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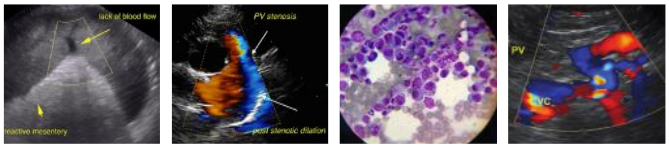
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dexter Schley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

15

WEIGHT

14.06 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carley Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

13869

DATE

5/12/22

PRESENTING CLINICAL SIGNS

P had acute kidney injury in February 2022, was hospitalized with IVF, discharged and supported with SQF, stem cell therapy (P had been getting this for 2-3 years for stomatitis treatment) Plan was to do stem cell therapy this week, with renal panel blood in urine was discovered with no corresponding therapy. Goal of US to assess P's stability for anesthesia/sedation/stem cell therapy Cystocentesis preformed today for IH Rapid Bacterial screen- clean stick, blood still present in urine Abnormal PE/Chem/CBC/UA Results: May 11th 2022 profile Acute kidney injurt in Feb 2022 (BUN 113, CREA 6.3), responded well to fluid therapy and stem cells, APril 2022 levels BUN 46, Creatinine 2.5. May 2022 panel had blood in urine, no bacteria noted, In-House rapid bacteria screen was negative. BUN 59, Creatinine 2.5 Urinalysis - Usg 1.020 Blood 3+. RBC > 50/hpf Otherwise Negative sediment, normal urine chemistries MA elevated >30 RapidBac IH urine test was negative

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.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary symmetry and definition expected for the age of the patient was noted. Pinpoint medullary mineral was present. Indistinct areas of Increased cortex echogenicity were present in the left kidney, suggestive of cortical microinfarction. Scant bilateral pyelectasia was present. The left kidney measured 3.6 cm in length.

Mild subnormal size compared to the left kidney was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Moderate loss of corticomedullary symmetry and definition expected for the age of the patient was present. Indistinct areas of Increased cortex echogenicity were present in the right kidney, suggestive of cortical microinfarction. Pinpoint medullary mineral was present. Scant bilateral pyelectasia was present. The right kidney measured 2.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 or neoplastic changes were not noted. A solitary, nondisruptive, well-demarcated, hyperechoic splenic nodule was present measuring 0.52 cm in diameter. The overall spleen measured 0.97 cm width at the level of the hilus.

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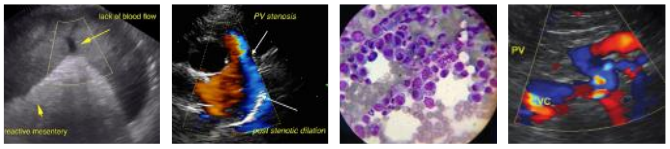

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Liver/ Gallbladder

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 contained mild nonshadowing, focally hyperechoic ingesta / chyme most consistent with post prandial presentation without 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

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

- Nonspecific bilateral chronic renal changes exhibiting suspect cortical microinfarction, pinpoint medullary mineral, and scant pyelectasia
- Benign splenic nodule - consistent with probable myelolipoma
- Mild gastric ingesta - probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the bilateral kidney presentation is consistent with chronic renal changes, although, given the patient's history, the potential for previous acute on chronic injury or insult with persistent nephropathy Is possible. In addition to previous assessment for bacteriuria, baseline UPC level on a sterile urine sample could be considered for further renal staging.

Empirical therapy for CRD with monitoring of BP would be reasonable. Sonographic reassessment of the kidneys is suggested if recurrent or progressive azotemia is noted.

