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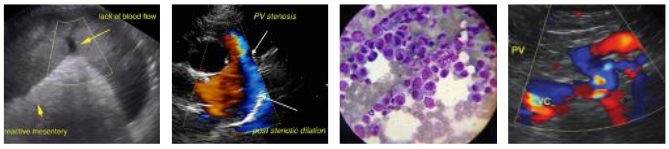
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lacey St. Amour

SPECIES

Ca

BREED

Lab

SEX

FS

AGE

7

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

16569

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Vomiting. Was fine last week. BW both creat and BUN greater than 120 elevated a lot-phos 14. Kidneys look rough on the U/S and hct 20% and non regen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Generalized mildly prominent urinary bladder walls were present, most notable in the apical urinary bladder wall with asymmetrical luminal surface and minor apical luminal polyploid changes. The apical urinary bladder wall width measured up to 0.8 cm in the area of the polyploid change. Mild nonhomogeneous urinary bladder mural echogenicity was present without overt evidence of mural mineralization or definitive tumors. Anechoic urine was present with moderate, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

The area of the aortic trifurcation was free of pathology.

No evidence of pathology was noted In the area of the uterine remnant.

The kidneys exhibited ill-defined margins compared to adjacent tissue, yet marked asymmetrical margination was visible. Significant loss of corticomedullary border demarcation was noted in both kidneys with pinpoint to focal areas of medullary mineral. Ill-defined corticomedullary architecture was present with nonuniform, variably hyperechoic cortex echogenicity. Minor bilateral pyelectasia was noted. An ill-defined, nonhomogeneous, nodular lesion was present in the cranial left kidney measuring approximately 2.8 cm in diameter. The left kidney subjectively measured 6.6 cm in length. The right kidney subjectively measured 0.65 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to regional periadrenal artifact, as well as areas of left kidney distal acoustic shadowing. The right adrenal gland was indistinctly visualized. The right adrenal gland subjectively measured 0.63 cm width at the caudal pole.

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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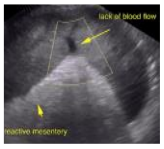

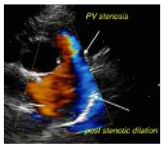

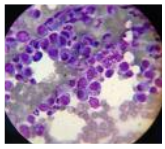
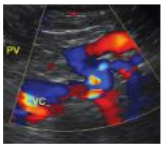

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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained ingesta sonographically suggestive of food.

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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis / polyploid cystitis urinary bladder pattern with moderate sediment
- Bilateral marked chronic degenerative kidneys with mild bilateral pyelectasia, nonspecific ill-defined nonhomogeneous left kidney nodular lesion
- Mild gastritis pattern, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the kidneys was most consistent with chronic to degenerative kidney disease and nephropathy, although potential for acute on chronic disease is possible. Chronic disease also coincides with nonregenerative anemia. Nonspecific nephritis and dysplasia, are possible while potential emerging left kidney neoplastic cannot be excluded. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Suspect azotemia-related mild gastritis. As-needed gastroprotectants are recommended.

Pending further renal workup, essential CKD therapy with diuresis protocol, monitoring of urine output and body weight, with an assessment of renal response are recommended. An extremely guarded long-term prognosis is indicated.

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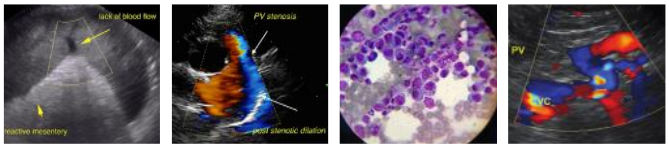

