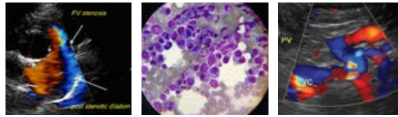


DATE

8/3/22

PATIENT

Oscar Gates

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/23/17

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Hirsch

INVOICE

40113

PRESENTING CLINICAL SIGNS

Presented 6/23/22 for dental and pre-anesthetic bloodwork indicated renal disease. Dental postponed, p started on renal diet and q48hr 100ml LRS SQ. Recheck bloodwork 7/15 showed worsening creatinine and significant weight loss (approx. 3lbs) so p started on SID fluids and Elura to improve appetite.

Current Medications: LRS 100ml SQ EOD 6/23-7/15, SID 7/15-current
Elura 0.8ml SID starting 7/15, Renal Rx diet, Gabapentin 100mg PO pre-visit sedation.
Lab Results: 6/23: BUN 80, Creat 3.8, Phos 5.2, Glob 5.4 (calculated), USG 1.018, Remainder of CBC/Chem/UA WNL. 7/15: BUN 70, Creat 5.8, Phos 6.7, Na 155, K 2.7, Cl 120, Unable to obtain urine sample.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 large, measuring 7.0 cm. It is normal in shape. It is hyperechoic with loss of corticomedullary distinction. The renal parenchyma is diffusely cystic with little normal architecture visualized. The renal pelvis is mildly dilated at 0.22 cm.

The right kidney is large, measuring 6.44 cm. It is normal in shape. It is hyperechoic with loss of corticomedullary distinction. The renal parenchyma is diffusely cystic with little normal architecture visualized. The renal pelvis is mildly dilated at 0.34 cm.

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, 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 bile duct appears somewhat dilated and tortuous, measuring 0.50 cm, approximately 3-4 cm from the gallbladder. No focal obstruction is noted.

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

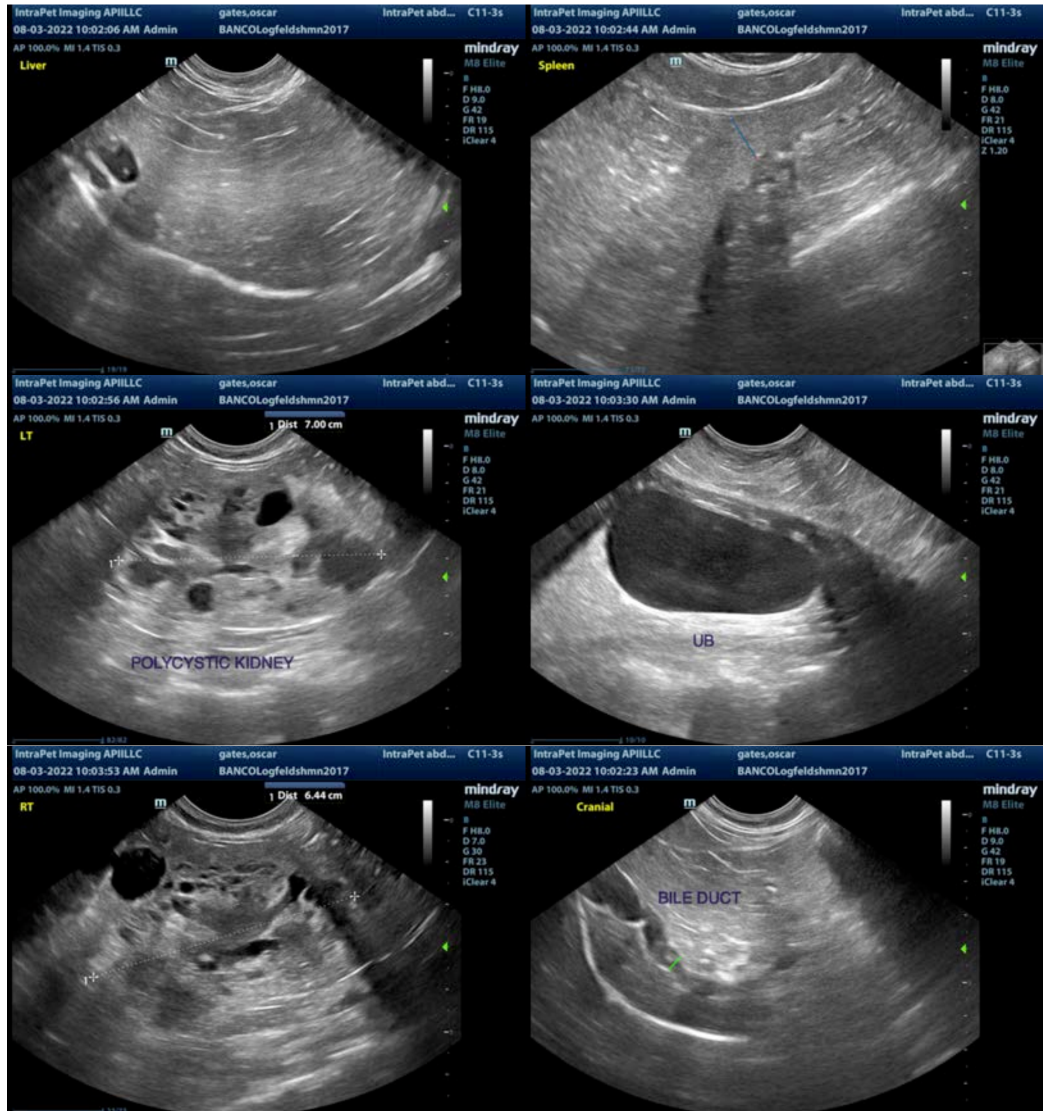
- Large, hyperechoic, diffusely cystic kidneys – most consistent with polycystic kidney disease. There is a reduced amount of normal/functional renal parenchyma.

- Bilateral renal pyelectasia – Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. /

- Mild proximal bile duct dilation – 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

Today’s findings are consistent with diffuse polycystic renal disease. Recommend blood pressure evaluation and urinalysis with culture to look for complications of renal disease. Diuresis, supportive care and symptomatic therapy as well as anti-hypertensives, (if indicated)are the cornerstones of therapy.



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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