



PATIENT

Pumpkin Spice Perira

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Wittenrich

INVOICE

35733

DATE

2/18/22

PRESENTING CLINICAL SIGNS

suspected pyelonephritis or other renal injury febrile p is BAR, mm pink, crt<2, T 40.1, HR 140, RR 20, abdomen round and soft, BCS 7-8/9, meds: baytril, cerenia, mirtazapine
Abnormal PE/Chem/CBC/UA Results: mild to moderate azotemia, SDMA severely high

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 is irregular in shape and appearance. It measures at a relatively normal size at 4.18 cm. The kidney has rounded margins with some scalloping, and is almost ovoid in shape rather than shaped like a lima bean. There is decreased corticomedullary distinction, and the omentum surrounding the kidney appears slightly hyperechoic and inflamed.

The right kidney is irregular in appearance and measures 3.48 cm. It has a very irregular shape with deep scallops, suggestive of previous infarcts. It appears hypoechoic, and there is no discernable normal architecture. There is pyelectasia present at 0.39 cm and a distended ureter visualized at 0.5 cm. There is a scant amount of free fluid and inflamed omentum surrounding the kidney.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.26 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring XX cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with 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.

Liver

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.



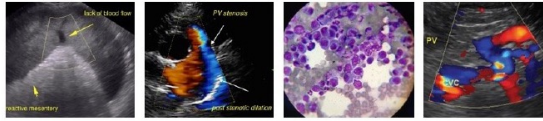
PATIENT	The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Pumpkin Spice Perira	
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BREED	
DSH	Pancreas 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.
SEX	
Spayed Female	Free Abdomen Scant free fluid is present in the area of the right kidney. There is no lymphadenomegaly. The omentum is of increased echogenicity around both kidneys.
AGE	
8 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> Very irregularly shaped kidneys with decreased corticomedullary distinction, right-sided pyelectasia and hydroureter, as well as perinephric inflammation – Most consistent with acute renal inflammation and chronic renal changes. Recommend evaluation for pyelonephritis, likely chronic renal disease present. Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
5.3 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Both kidneys are very atypical in shape and appearance. The right kidney in particular is relatively devoid of normal architecture and is surrounded by inflammation suggesting possible pyelonephritis and/or acute renal failure. The right kidney is atypical in shape, but no significant dilation is visualized. It is possible that some of the renal changes observed are congenital. It is also possible but less likely that bilateral neoplasia could be present, causing some of these irregularities.
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Recommend urinalysis and culture Recommend blood pressure evaluation Recommend IV fluids, antibiotics and diuresis If patient improves with treatment, I would consider reevaluation of the kidneys with ultrasound once the pyelonephritis has been treated to ensure there is nothing more significant going on, and that a fine needle aspirate of the kidneys is not necessary.
Kelly Reschny	
HOSPITAL NAME	
BPH Stoney Creek	
REFERRING VET	
Dr. Wittenrich	Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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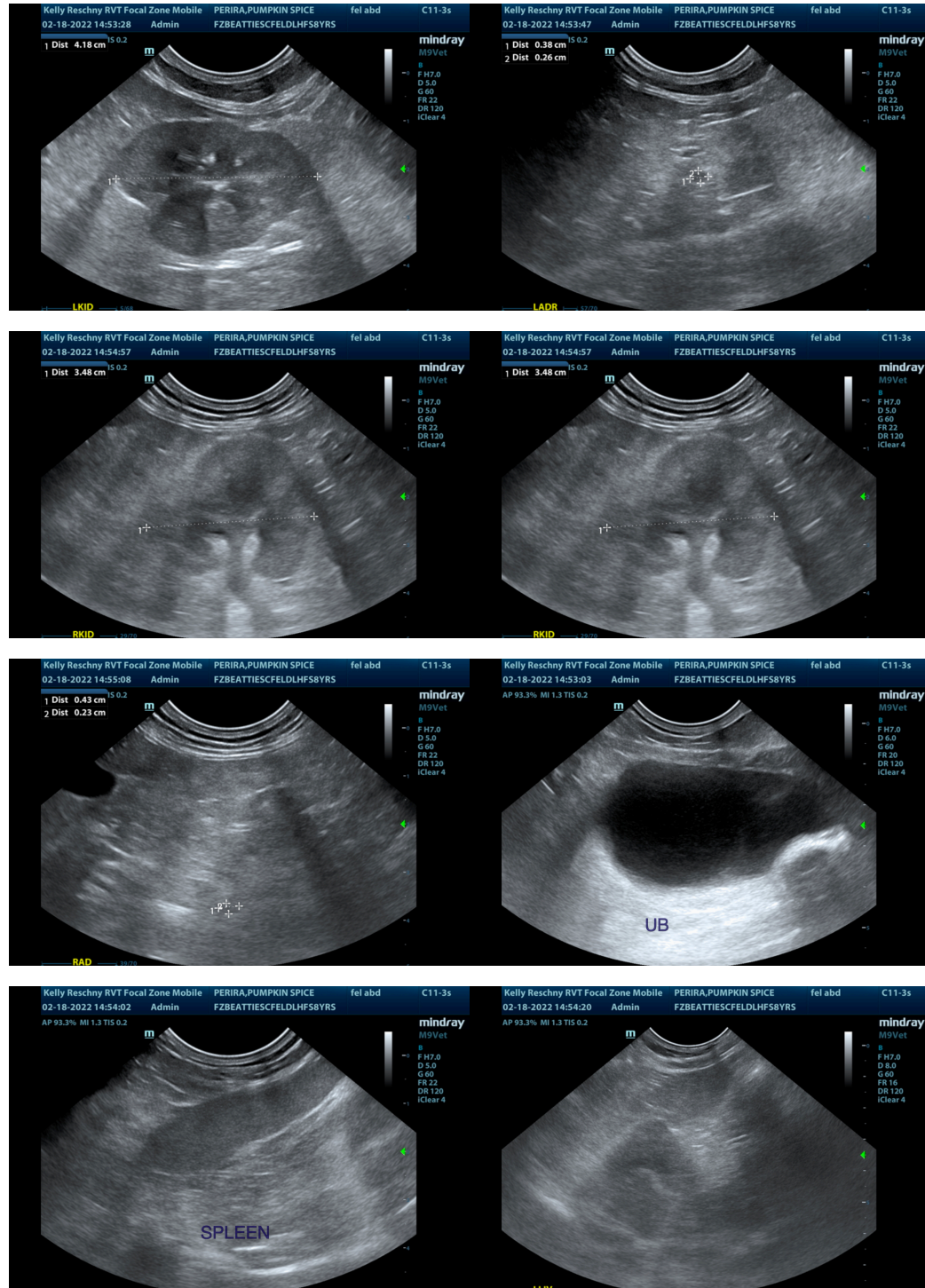
Dr. Wittenrich

