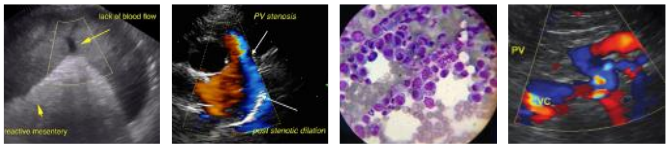
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Steve Belick

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

3

WEIGHT

8.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24-7

REFERRING VET

Dr. Katz

INVOICE

16467

DATE

3/28/23

PRESENTING CLINICAL SIGNS

Vomiting last 3-5 days , a Attending concerned about renal toxicity.
Abnormal PE/Chem/CBC/UA Results: Blood work initially normal returned 3 days later and BUN and Creatine marked elevation

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 was noted.

The area of the aortic trifurcation was free of pathology.

Mild prominent size was noted in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 cm in length. No evidence of left or right retroperitoneal effusion was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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. The spleen was mildly enlarged measuring 1.2 cm width at the level of the hilus.

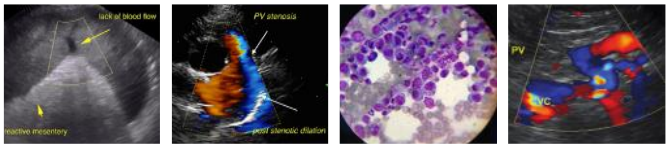
Liver/ Gallbladder

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 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, gastric ingesta, fluid, 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 mechanical / metabolic ileus, obstruction, or foreign material.



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The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.36 cm width. The duodenum wall measured 0.30 cm width.

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 were evident.

Free Abdomen

Intermittent colic lymph nodes were present. The lymph nodes maintained a normal width: length ratio (<0.5). An example colic lymph node measured 1.3 cm x 0.4 cm. Subtle evidence of perilymphatic hyperechoic omentum was noted around the colic lymph nodes and generalized ileocolic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Borderline renomegaly exhibiting normal corticomedullary architecture / echogenicity - consistent with acute kidney injury / insult
- Nonspecific mild splenomegaly
- Sonographically unremarkable gastrointestinal tract / pancreas

Secondary Findings

- Minor colic lymphadenopathy - minor reactive hyperplasia or lymphadenitis, no evidence of lymphatic neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the bilateral kidneys is consistent with acute kidney injury / acute renal disease without evidence of congenital or chronic renal pathology or evidence of renal neoplastic criteria. Consideration for potential infectious disease or toxin exposure may be indicated.

Correlation with full urinary workup including screening C/S and baseline UPC level if evidence of proteinuria is suggested. Concurrent as-needed gastrointestinal support is recommended. Sonographic reassessment of the bilateral kidneys may be considered if evidence of progressive azotemia.

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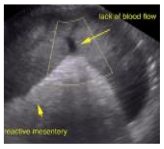

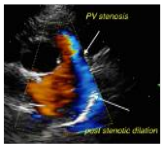

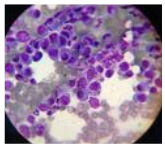
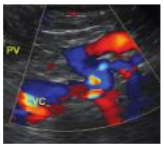

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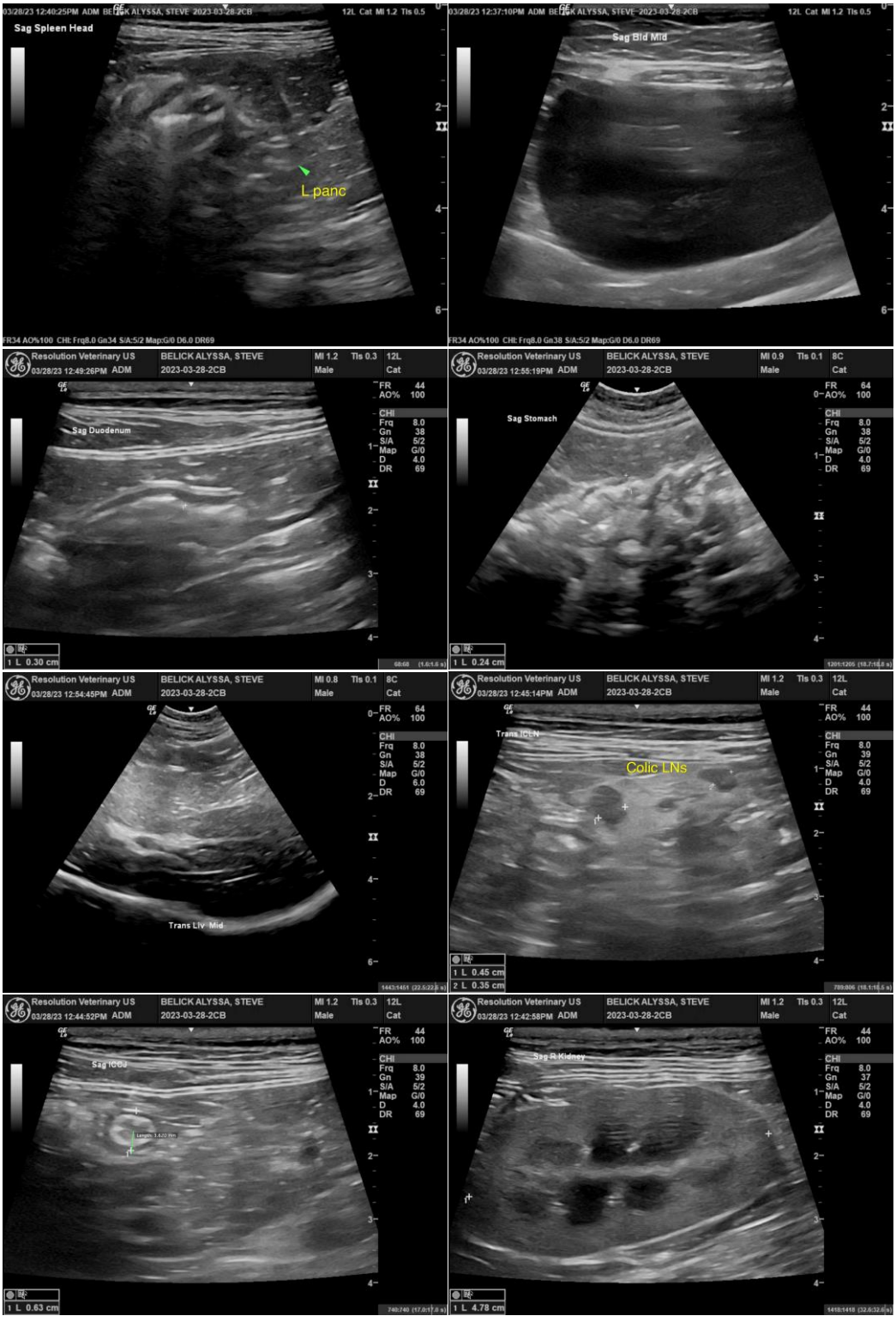

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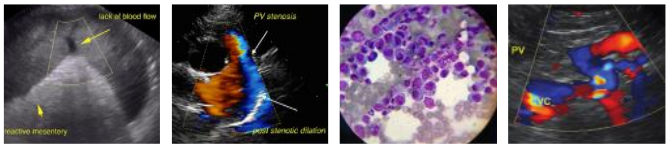

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com