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Clinical Sonography & Telecytology
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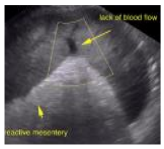
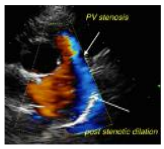
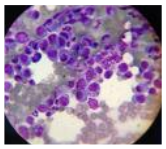
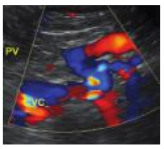

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1-800-838-4268 info@sonopath.com

PATIENT
Ashley Austin

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
13 Years

WEIGHT
6.37 Pounds

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

IMAGING PERFORMED BY
Sorbo

HOSPITAL NAME
Back Bay VC

REFERRING VET
Dr. Carey

INVOICE
37729

DATE
5/18/22

PRESENTING CLINICAL SIGNS

Suspect CKD but ruling out pyelonephritis or renal neoplasia.
Abnormal PE/Chem/CBC/UA Results: Creatinine increased from 2.1 to 6.7 (BUN 72, SDMA 29, Calcium 12.2), mild anemia (Hct 27.1).

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 small and somewhat irregular in shape, measuring 2.1 cm with pyelectasia at 0.31 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The proximal ureter is dilated and visualized at 0.29 cm with no visible obstruction. There are occasional small mineralizations within the kidney, and a larger irregular, mildly mineralized structure (mineralized debris?) within the renal pelvis. There is no obvious obstruction visualized, but there is concern for current or previous obstructions. Renal vasculature is normal.

The right kidney is mildly irregular in shape and measures 2.8 cm. Pyelectasia is noted at 0.27 cm. There are numerous cortical mineralizations and some suspected intrapelvic mineralizations visualized, measuring 0.26, 0.20, 0.25 cm. There is no focal obstruction visualized. The proximal ureter appears dilated at 0.58 cm. A cause for the dilation is not visualized. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.31 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The bile duct appears somewhat tortuous and mildly dilated at 0.22 cm with no visible obstruction.

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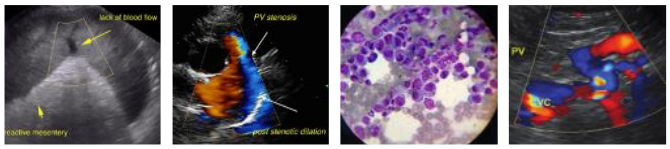

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Gastrointestinal

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.

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 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

Free Abdomen

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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral reduction in corticomedullary distinction along with renal pelvic dilation and hydroureter. Small intrapelvic and cortical mineralizations are visualized, but a specific obstruction is not clearly seen. Findings are concerning for chronic renal disease, pyelonephritis +/- obstructive disease.

- Mildly tortuous, dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are abnormal. They are irregular with dilated renal pelvises. Additionally, the proximal ureter appears dilated in both kidneys. An obvious point of obstruction cannot be visualized, but cannot be ruled out. Both kidneys have pinpoint areas of mineralization, but a pointed area of obstruction is not visualized.

- Recommend urinalysis and culture.
- Recommend blood pressure evaluation.
- Recommend abdominal radiographs to look for evidence of mineralizations/stones.
- Consider a contrast study (ideally contrast CT scan) to look for a point of obstruction, which could necessitate ureteral bypass surgery, etc. Some of these lesions will improve with antibiotics, fluids, etc. Serial monitoring of the kidneys for progressive dilation is strongly suggested.

