



PATIENT

Chloe Figler

SPECIES

Feline

BREED

DSH

SEX

F (S)

AGE

16 years

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Garry Gotfredson

INVOICE

15556

DATE

11/22/22

PRESENTING CLINICAL SIGNS

11/3/22: 10 days ago, pt was not eating well, vomiting and hiding. Breathing hard one day. Owners started on 2.5 mg pred BID and cerenia. She has slowly gotten better back to 80%. Owner concerned possibly FIP. H/L normal. LN normal. Abdomen palpates normal. Rads show no evidence of ascites or pleural effusion. Do see kidney stones and one view possible bladder stones in trigone region. She may have been passing a kidney stone when not feeling well.

CBC neut slightly increased. Chem BUN 54, SDMA 15 Send serum for FIP test Taper down pred 2.5 mg SID x 2 then EOD x 2. Also owner wanted dose of thiamine for other cats. I would give 0.15 cc of 500 mg/ml thiamine every 5 days SQ 11/10/22: Still has areas of opacity in kidneys and at trigone of bladder. UA shows lots of WBC, RBC and rod bacteria. No crystals. Tx. 0.3 cc convenia and send urine for C & S. Is scheduled for full abdominal ultrasound. Owner still concerned FIP, titers for coronavirus positive 1:3200. 11/22/22: Owner reports cat is 90-95% better. Would still like to do ultrasound.

Abnormal PE/Chem/CBC/UA Results: SDMA+15, BUN=54, NEUTs=10.6, all others WNL

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 overt evidence of 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.

Asymmetrical margination was noted in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. Focal areas of medullary mineralization to small renoliths were present. The left kidney was normal in size measuring 3.4 cm in length. The right kidney was mildly subnormal in size measuring 2.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 0.77 cm width at the level of the mid-spleen.

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



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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.

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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.

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

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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.

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Free Abdomen

No evidence of peritoneal free fluid or intraabdominal neoplastic / FIP criteria were noted.

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- Bilateral moderate chronic renal changes with mild medullary renolithiasis and bilateral pyelectasia
- Sonographically unremarkable gastrointestinal tract
- Normal urinary bladder

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although no current evidence of urinary bladder mineral or cystic calculi, this patient may be passing small amounts of mineral from the kidneys into the urinary bladder resulting in pelvic scarring and secondary pyelectasia. The pyelectasia may also be owing to chronic renal changes or IV fluid therapy if applicable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Otherwise, largely mild geriatric abdomen without evidence of significant visceral pathology. CRD therapy and as-needed supportive care is recommended.

