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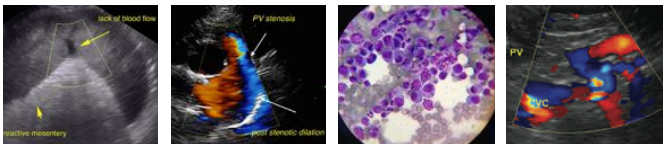

PATIENT
Jamie King

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
2.5 years

WEIGHT
3.67 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Turner

HOSPITAL NAME
Pennsauken AH

REFERRING VET
Dr. Turner

INVOICE
96672

DATE
3/8/22

PRESENTING CLINICAL SIGNS

History: Hx halitosis as reported by O. Doing well otherwise: eating/drinking, is subjectively PU/PD. Owners report no change in behavior, play time, appetite. No V/D or exercise intolerance noted. Abnormal PE/Chem/CBC/UA Results: PE reveals uremic halitosis and mild generalized muscle loss. No murmur noted initially but now has IV/VI systolic murmur. MM's pink to pale. Pet has renal azotemia and labs are attached: 3/6/22: BUN 135, Cr 5.8, USG 1010, slight bacteriuria (rods), Phos 10.5, Hct 19.3. 3/8/22: BUN 124, Cr 8.8, globulins 6, Hct 16%, USG 1.012.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 normal size and structure, corticomedullary definition and ratio for this age. Mildly increased cortical echogenicity was noted, yet non-specific. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Trace pyelectasia was noted; however, the pyelectasia may be owing to fluid therapy. The right kidney measured 3.93 cm. The left kidney measured 3.79 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** 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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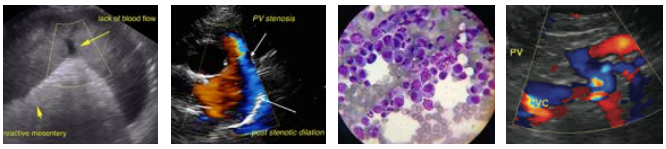

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Gastrointestinal

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

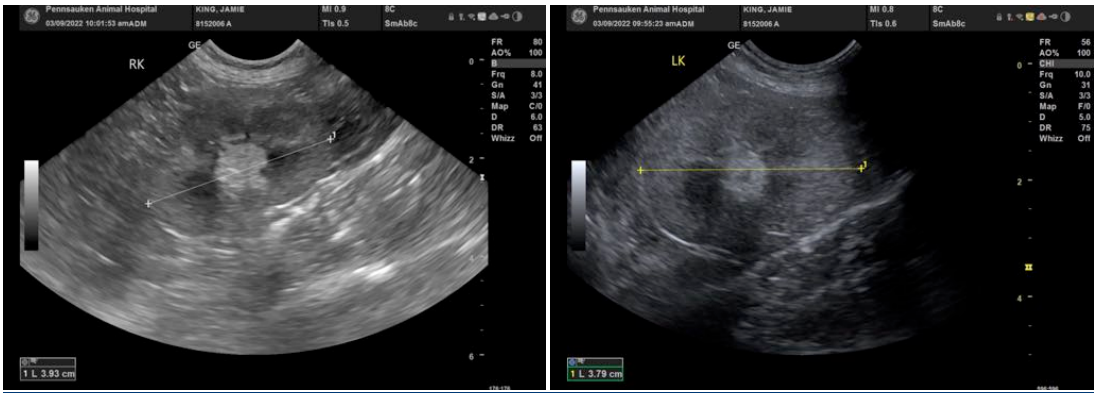
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

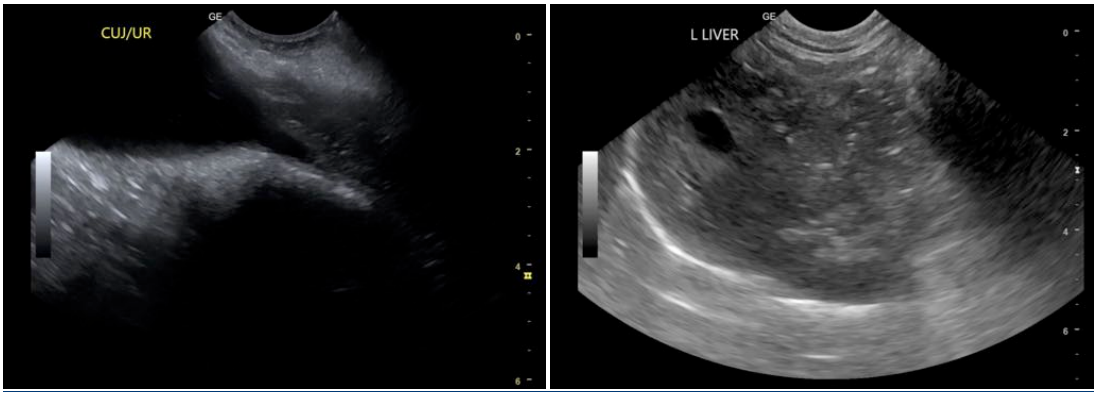
ULTRASONOGRAPHIC FINDINGS

Non-specific, minor degenerative renal changes. Acute insult is suspected such as toxin exposure, infectious agents or extreme rarity, Addison's could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for acute renal failure is indicated. Urine culture and sensitivity with 72-hour IV fluid protocol is recommended. The cause of anemia is unclear. The kidneys do not appear end stage; therefor, other causes of anemia should be considered. CBC path review +/- bone marrow aspirate is indicated. Transfusion and renal biopsy would be the next step.





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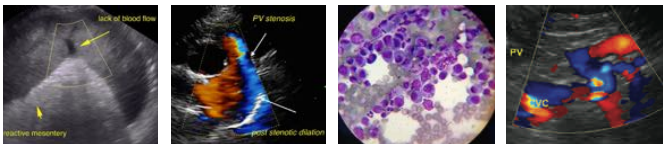

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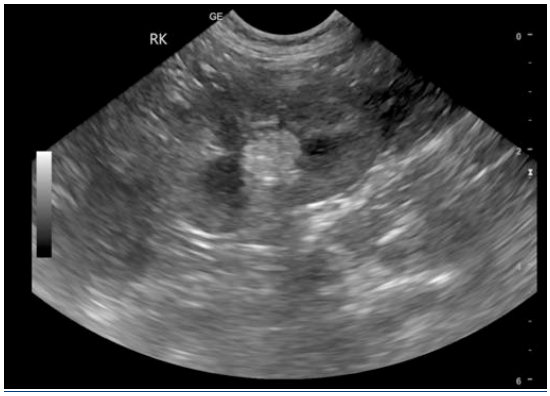

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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