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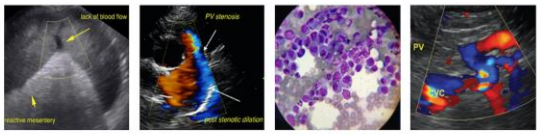


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pearl Szymanski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2010

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

13995

DATE

6/2/22

PRESENTING CLINICAL SIGNS

Atopy, hematuria Triamcinolone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The urinary bladder walls were overtly normal without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with moderate, primarily dependent to mildly nondependent, particulate sediment, along with a minor amount of dependent mineralized sand along the dorsal luminal surface. The urethra exhibited normal structure and tone to a depth of 2.0 cm. No evidence of macro calculi 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. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present primarily in the lateral diverticuli. Very scant pyelectasia was noted in the left kidney. Subtle evidence of left retroperitoneal reactivity / inflammation was noted. No evidence of left retroperitoneal free fluid was noted. The left kidney measured 4.5 cm in length.

The right kidney was normal in size yet mildly subnormal to the left kidney. The right kidney exhibited asymmetrical margination. Moderate to marked loss of corticomedullary border demarcation was present in the right kidney with medullary renoliths in the lateral diverticuli. Mild right kidney pyelectasia was noted. The right retroperitoneal space was sonographically normal. The right kidney measured 4.0 cm In length.

Adrenal Glands

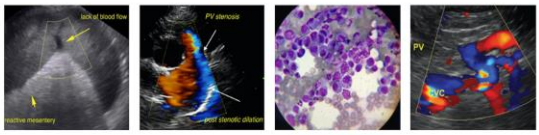
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.23 cm width.

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. Intermittent small hyperechoic, well-demarcated parenchymal nodules were present likely consistent with benign areas of nodular to regenerative hyperplasia, or lipogranulomas, and considered incidental. The gallbladder was non-distended in size



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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 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

Primary Findings

- Overtly normal urinary bladder with moderate urinary bladder sediment and minor dependent mineralized sand - possible blood clot vs. pyuria
- Left kidney mild chronic renal changes with pinpoint medullary mineral
- Right kidney moderate to marked chronic degenerative changes including medullary renolithiasis and mild pyelectasia

Secondary Findings

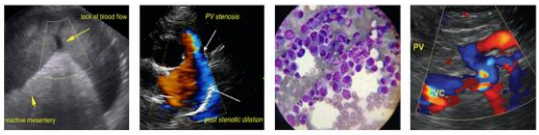
- Mild gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of overt urinary bladder or proximal urethral pathology, the hematuria is suspected to be arising from the level of the kidneys, specifically the right kidney, given the right kidney medullary renolithiasis and concurrent pyelectasia. This patient may be passing small amounts of mineral from the right kidney into the urinary bladder.

The pyelectasia is nonspecific and may be owing to pelvic scarring, chronic renal changes, while the possibility of mild chronic right kidney pyelonephritis cannot be excluded.

Treatment of underlying UTI based on urine culture and sensitivity results with monitoring of hematuria, as well as CKD therapy going forward is suggested. Assessment of systemic blood