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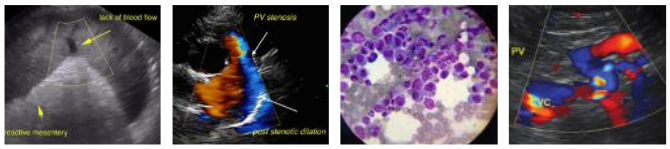

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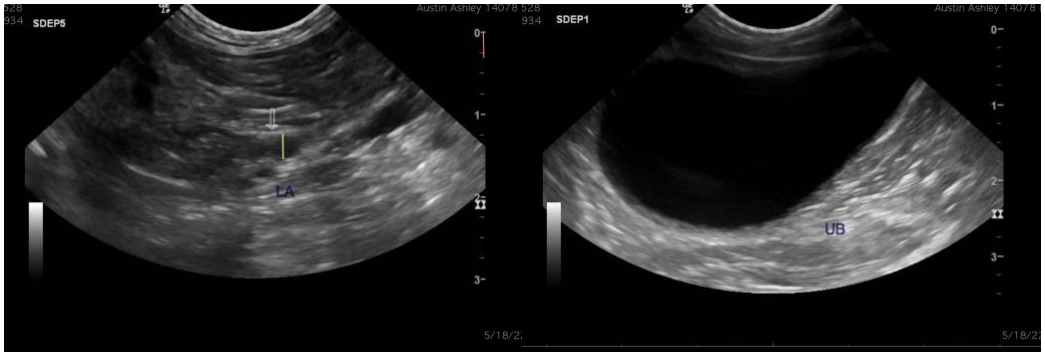

