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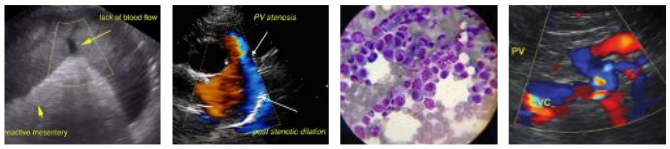
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Baxter Stanchfield

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cote

INVOICE

12950ag

DATE

02/13/2023

PRESENTING CLINICAL SIGNS

Inappropriate urination and CRF.

Abnormal PE/Chem/CBC/UA Results: SDMA 16 Creat 2.7 BUN 44 Urine culture Neg USG 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor pinpoint dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The bilateral kidneys exhibited subnormal size and asymmetrical margination. Variable cortex hypertrophy with cortical infarcts and reduced medullary volume were present. Dystrophic medullary mineral was present. No overt pyelectasia. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

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/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 subnormal in size, likely owing to the presence of gastric ingesta 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 contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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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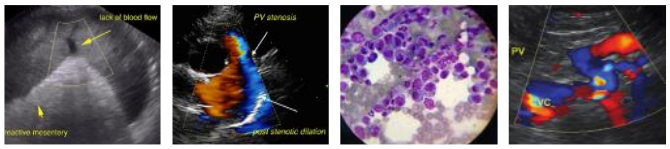

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

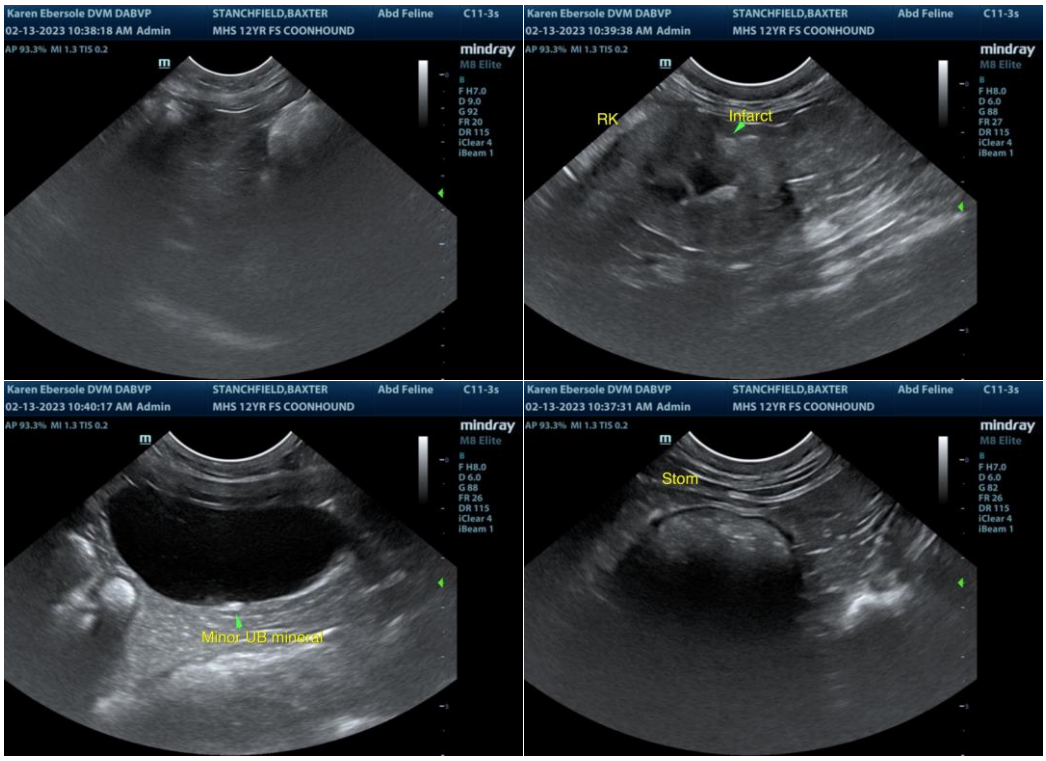
- Minor dependent pinpoint urinary bladder mineral
- Bilateral chronic degenerative nephropathy with cortical infarct sand dystrophic medullary mineral-chronic renal disease, renal dysplasia, non-specific chronic nephritis or other are all potentials

