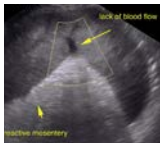
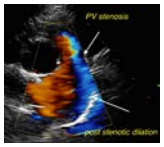
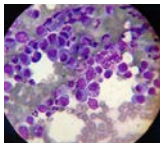
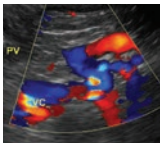
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Kitten Wallace

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

15 Ponds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

40550

DATE

8/18/22

PRESENTING CLINICAL SIGNS

3 day duration of anorexia and lethargy and vomiting exam noted dehydration, weight loss severe azotemia indoor only- no toxin history

Abnormal PE/Chem/CBC/UA Results: creat: >13.6 BUN: >130 phos: 15.9 potassium: 6.7 urine via cysto- usg 1013, 1+ protein, moderate rbc, no bacteria seen, 7 wbc/ HPF culture pending

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 normal in size (4.3 cm), but slightly irregular in shape, with occasional subtle non-obstructive nephroliths, and pyelectasia at 0.26 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is moderate perinephric inflammation and a small amount of fluid is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.2 cm) with pyelectasia at 0.35, and small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is perinephric inflammation and fluid. There is no evidence of 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

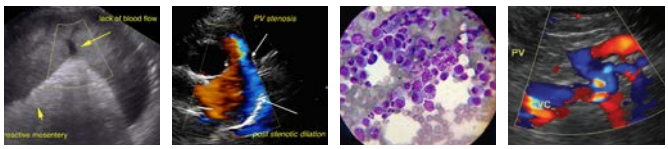
The spleen is subjectively normal in size (0.84 cm at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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



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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. Jejunum wall measured 0.19 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

There is a scant amount of free fluid around the kidneys and between liver lobes. No lymphadenopathy. The omentum is hyperechoic around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths, perinephric inflammation and fluid, and mild bilateral pyelectasia – 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.

- Small volume free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have decreased corticomedullary distinction with surrounding inflammation and a small amount of fluid. There are mineralizations visualized in both kidneys, but no obvious obstructive stones. Pyelonephritis would be the most common cause for this type of presentation. Recommend blood pressure, urinalysis and culture (I believe a culture is pending), but other factors can also cause an acute on chronic crisis, which is what I suspect this is, as the changes observed in both kidneys (the abnormal architecture) are likely chronic in nature. Other differentials such as FIP and lymphoma are possible, but I do not see a a significant lymphadenopathy, etc. If azotemia is worsening, consider reevaluation of the kidneys for progressive pelvic dilation.

The scant amount of free fluid evident in the abdomen could be due to mild fluid overload (is urine output adequate?), or secondary to the inflammatory process. Additionally, confirm albumin levels are normal and that there is no significant proteinuria.

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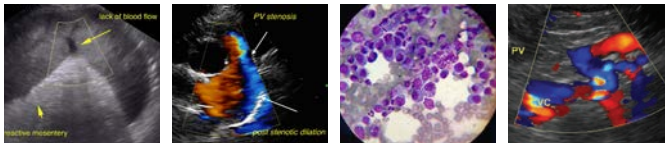

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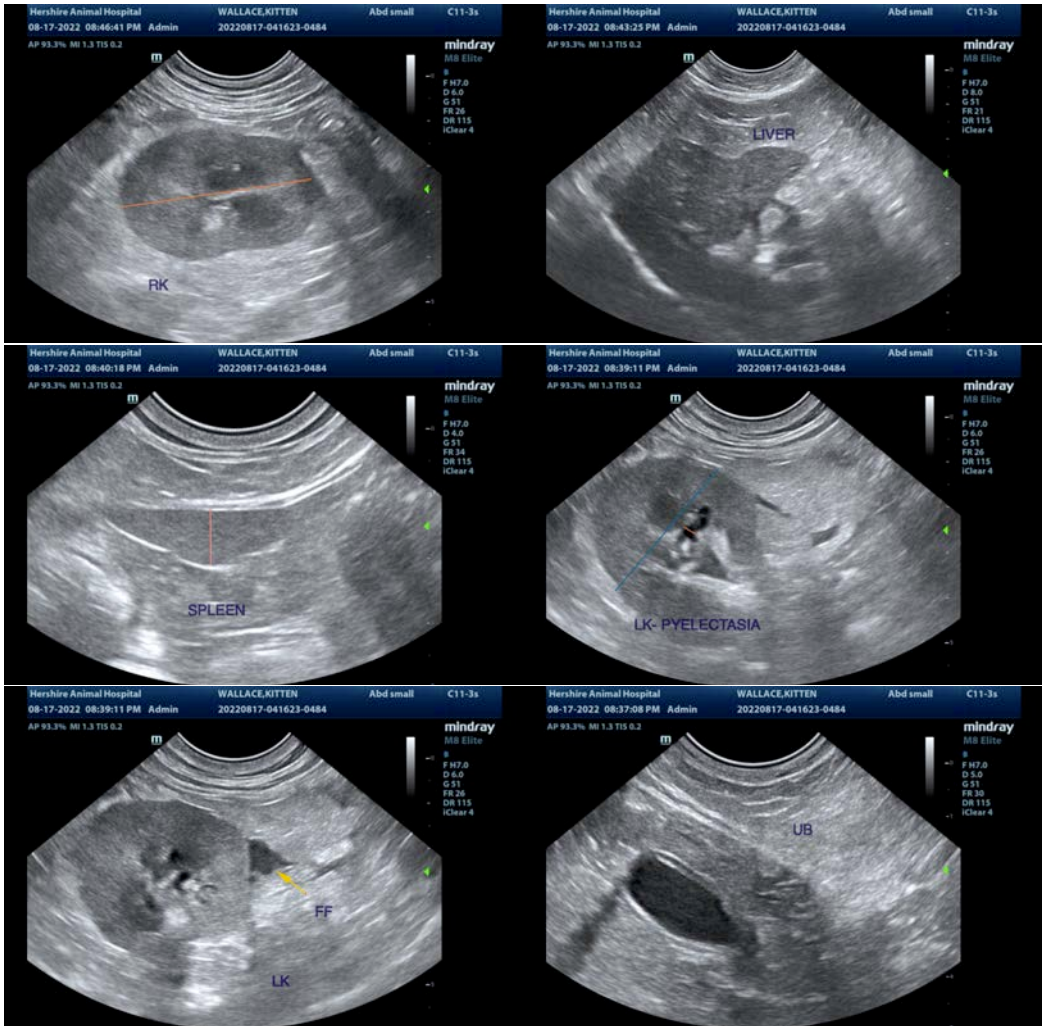

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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