



PATIENT

Bootsy LaPata

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Community VP

REFERRING VET

Dr. Hulshizer

INVOICE

12360

DATE

10.13.2021

PRESENTING CLINICAL SIGNS

History: Lethargy, FUO

Medication: Enalapril 2.5

Blood pressure 137/115

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The area of the aortic trifurcation was free of pathology.

Asymmetrical margination was present in both kidneys. Both kidneys appeared to be mildly reduced in size / volume, compared to the previous study. The renal cortex presented uniformly increased echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Nonobstructive areas of medullary mineralization were noted. Mild loss of corticomedullary distinction was also present. Subtle evidence of increased retroperitoneal echogenicity was noted around the left kidney, without evidence of previously noted retroperitoneal free fluid. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.73 cm width. No splenic masses or nodules were 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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The



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cystic and common bile ducts were normal, without evidence of previously noted minor proximal common bile duct dilation.

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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 gastric body wall width measured 0.25 cm.

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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. The jejunum wall width measured 0.25 cm.

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

Pancreas

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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

WEIGHT

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

Primary Findings

- Static chronic interstitial nephrosis with nonobstructive renal medullary mineralization - no overt evidence of persistent retroperitonitis
- Mild urinary bladder sediment - minor cellular / crystalline debris with potential for minor mucus
- Sonographically unremarkable gastrointestinal tract and common bile duct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring of BUN / Creatinine levels and monitoring of systemic blood pressure is indicated. If previously done, further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As-needed therapy for CRD is indicated. Recheck sonogram may be considered if increasing BUN / Creatinine levels are noted or If recurrent fever / lethargy. Baseline three view chest radiographs may be considered.

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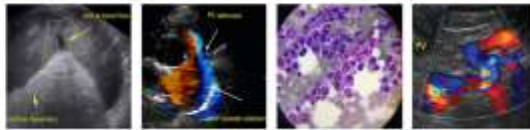
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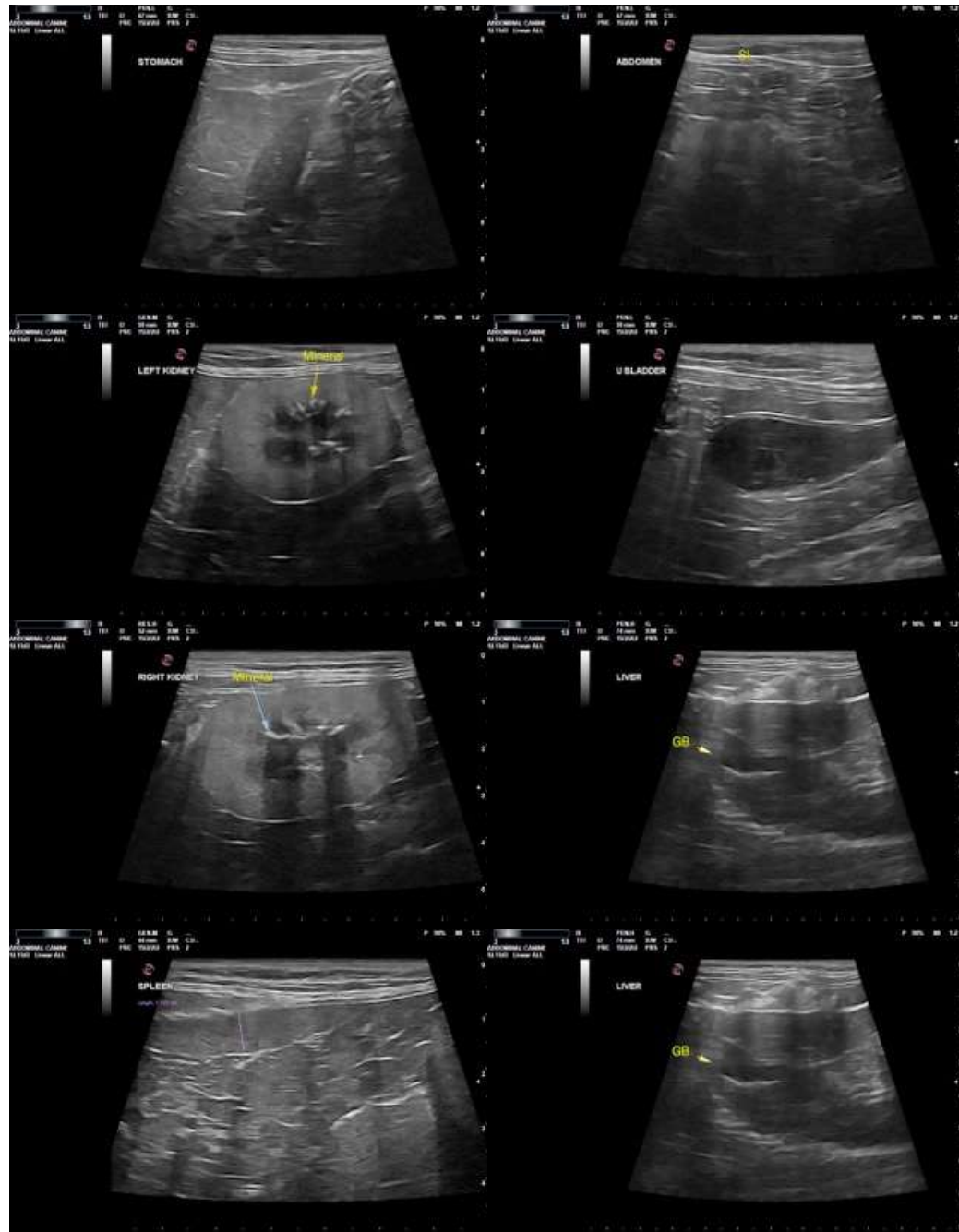
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com

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