Secondary findings

- Gastric ingesta-suspect post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic renal disease, renal dysplasia, non-specific chronic nephritis or other are all potentials. Sonographically the appearance of the kidneys is consistent with IRIS stage 2 to possible stage 3 CRD. A baseline UPC level is suggested for additional renal staging. CRD therapy with monitoring of systemic BP would be appropriate. This patient may be passing small amounts of mineral from the kidneys into the bladder. No evidence of lower urinary tract pathology present.



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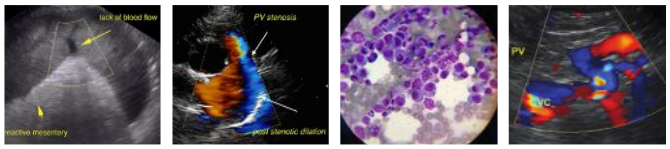

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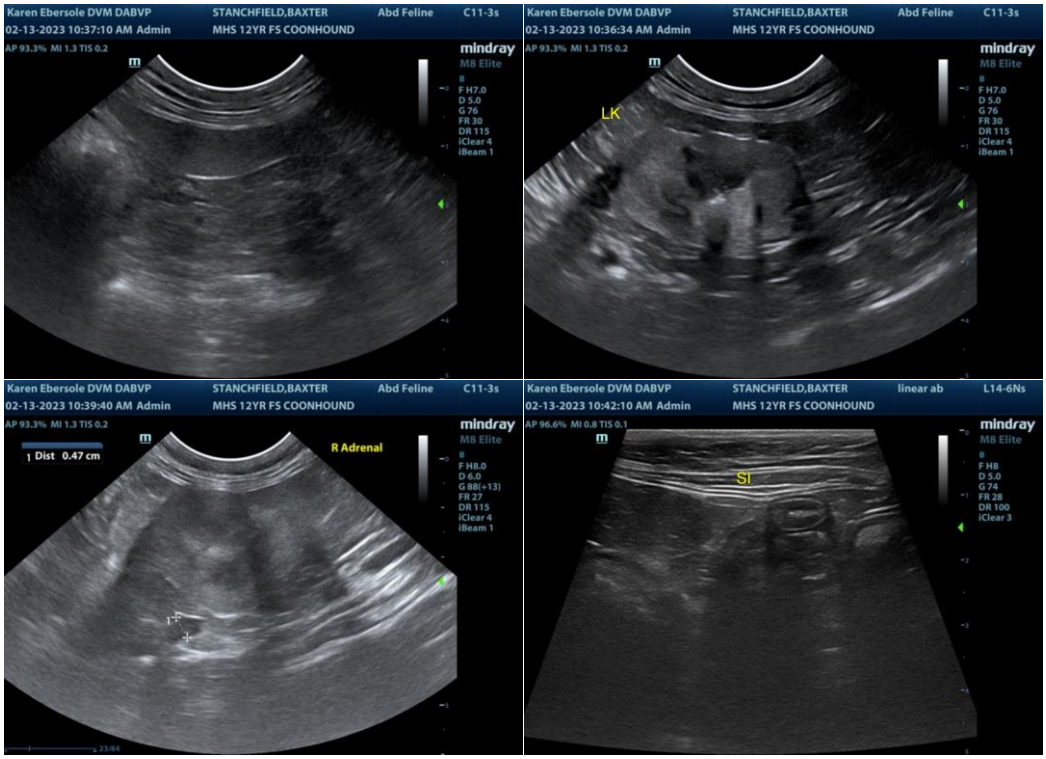

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com