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Clinical Sonography & Telecytology
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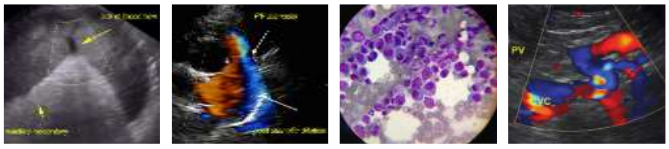

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fluffy Murphy

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

8 years 2 months

WEIGHT

5.46

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

12621

DATE

11/15/21

PRESENTING CLINICAL SIGNS

Presented for a reduced appetite and severe lethargy. Polydipsia.
Abnormal PE/Chem/CBC/UA Results: Lethargic and dehydrated Non regenerative anemia Extreme azotemia with CREAT/UREA markedly elevated Hyperphosphatemia Hypokalemia Hyperglobulinemia Isosthenuria

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. Anechoic urine was present in the lumen with no uroliths or sediment. 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 renal size with asymmetrical margination was present in both kidneys. 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. Overall, the kidneys were within normal limits for renal size for species. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length. Associated left and right subjectively mild retroperitonitis including increased retroperitoneal tissue echogenicity and scant retroperitoneal free fluid were noted around both kidneys.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width. No evidence of adrenal neoplastic criteria was noted.

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. The spleen measured 0.76 cm width.

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 mild gallbladder debris. The cystic and common bile ducts were normal.

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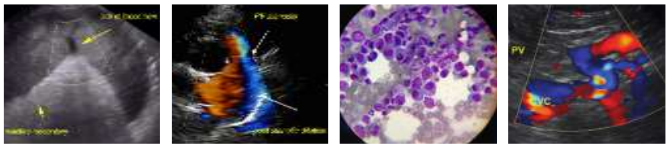

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic non-shadowing ingesta / chyme was present. The gastric body wall width measured 0.26 cm.

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 duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.35 cm.

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

Pancreas

The pancreas exhibited normal size and contour with mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum with mild pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy was present. Small pockets of concurrent scant peritoneal to primary peri intestinal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral interstitial nephrosis with mild left and right retroperitoneal inflammation
- Suspect mild chronic to chronic active pancreatitis
- Overtly normal gastrointestinal tract
- Small pockets of scant peritoneal (primary peri intestinal) free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the presentation of the bilateral kidneys was suggestive of chronic nephropathy or chronic interstitial nephrosis with potential considerations including chronic interstitial nephritis, or another nephropathy. Potential for early neoplastic or granulomatous nephropathy may be possible, although overall preserved renal architecture was present. The possibility of acute on chronic renal insult may be possible if the azotemia is acute. Consider potential Infectious disease or toxin exposure If clinically indicated.

Pending renal cortex cytology, hospitalization with appropriate therapy for acute on chronic renal failure with monitoring of urine output and bodyweight, as well as blood pressure assessment, is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Spec fPL may be considered. As-needed gastrointestinal support is indicated. Overall, a guarded prognosis, given the sonographic appearance of the bilateral kidneys, pending cytology, and renal response to therapy, indicated.

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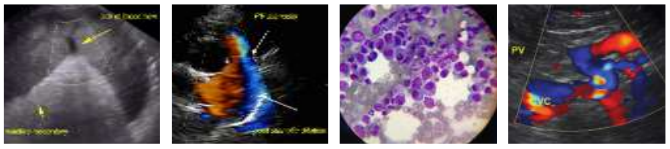

