



PATIENT

Monty Roman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 3 Months

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Donna Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Central Island Vet
Emergency Hospital

INVOICE

42571

DATE

11/5/22

PRESENTING CLINICAL SIGNS

Presented on November 4th with a history of hunched walking and anorexia. No urine known for past day or so, but indoor/outdoor. Very large left kidney palpated. Severe azotemia. Anuric in spite of furosemide CRI and 2X maintenance fluids. Due to severely increased potassium, dextrose/insulin therapy started today as well. Neither the emergency DVM nor I see a right kidney. I cannot find the right renal artery either. Most recent bloodwork is below, from 10AM on November 5th. I have attached microscope images of a renal FNA as well.

Abnormal PE/Chem/CBC/UA Results: 11/5/22: SDMA=46 (0-14) Creatinine=923 (71-212) Urea=46.1 (5.7-12.9) Phos=3.15 (1.0-2.42) Na=146 (150-165) Cl=107 (112-129) Potassium=9.1 (3.5-5.8) PRE-INSULIN/DEXTROSE THERAPY

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was empty with the presence of a urinary catheter.

The left kidney was enlarged in size with discernable corticomedullary architecture and maintained 1:3 cortex/medulla ratio. Mild loss of corticomedullary border demarcation. Moderate hydronephrosis exhibited by pelvic dilation extending into the lateral diverticuli. The fluid within the dilated pelvis and lateral diverticuli was anechoic. Mild increased corticomedullary echogenicity noted. Evidence of mild left retroperitonitis noted exhibiting increased left retroperitoneal tissue echogenicity and mild free fluid. Small pockets of concurrent scant peritoneal free fluid noted.

The right kidney was not visualized.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm in width.

The left adrenal gland was not visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. It was mildly enlarged in size with mild folding of the cranial and caudal spleen. The spleen measured 1.3-1.4 cm in width at the level of the hilus. 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

The liver was mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non distended in size with minor echogenic debris, likely owing to fasting. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid present in the stomach, potentially suggestive of mild gastric stasis.

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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.

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

Pancreas

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The pancreas was mildly prominent in size with subtle uniform hypoechoic parenchyma compared to adjacent omentum. Mild asymmetrical contour noted.

Free Abdomen

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Several mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 2.4 cm x 0.50 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No omental masses.

PRIMARY FINDINGS

WEIGHT

5.3 kg

- Left renomegaly with mild hydronephrosis and left retroperitonitis - overall left kidney architecture is intact
- Non-visualized right kidney - agenesis, severe dystrophy possible
- Empty urinary bladder

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SECONDARY FINDINGS

- Mild congestive hepatomegaly
- Mild splenomegaly
- Mild enlarged to edematous pancreas
- Intermittent mild benign / reactive mesenteric lymph nodes
- Concurrent scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left renomegaly is suggestive of compensatory hypertrophy given non-visualized right kidney and acute renal insult / acute anuric renal failure or acute nephritis. Occult neoplasia/ FIP is considered less likely with intact left kidney architecture. No evidence of post renal obstruction. Toxin exposure, infectious disease may be considered. The secondary findings are suspected to be owing to fluid retention. Urine C/S may be considered. Prognosis is very guarded to unfavorable given the degree of azotemia and anuria, yet likely dependent on renal response going forward and monitoring of body weight and urine output.

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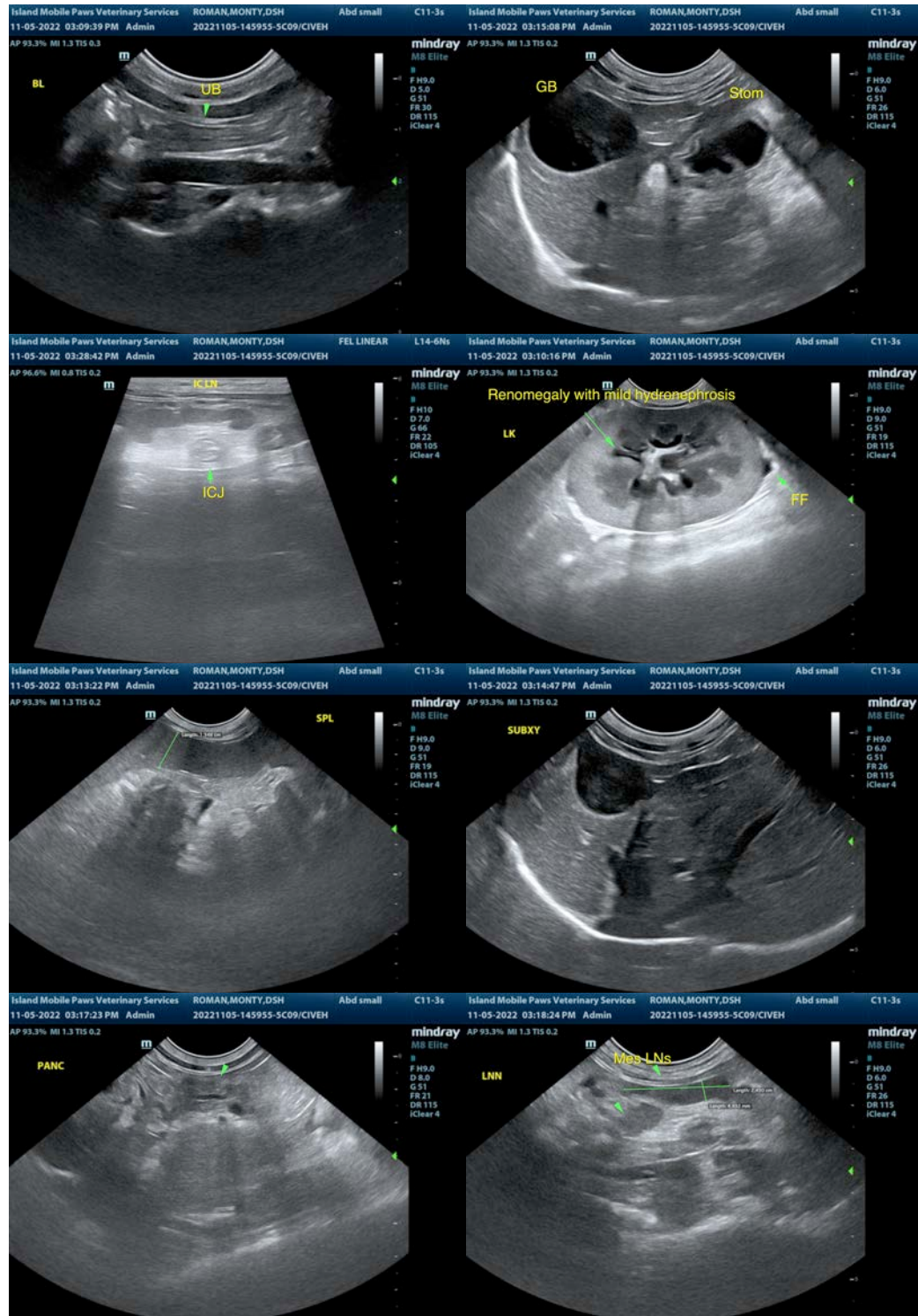
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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