



PATIENT

Peanut Alfieri

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

12 Years

WEIGHT

7.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

13843

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Severe kidney disease. Access
Abnormal PE/Chem/CBC/UA Results: BUN 284, CREAT 13.9, PHOS 21.9, WBC 20.4

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. Aortic trifurcation was normal.

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 corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Small yet variably sized cortical cysts were present in the kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length. No evidence of left or right peritoneal free fluid.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm.

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

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 and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid. The ventral 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. The 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

12 Years

- Bilateral chronic interstitial nephrosis renal pattern with cortical cysts
- Mild gastric hypomotility
- Heterogenous pancreas- age or patient variant, potential for low-grade to chronic inflammation possible

WEIGHT

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Secondary Findings

- Mild non-obstructive proximal common bile duct dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are most consistent with chronic nephropathy as opposed to acute kidney injury or acute kidney failure. Potential for acute insult on top of chronic renal changes could be possible if recent significant increase in azotemia. Nonspecific chronic renal changes versus nonspecific nephritis such as interstitial nephritis possible. No overt evidence of neoplastic criteria, which is considered a less likely differential diagnosis. Further assessment may include fully urinalysis, urine culture and sensitivity on sterile urine sample and UPC. Monitoring of systemic blood pressure advised.

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The mild gastric hypomotility, suspected to be metabolic, is possibly secondary to degree of azotemia.

Hospitalization with diuresis protocol with monitoring of body weight and urine output with as needed gastrointestinal support recommended. Guarded prognosis, given the degree of azotemia and pending renal response to IV fluid protocol.

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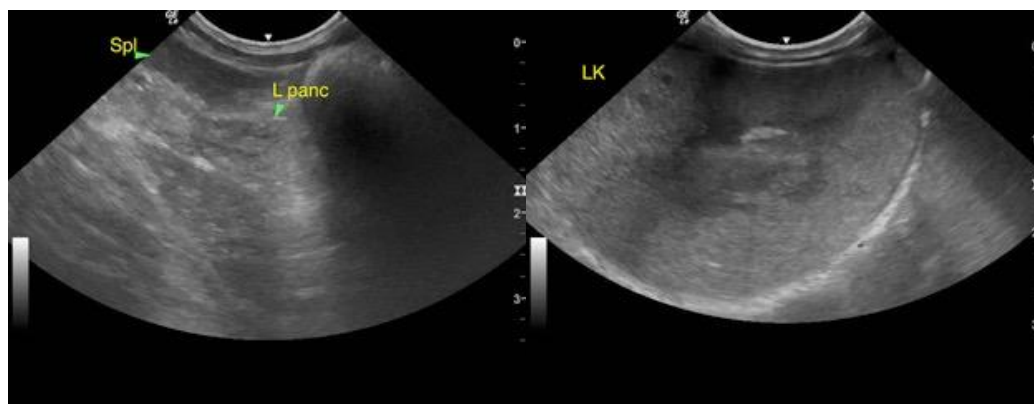
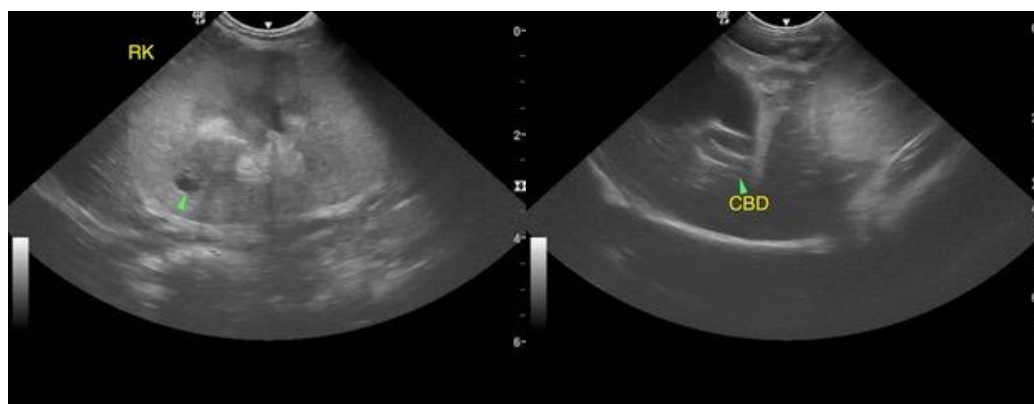
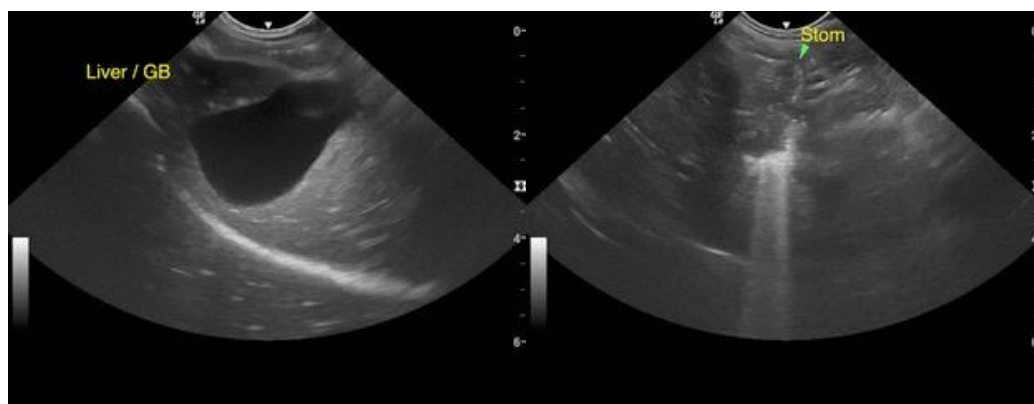
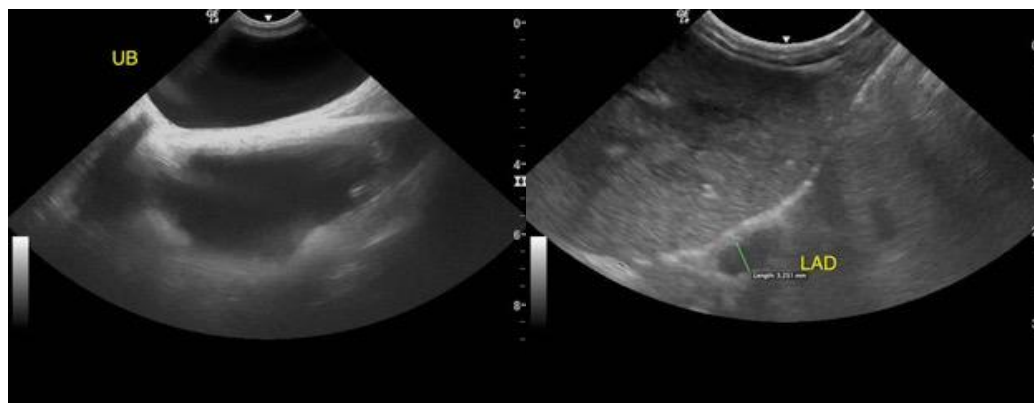
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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