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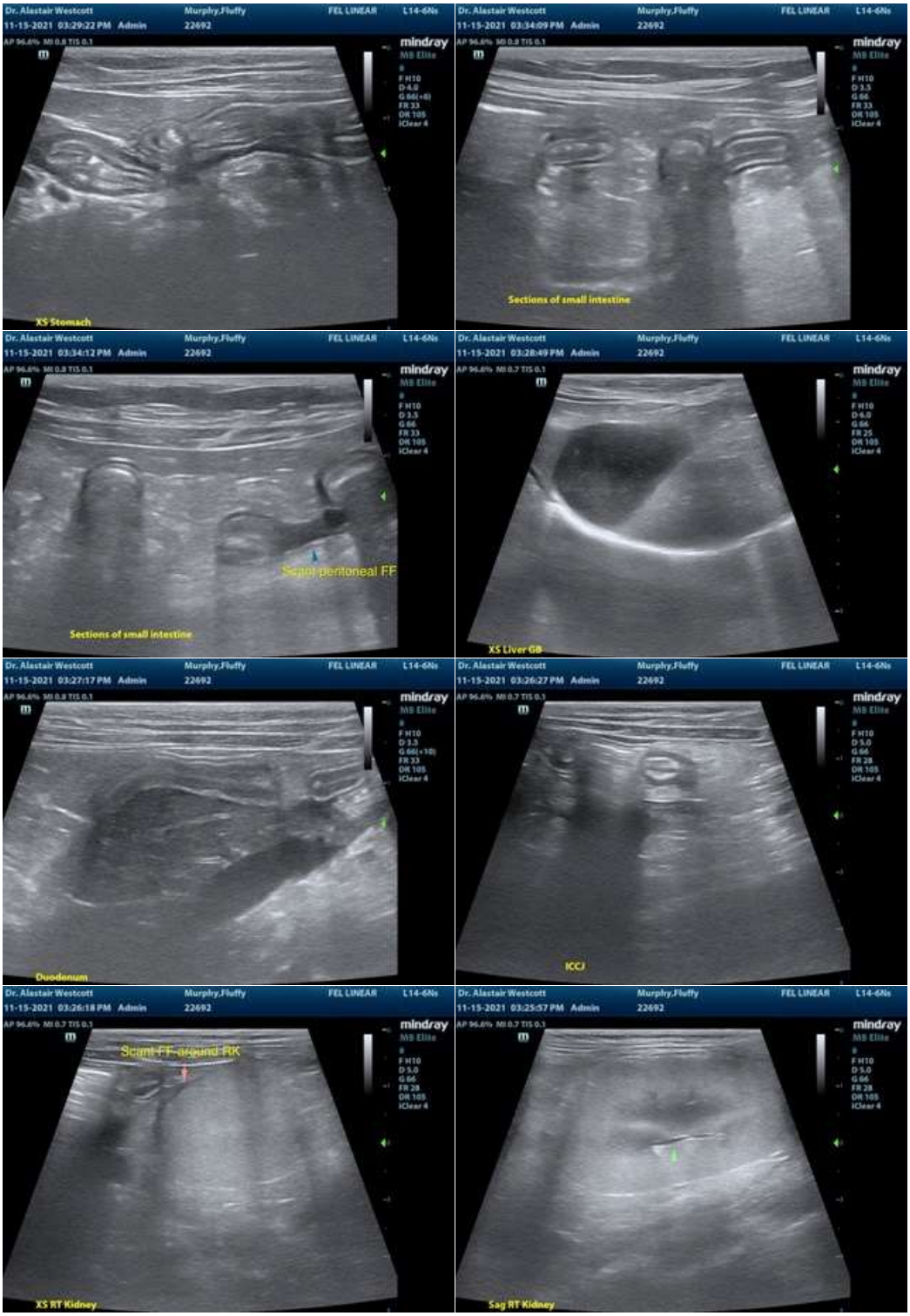

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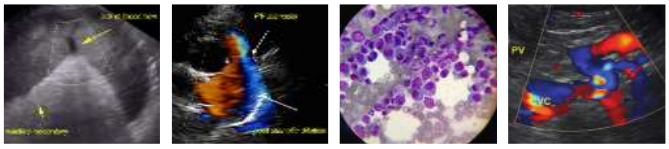

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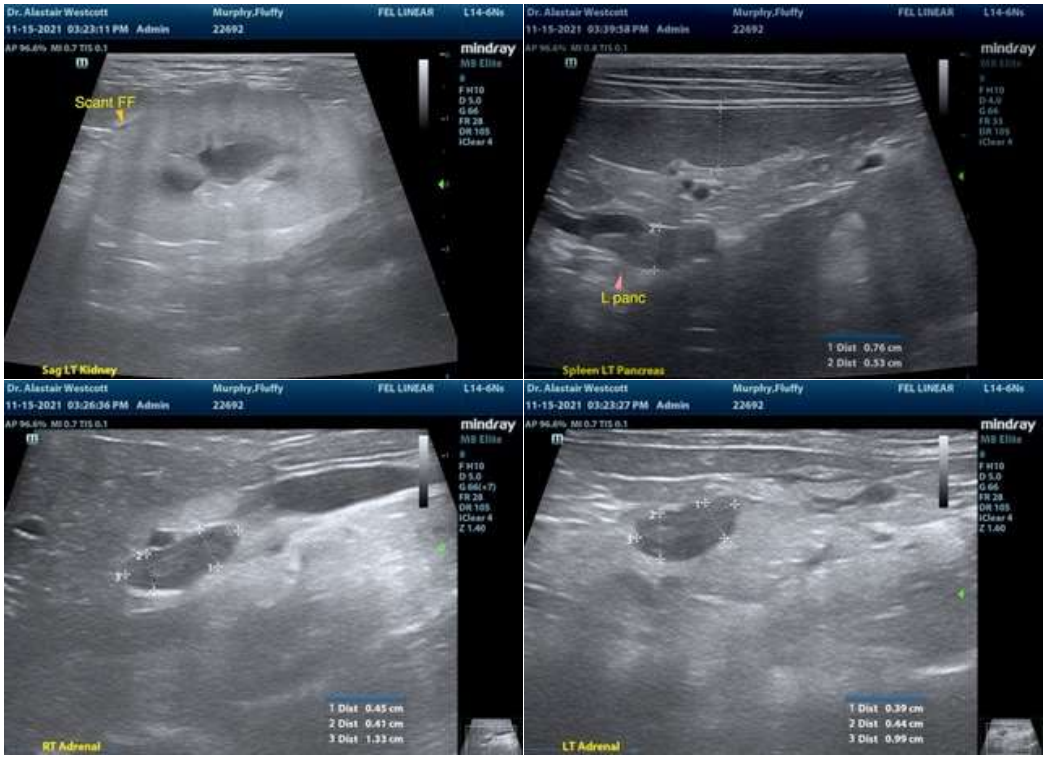

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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