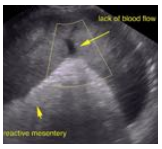
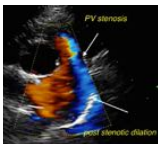
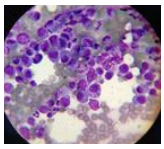
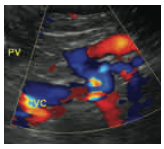

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PATIENT

Ginger Deluccia

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

9 years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

91092

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: One month history of hematuria, and 4 day history of decreased appetite. U/A - USG is 1.020 and sediment evaluation (cellular casts; RBCs TNTC, Occas WBC,no bacteria noted) CBC / Chem - Creat 4.8 BUN 74 Phos 5.7 Ca 11.7 Normocytic , normochromic anemia 29.5%, decreased plt 88k and mild neutrophilia Urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.13 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. There is evidence of pyelectasia measuring 0.23 cm. There is a non-obstructive stone visualized measuring 0.27 cm. The proximal ureter is mildly dilated at 0.37 cm and there is a possible mineralization within the ureter measuring 0.22 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.63 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. There is mild pyelectasia measuring 0.19 cm and a non-obstructive stone at 0.23 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 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.

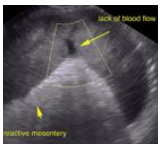
The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

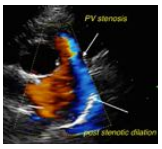
Spleen

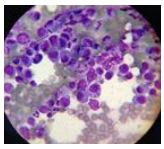
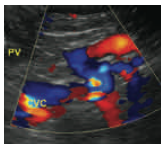
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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





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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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 jejunum measured as normal (0.19 cm, 0.2 cm.) 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.

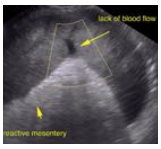
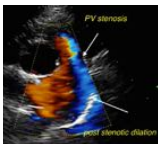
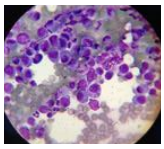
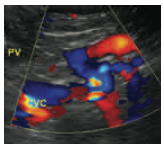
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia and non-obstructive nephroliths. There is a possible nephrolith visualized in the left ureter. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes to the kidneys are consistent with chronic disease. There is some pyelectasia that could be consistent with pyelonephritis or PU/PD from chronic renal disease. Additionally there are some mineralizations that are largely consistent with non-obstructive nephroliths, which are likely incidental, but there is a questionable mineralization in the left ureter that

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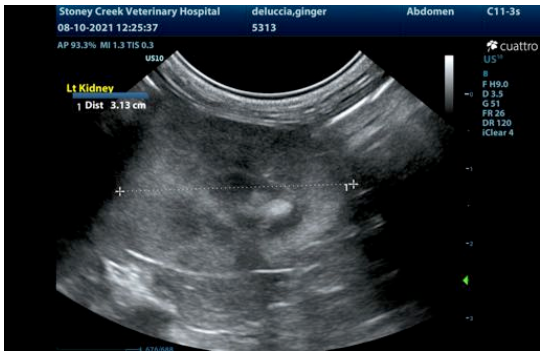
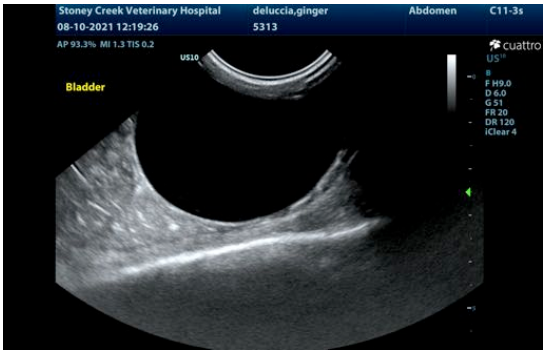
is only minimally dilated. I recommend to correlate with abdominal radiographs to determine if any mineralizations are observed in the area of the ureters. I do not suspect a significant obstruction at this time, but there is some inflammation in hemorrhage. An obvious cause for hematuria is not noted on imaging of the urinary bladder, but visualization is hindered in the post urination images due to lack of adequate distension. It is good that a urine culture is pending. I recommend blood pressure evaluation and continued monitoring for evidence of possible ureteral obstruction (no evidence of significant obstruction at this time).





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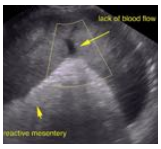
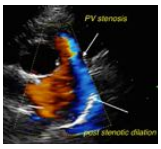
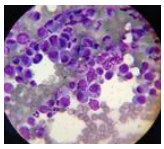
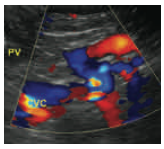

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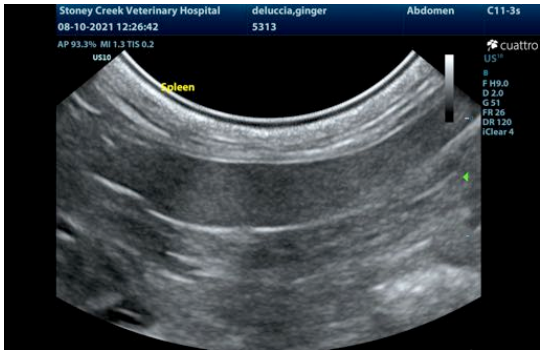

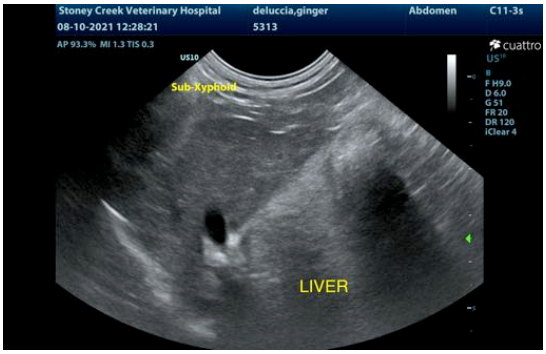

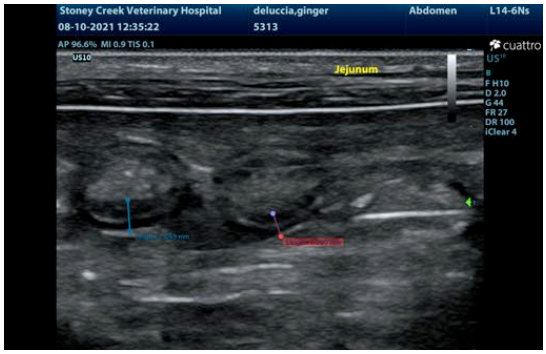

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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