



PATIENT

Thumbelina Furbish

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 years

WEIGHT

7.9 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

15867

DATE

1/18/23

PRESENTING CLINICAL SIGNS

PU/PD and vomiting increased in the last few weeks, patient has always drank a lot of water. On IVF, Orbax, famotidine and cerenia currently in hospital. Sedated with Kitty Magic for US.

Abnormal PE/Chem/CBC/UA Results- BUN 159, Creat 9.0, Phos 11.3, Cl 107, Alb 2.5. Hct 22%.
USG 1.010, Prot 2+.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and mild asymmetrical capsule contour were present in the kidneys. Both kidneys exhibited moderate cortical hypertrophy exhibiting primarily uniform to mildly nonhomogeneous hyperechoic cortical hypertrophy and mild to moderate loss of corticomedullary border demarcation with reduced medullary volume. Pinpoint dystrophic medullary mineral was noted. No pyelectasia was present. Intermittent small cortical cysts were noted primarily right kidney. No evidence of left or right retroperitoneal inflammation / effusion. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Pinpoint incidental left adrenal dystrophic mineralization was noted. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephritis pattern exhibiting normal / adequate bilateral renal size
- Sonographically normal gastrointestinal tract

Secondary Findings

- Pinpoint left adrenal dystrophic mineralization - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the bilateral kidneys were most consistent with chronic nephropathy as opposed to acute kidney injury or insult, although the possibility of acute on chronic insult cannot be definitively excluded. Nonspecific nephritis such as interstitial nephritis, and glomerulonephritis (immune-mediated vs. non-immune-mediated glomerulonephritis or other), are possible. Sonographically, the appearance of the kidneys was not overtly consistent with congenital renal dysplasia, given the normal to adequate bilateral renal size, although some degree of dystrophic renal changes is suspected. Early infiltrative renal neoplasia is considered less likely.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Renal biopsy would be required for a definitive histopathological diagnosis, yet potentially may further compromise renal function. Pending further renal workup, empirical therapy for CRD with assessment and monitoring of systemic blood pressure would be reasonable. Diuresis protocol with close monitoring of urine output and body weight and assessment of renal response is suggested. A guarded prognosis, given renal sonographic appearance and the current degree of azotemia, is indicated. Ultrasonographic assessment of offspring renal appearance to assess for early or similar chronic renal changes may be considered.



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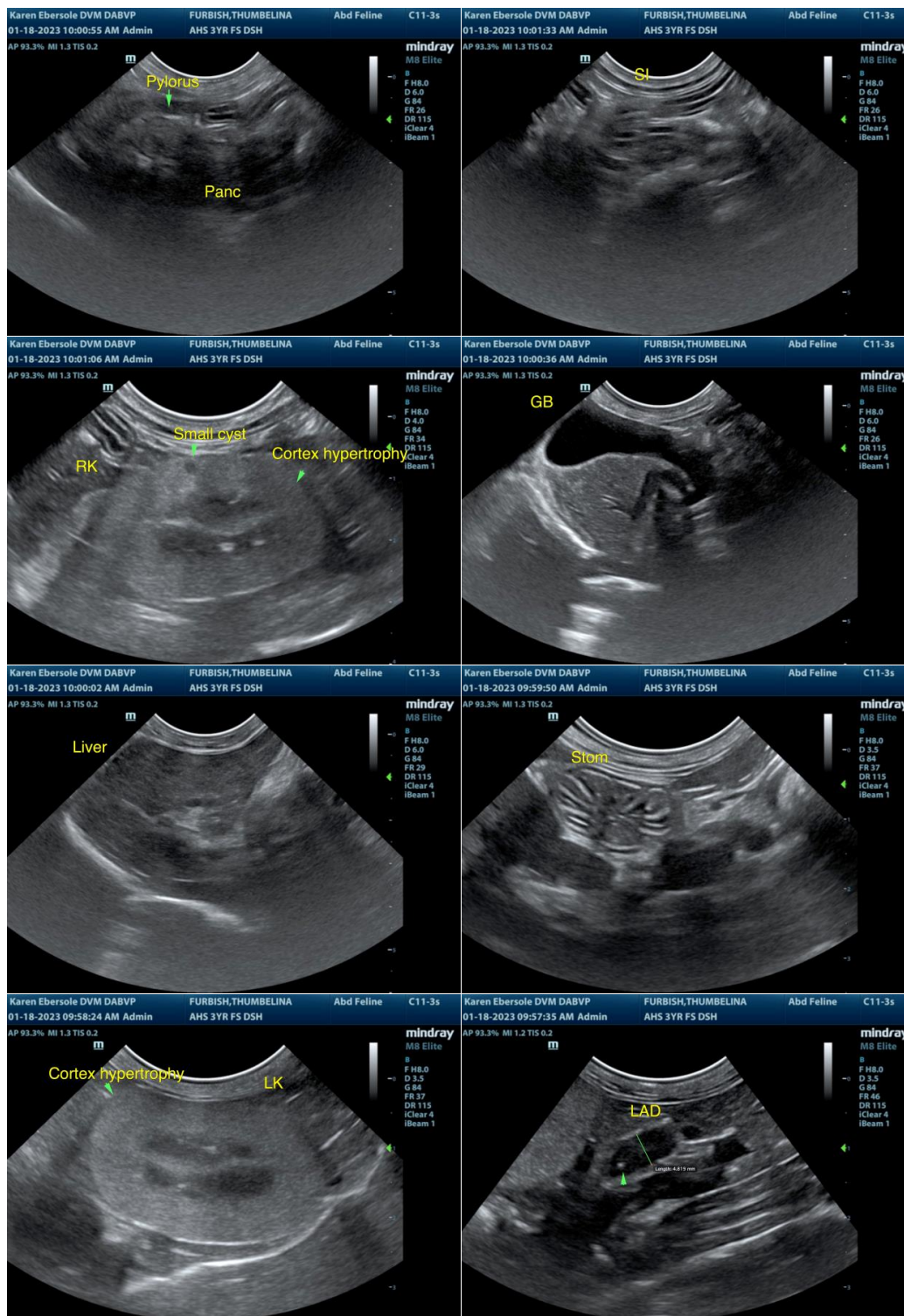
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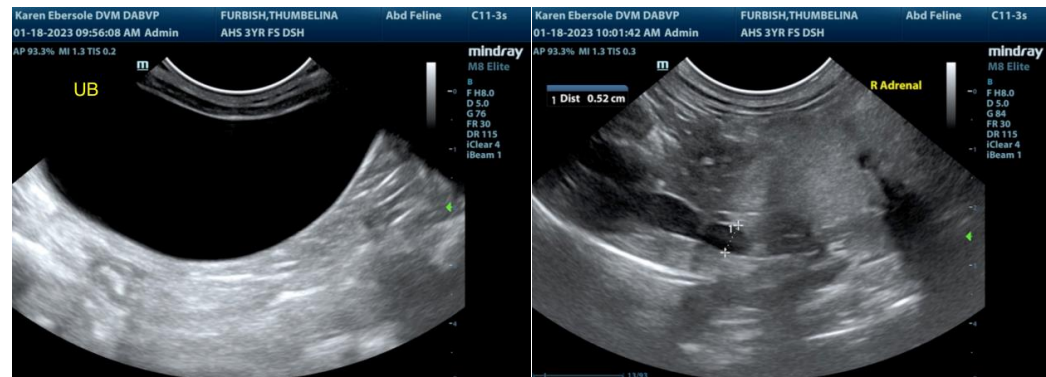
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com