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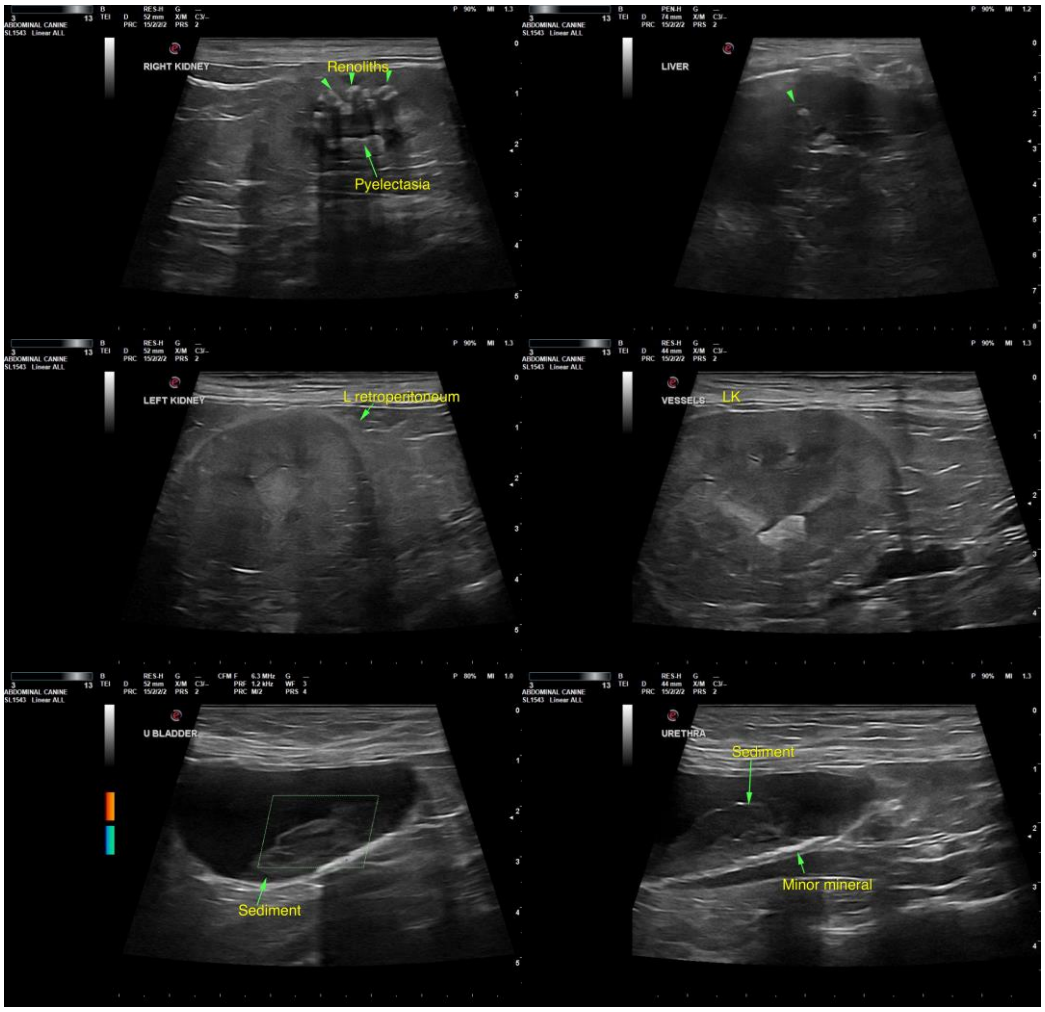
pressure is recommended to rule out underlying hypertension as a contributing factor to the hematuria. Recheck sonogram is suggested If persistent / progressive hematuria.



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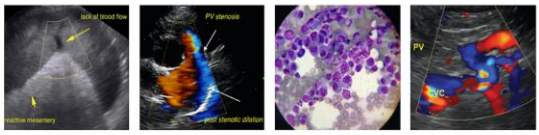

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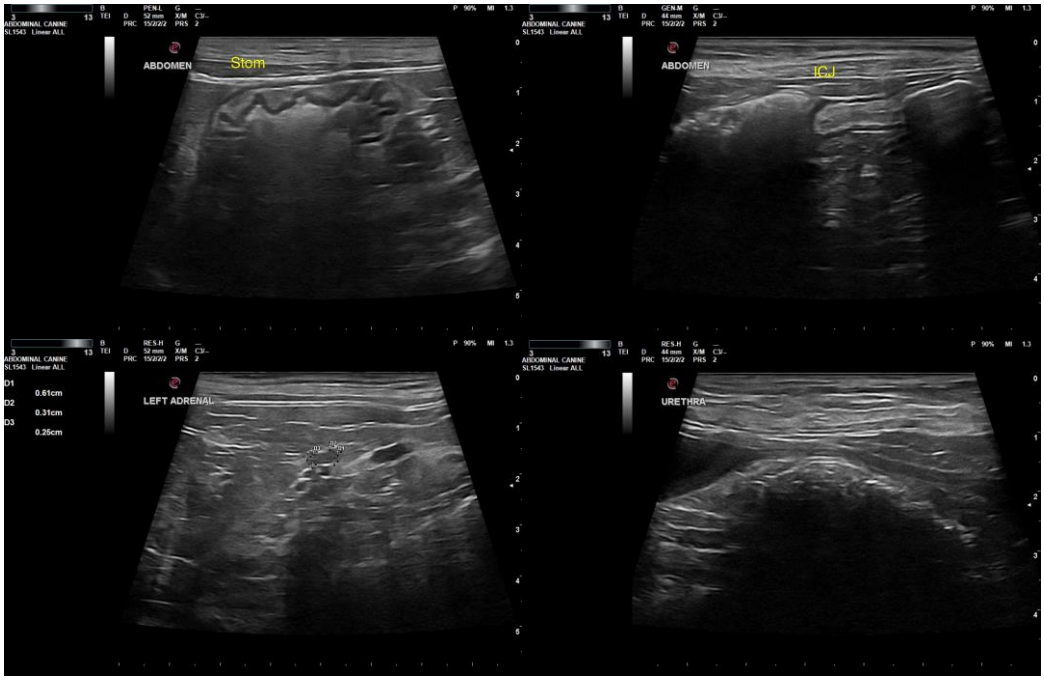

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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