



PATIENT

Shadow Leggett

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1.5 years

WEIGHT

7.5 kg

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Lumberas

HOSPITAL NAME

Central Island VEH

REFERRING VET

Dr. Guenther

INVOICE

95181

DATE

1/11/22

PRESENTING CLINICAL SIGNS

Urethral obstruction unblocked Jan 9. Initial CBC had mild leukocytosis characterized by mild neutrophilia. Chemistry showed marked azotemia and hyperphosphatemia which has improved somewhat over past 2 days on intravenous fluids however not as much as expected and remains significantly elevated. Polyuric in clinic. O unsure if was prior.

Abnormal PE/Chem/CBC/UA Results: Physically not dehydrated on exam at time of recent BW. BUN worsened from 35.9 to 37.7 Creat improved from 834 to 440 Hyperphosphatemia not repeated but initially 3.83 Mild neutrophilia Urinalysis: initial USG 1.028 which is 1.009 following IVFT. Marked hematuria initially which is improved now.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and normal/borderline enlarged in size (4.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.19 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and normal/borderline enlarged in size (4.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.19 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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Internal Medicine)

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Dr. Lumberas

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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- Borderline large kidneys with bilateral pyelectasia. The typical upper limits of normal for renal length is 4.5 cm. Both of the kidneys are at the upper end of normal, although this is a big male cat. Architecture and contour appears fairly normal. Differentials for kidney enlargement would be acute kidney injury, less likely infiltrative disease or portosystemic shunt (none visualized). Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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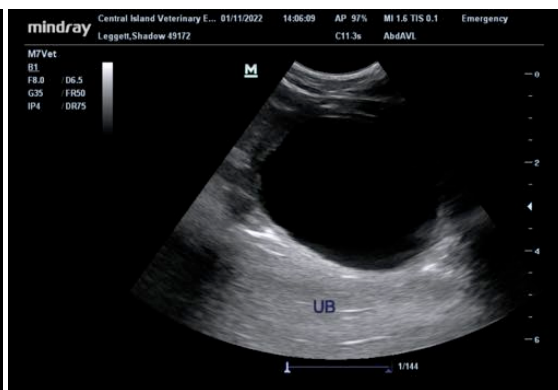
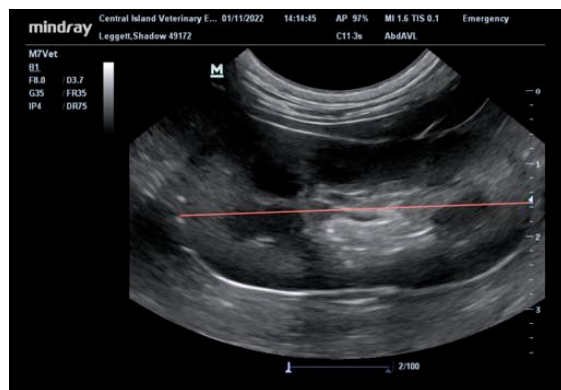
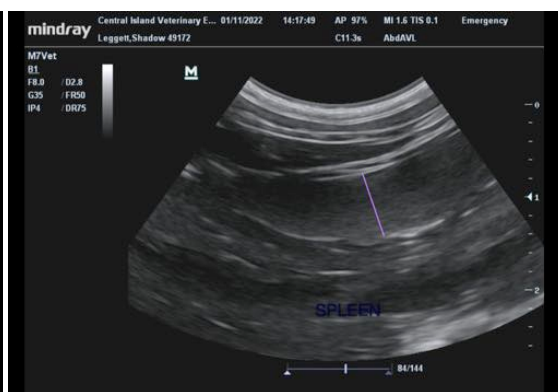
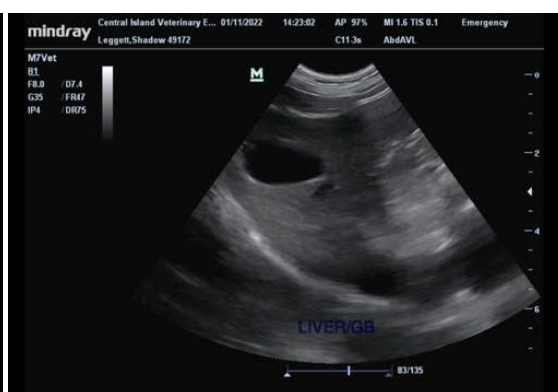
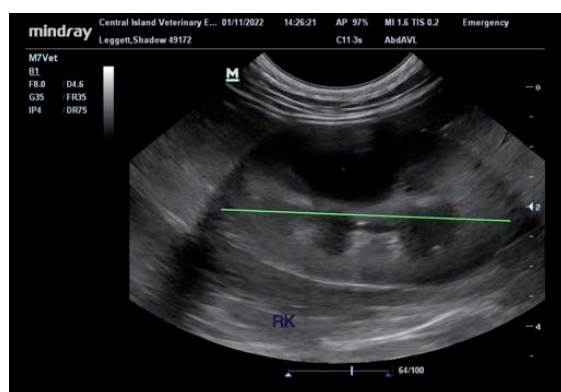
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear relatively normal other than being large in size, which could be an incidental finding or consistent with acute kidney injury, etc. Review history for any potential nephrotoxic exposures. If the cat was very ill or had to be anesthetized to be unobstructed acute kidney injury is possible. Additionally, I recommend urinalysis and culture if this has not already been done.

I recommend blood pressure evaluation and renal diet with close attention paid to hydration. It is possible that the kidneys will improve over time. No obvious focal renal lesions are observed.



The information and recommendations provided are based on the images presented by the referring



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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.

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