



**PATIENT**

Zephyr Gembusia

**SPECIES**

Feline

**BREED**

Egyptian Mau

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

7.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

33566

**DATE**

12/18/21

**PRESENTING CLINICAL SIGNS**

Presented at our hospital as a transfer for AUS. Cat is in kidney failure, has had prev UR issues, PU sx 5-6yr ago. Started vomiting 6 days ago, no BM (small stool in carrier on arrival).  
Abnormal PE/Chem/CBC/UA Results: Rdvm Rads: One kidney significantly larger than the other.  
Rdvm Bloodwork: RDW 28; PLT 12; PCT 0.02; GLU 185; SDMA 47; CREA 13.2; BUN 115; Phos 9.0; Chol 236

**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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was enlarged in size, measuring 6.1 cm in length with maintained primarily symmetrical renal margination and 1:3 cortex/medulla ratio. Subtle evidence of cortical hypertrophy with uniform increased cortex echogenicity noted. Secondary enhanced corticomedullary border demarcation noted with mild loss of corticomedullary border distinction. Mildly reduced medullary echogenicity was present. Moderate pyelectasia was present with evidence of emerging fluid dilation extending into the lateral diverticuli. No evidence of left ureter dilation. Subtle increased left retroperitoneal echogenicity.

The right kidney was borderline subnormal in size, measuring 3.2 cm in length. Mild asymmetrical renal margination was noted with cortical hypertrophy and increased cortex echogenicity. Marked loss of corticomedullary border demarcation was noted with reduced medullary volume. Mild right kidney pyelectasia was present. Subtle evidence of increased right retroperitoneal echogenicity. No evidence of right ureter dilation.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

**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.

**Liver**

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**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. Gastric body wall 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. Duodenum wall measured 0.3 cm. Jejunum wall measured 0.23 cm.

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

**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 was evident.

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**Free Abdomen**

No omental masses, lymphadenopathy or effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic nephrosis exhibiting left renomegaly, borderline subnormal right kidney size with bilateral pyelectasia, more prominent in the left kidney.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presentation of the bilateral kidneys is most consistent with chronic nephropathy with considerations including chronic renal disease with left kidney compensatory hypertrophy in the face of borderline subnormal right kidney size or possible non-specific bilateral nephritis such as interstitial nephritis or other. No overt evidence of left or right kidney neoplastic criteria.

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Full urinary workup including urinalysis, urine culture and sensitivity and UPC recommended. Monitoring of systemic blood pressure is advised. No overt evidence of structural gastrointestinal pathology or pancreatitis with the vomiting in this patient suspected to be secondary to azotemia. Renal biopsy would be required for definitive diagnosis, yet biopsy may potentially adversely affect renal function. Empirically, supportive care including diuresis protocol with monitoring of body weight and urine output and assessment of renal response would be appropriate. Guarded prognosis given the degree of azotemia.

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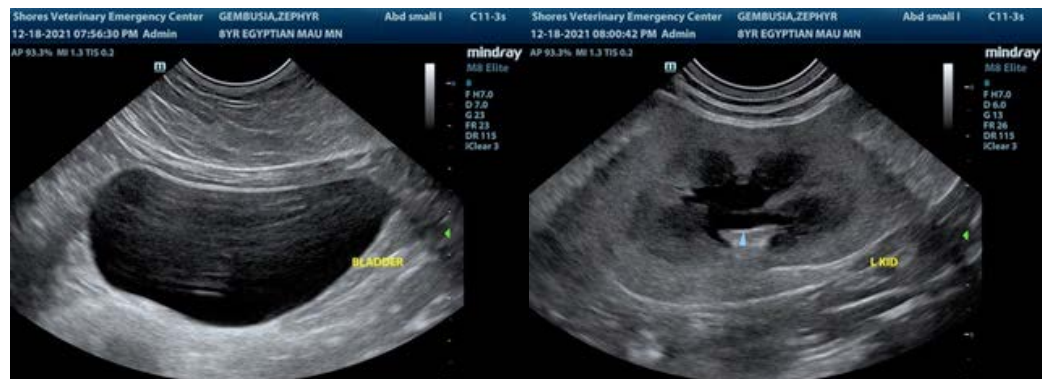
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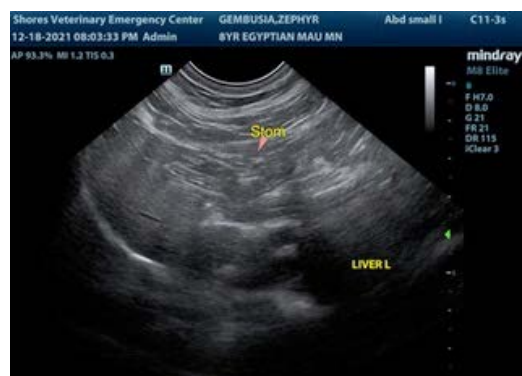
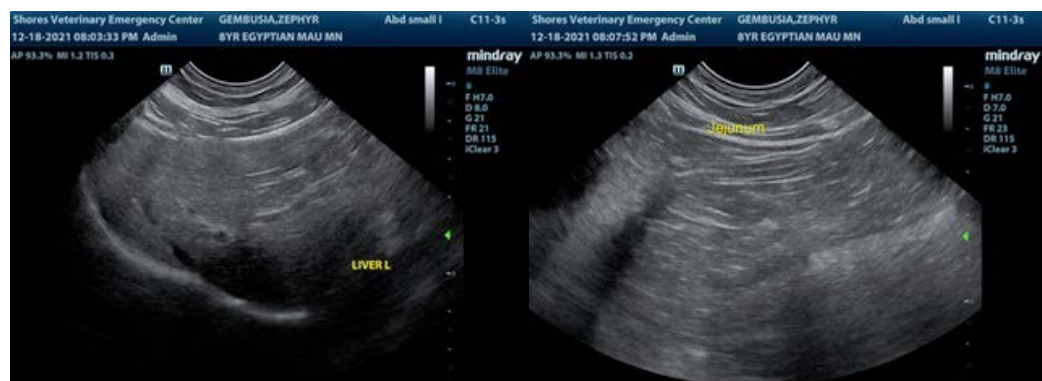
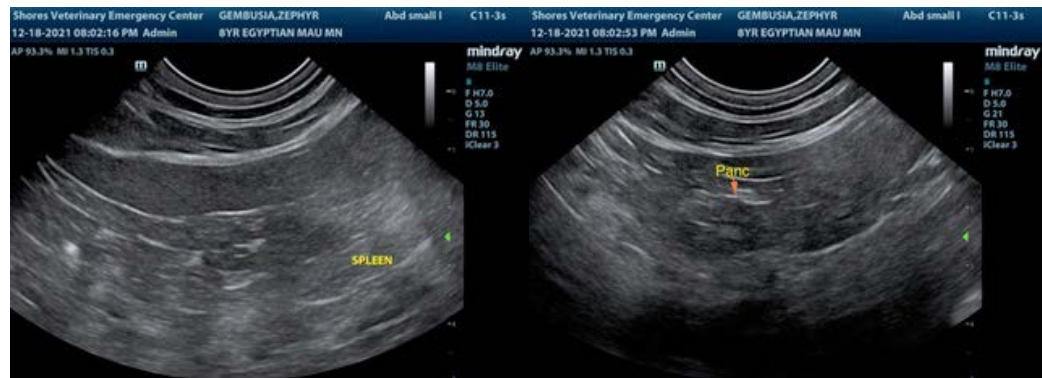
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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