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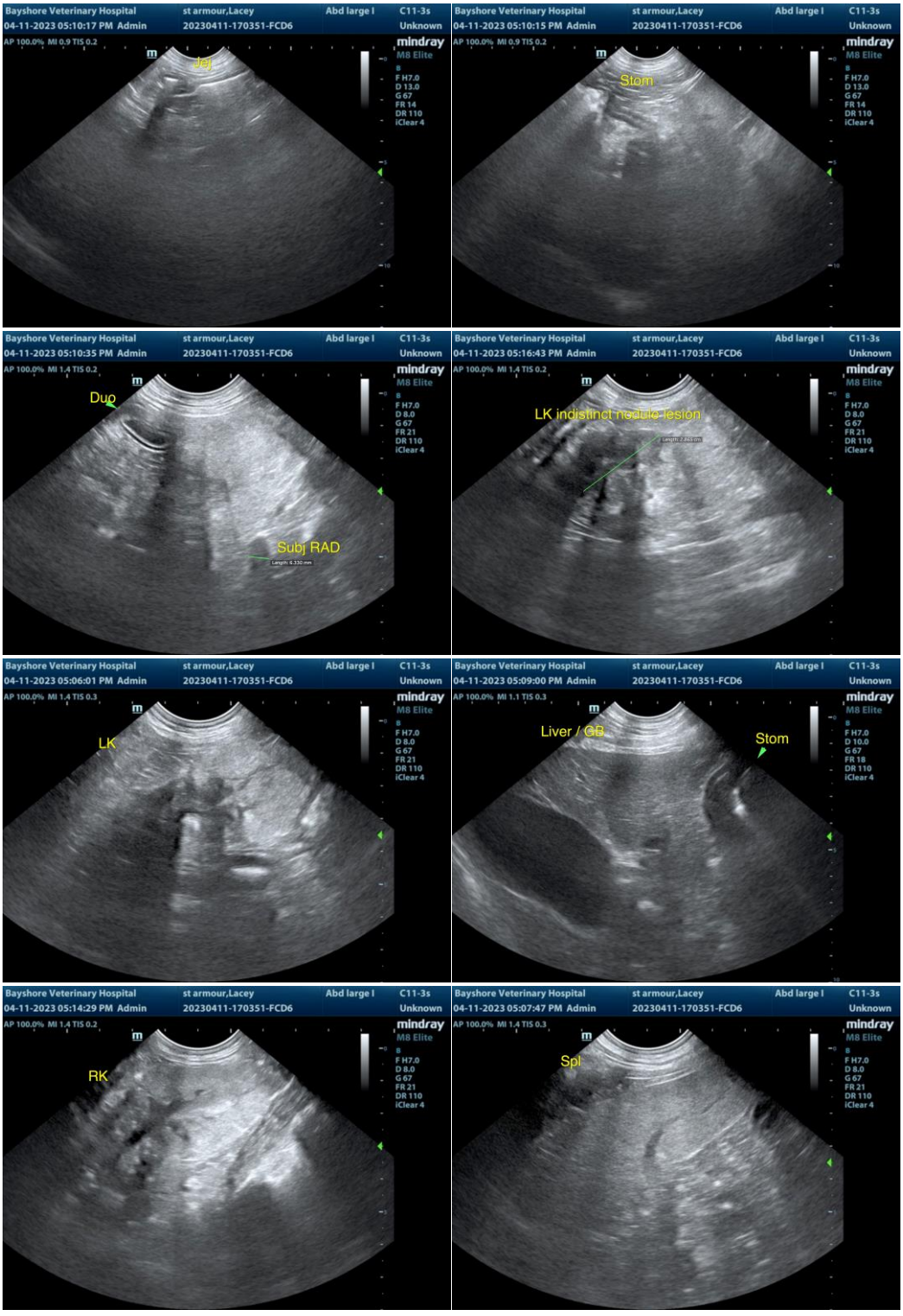

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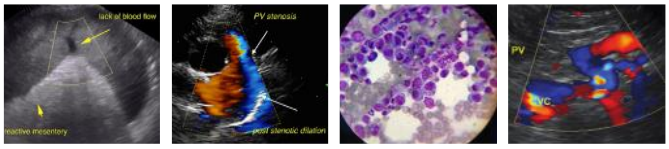

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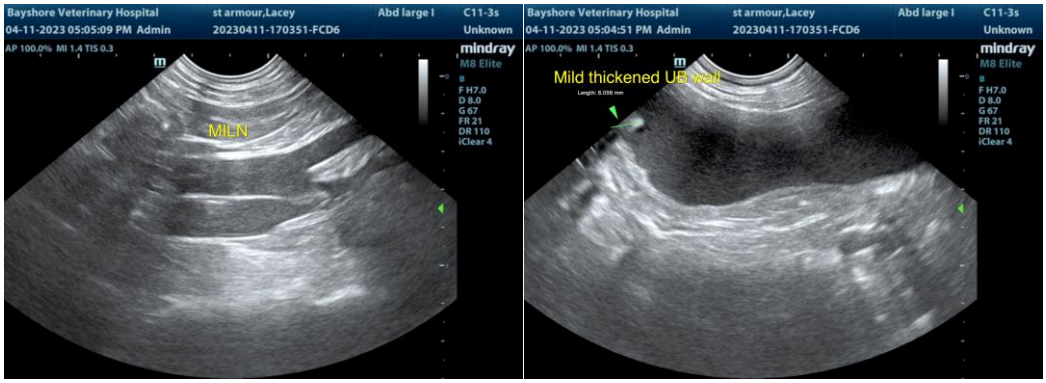

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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