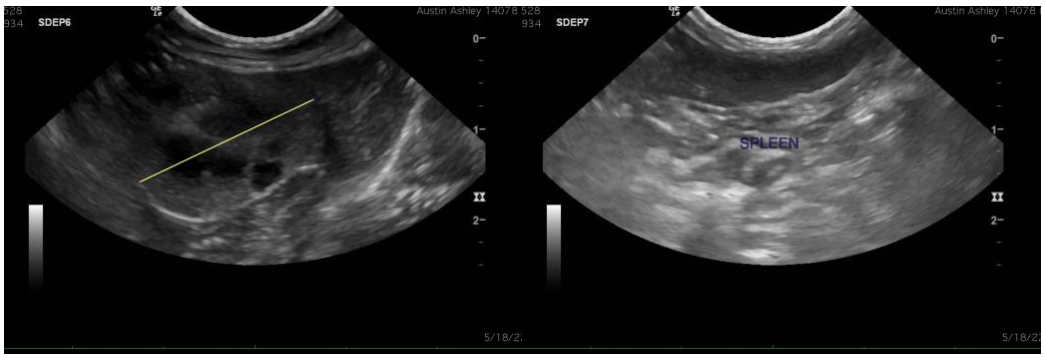

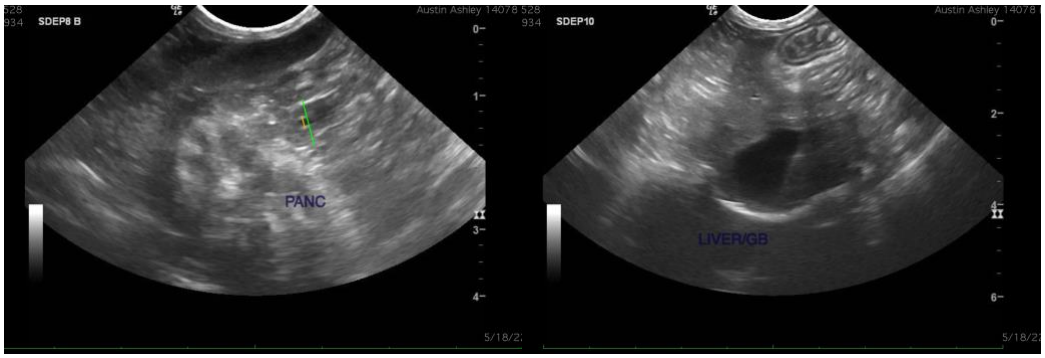

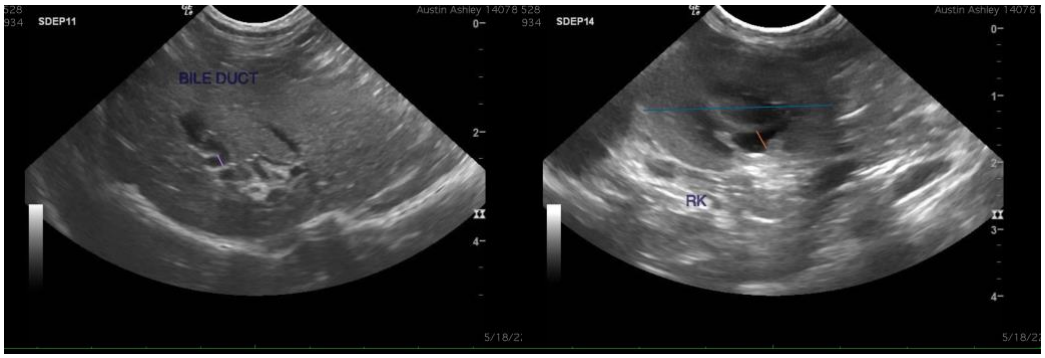

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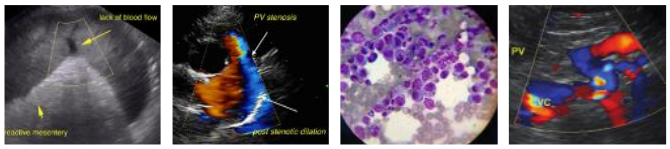

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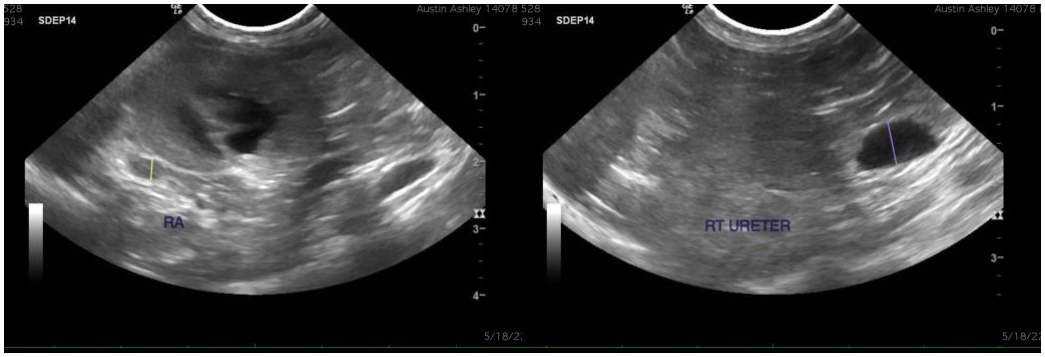

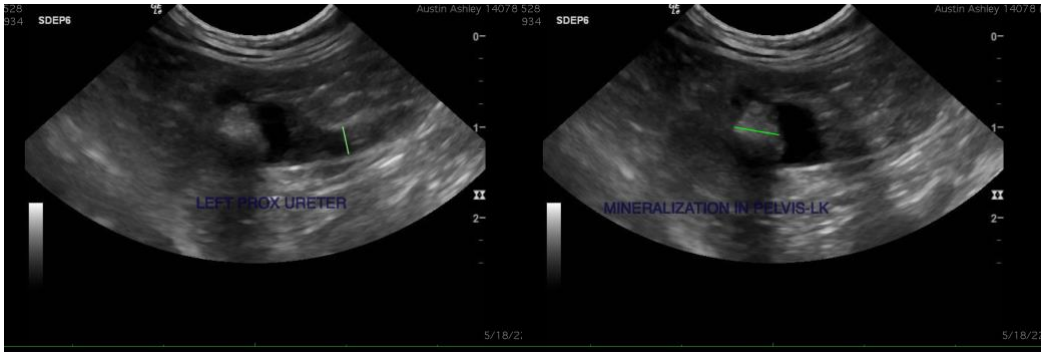

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com