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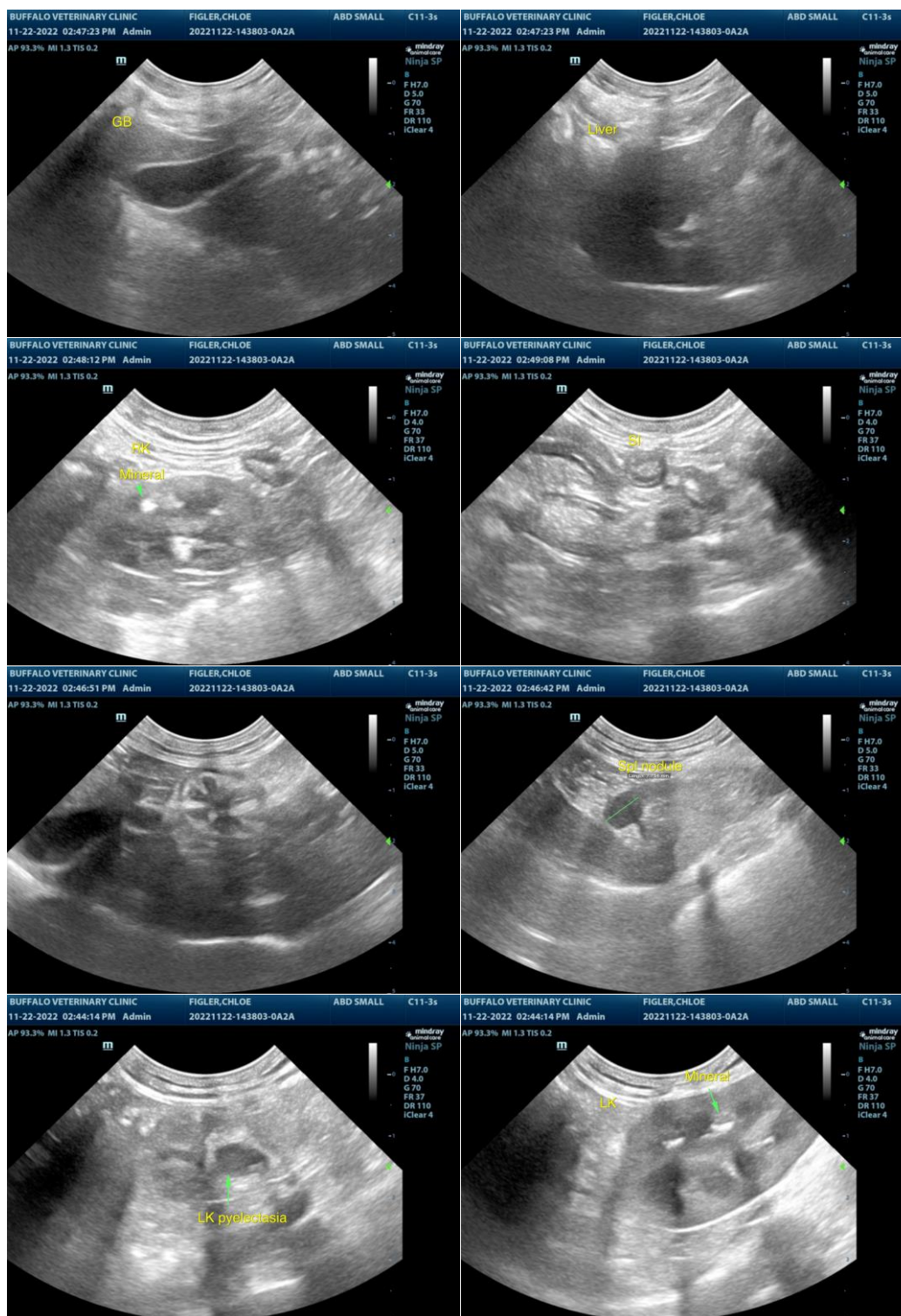
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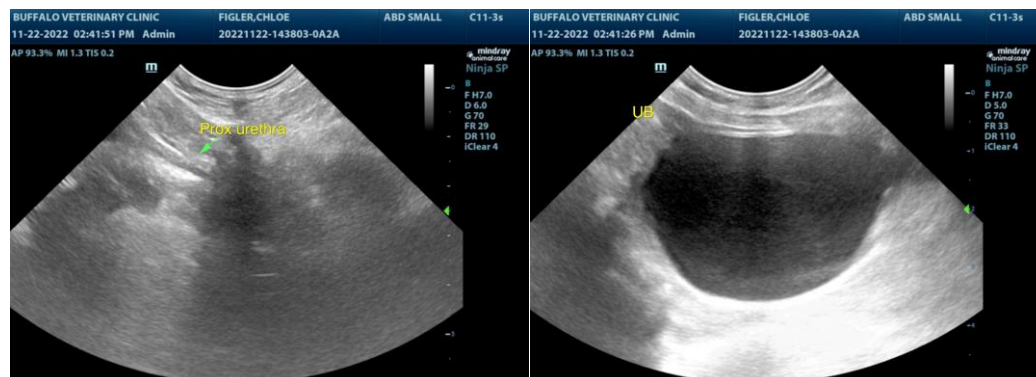
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com