



PATIENT

Dakota Buller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

26605

DATE

10/23/21

PRESENTING CLINICAL SIGNS

Presented for pain and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: PE - obese, vague hind end pain, mild hyperthermia. - 3 view abdominal / pelvic limb radiographs bilateral renal mineralization vs nephrolithiasis. Increased abdominal fat. Adequate abdominal detail, Ingesta in stomach, normal feces in colon. Pelvis / spine / pelvic limbs no obvious abnormalities. - EPOC = BUN 52 mg/dl, CREA 2.14 mg/dl, GLU 139 mg/dl, HCT 38% - CBC = NSF - UA = USG 1.040, pH 7.0 PRO 30 mg/dl, BLD 50 ery/ul Sediment (required dilution): RBC > 50/hpf, WBC 7/hpf no obvious crystals, casts or bacteria seen. Epi cells 1-2/hpf. - EG test negative Urine Culture pending

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation, likely consistent with mild cellular debris, consistent with urinalysis findings. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys with potential for cortical microinfarction. Areas of non-obstructive lateral diverticuli medullary mineral as well as small peripelvic curvilinear nephroliths noted. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia in either kidney. The left kidney measured 3.8 cm. The right kidney measured 4.6 cm. No evidence of left or right retroperitoneal inflammation or effusion.

The area of the aortic trifurcation was free of pathology.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis/nephritis with non-obstructive medullary mineral and mild nephrolithiasis
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the kidneys is consistent with chronic nephropathy and potential interstitial nephritis. Recommend pending urine culture and sensitivity and baseline urine protein/creatinine ratio on sterile urine sample. CKD therapy including monitoring of systemic blood pressure indicated.





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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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