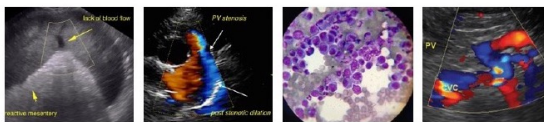
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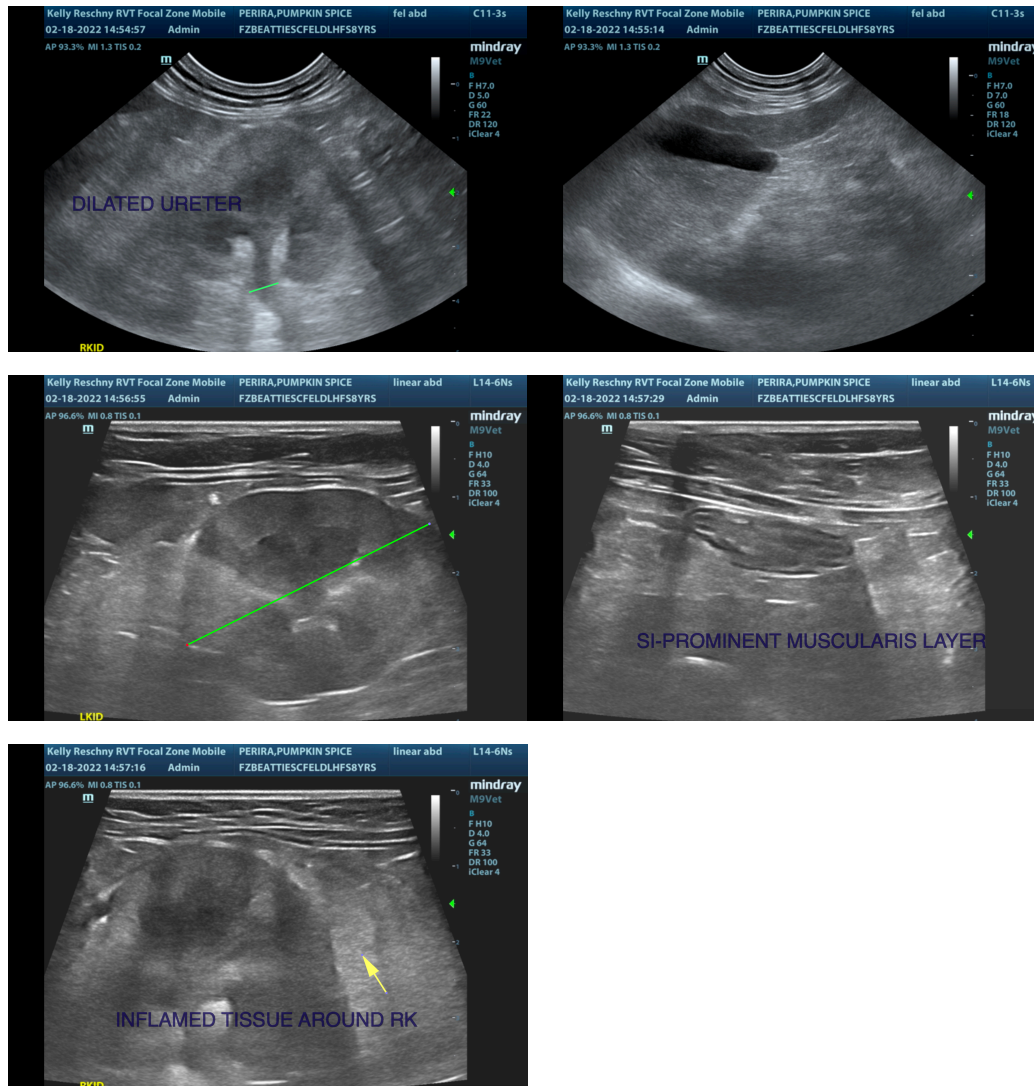
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com