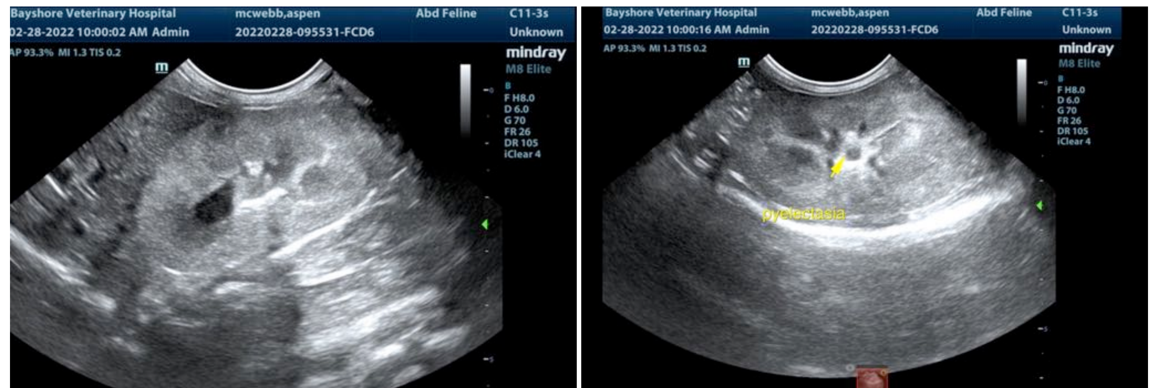

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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