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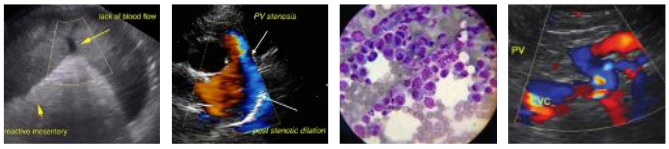

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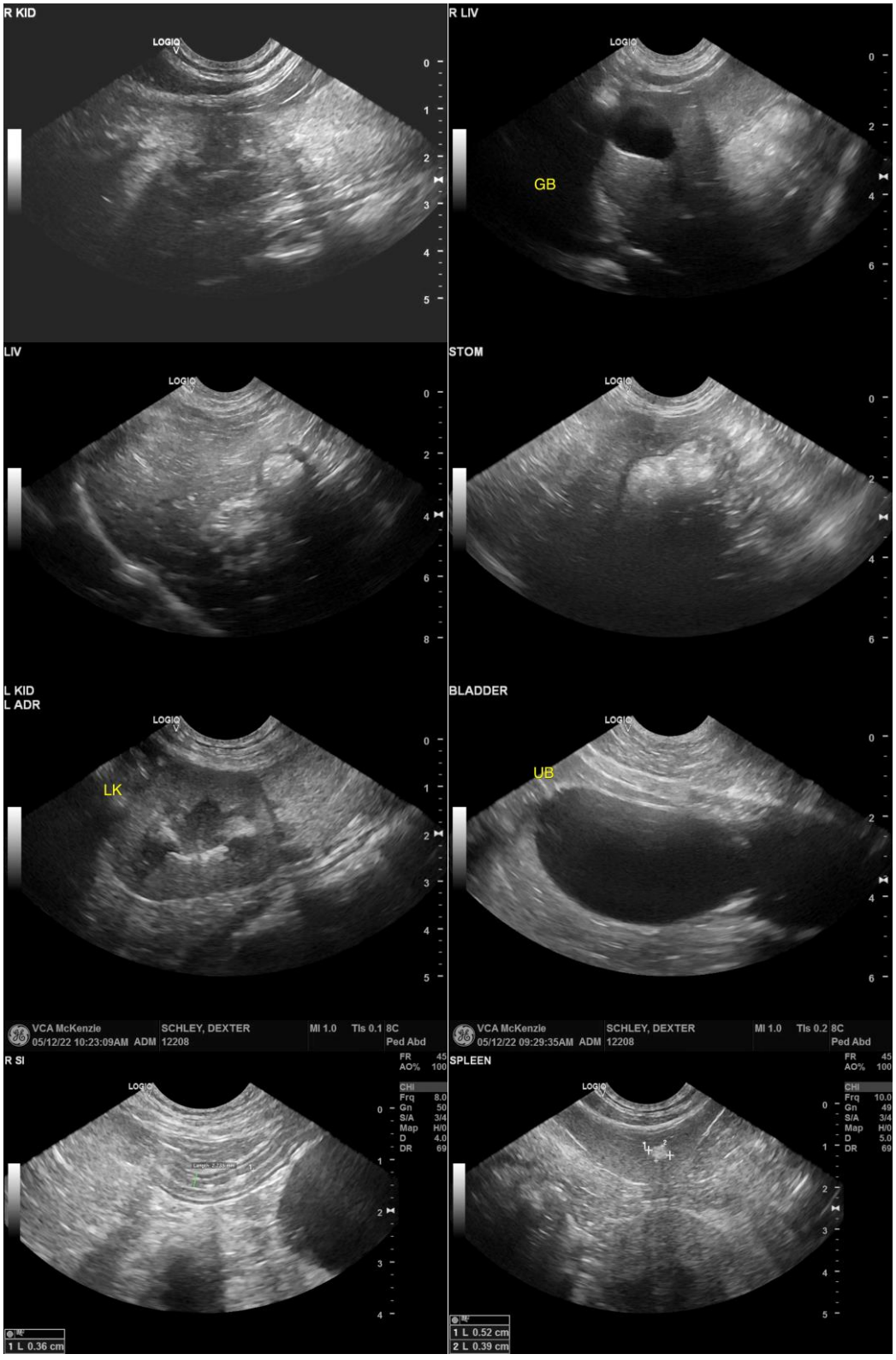

The information and recommendations provided are based on the images presented by the

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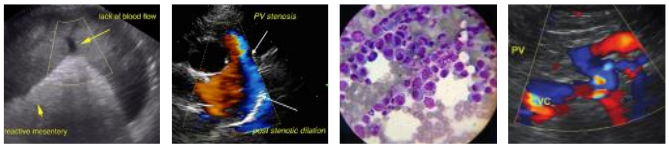

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referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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