

**DATE**

06/20/2022

PRESENTING CLINICAL SIGNS

Wessley was treated for hyperthyroidism on 02/15/22 with 3.5 mCi of I-131. Wessley was released from our hospital on 02/17/22 when detectable radiation levels met appropriate guidelines. Since January 2022 - P has had blood present in urine without signs of UTI - O would like to move forward with U/A to determine cause. No culture performed. P has been acting normal, normal urinary habits.

PATIENT

Wessley Boegner

Current Medications: None.

SPECIES

Feline

Lab Results: BUN 25, Cr 0.9, SDMA 9, T4 7.3 was 7.6 12/2021. UA SG 1.041, pH 7.0, Protein 2+ R/o from elevated RBC, Blood >100 (free catch sample). 6/1/22 U/A: Protein 2+, RBC 20-30, Blood 3+. 1/28/22 BP 114 WNL.

BREED

DSH

Radiographs: Appears patient has very small left kidney, normal to slightly enlarge right kidney radiopaque material in right kidney

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Imaging Performed By: Rachel Brillhart, RDMS.

MN

AGE

13 years

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.

WEIGHT

15.9 pounds

The left kidney is irregular and is subnormal in size at 2.54cm in length. Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Nonobstructive pinpoint nephroliths were observed. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
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The right kidney is irregular and normal in size at 5.36cm in length. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Nonobstructive pinpoint nephroliths were observed one of which measured 0.57cm. Pyelectasia was observed measuring 0.5 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Warm & Fuzzy
Veterinary Center

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46cm 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.

REFERRING VET

Dr. Weber

The right adrenal gland is normal in size measuring 0.53cm 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.

INVOICE

10723ag

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 <0.7cm 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.

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.

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

- Decreased corticomedullary distinction in both kidneys with an irregular small left kidney with small nephroliths and a larger right kidney with large stones and pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. There is no obvious obstruction associated with the kidneys. There is a moderate amount of pyelectasia in the right kidney which could be associated with fluid therapy, PU/PD, pyelonephritis or an obstructive process. (previously passed stones?)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are irregular with stones evident particularly in the right kidney with pyelectasia. Recommend UA and C/S, BP evaluation and possibly pain medication if this is determined to be helpful. The blood in the urine could be due to cystitis, pyelonephritis, the renal nephroliths or previously passing stones?





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.

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