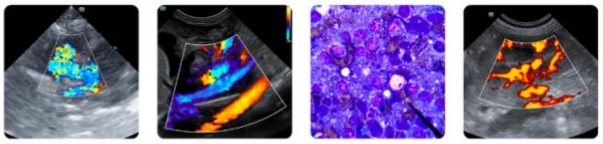

PATIENT

Blackie Lindsey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

13.18 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Christa Williams, DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM, DABVP

INVOICE

16334

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Blackie has been in stable CKD Stage 2 for the last 2 years. He had a recent spike in his kidney numbers and abdominal ultrasound was recommended to determine if an underlying cause could be identified. He is doing remarkably well on Mirataz and occasional (weekly) SQ fluids- client declines doing fluids at home.

Abnormal PE/Chem/CBC/UA Results: Weight loss of ~0.75 lbs in the last year. Creatinine 7.7, SDMA 24, BUN 73, total Ca 11.4, PO4 4.3, K 4.4, Hct 27.7%, USG 1.014, BPs 170 mmHg. Current medications: renal diet, amlodipine 1.25 mg q 24h, Catney One, Mirataz, Solensia, monthly cobalamin injections for historic GI symptoms and hypocobalaminemia.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Adequate size and asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio with hyperechoic corticomedullary border parenchyma and mild left kidney pyelectasia. Mild right kidney hydronephrosis without overt visible concurrent left hydroureter. Left and right retroperitoneal hyperechogenicity and minor retroperitoneal effusion.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.39 cm width. The right adrenal gland subjectively 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.

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 or foreign material.

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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.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

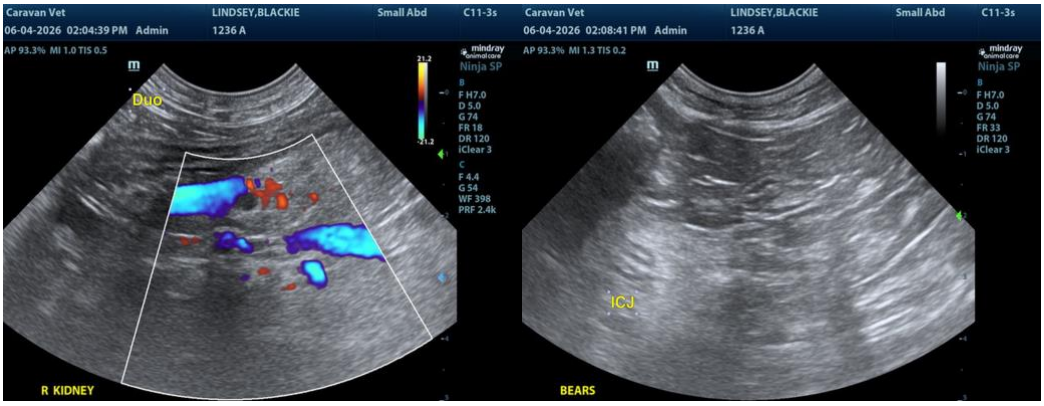
ULTRASONOGRAPHIC FINDINGS

- Bilateral nephropathy exhibiting pyelectasia to emerging hydronephrosis, evidence of bilateral retroperitoneal inflammation/effusion.
- Sonographically normal gastrointestinal tract.
- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys exhibited primarily chronic changes in conjunction with historical CKD. Given recent significant spike in azotemia, acute on chronic renal insult is suspected with consideration for potential renal toxic episode or infectious disease versus acute CKD progression. Definitive evidence of right ureter obstruction was not visualized yet, given the mild right kidney hydronephrosis, is not definitively excluded.

Correlation with urinary workup, including culture/sensitivity and UPC level, if non-inflammatory proteinuria is recommended. Renal support with serial, clinical and sonographic monitoring if progressive cholestasis or for evidence of progressive retroperitoneal inflammation are indicated. Overall, guarded prognosis. Three view chest radiographs and a GI panel to include PLI, TLI, cobalamin and folate could be considered to assess for additional occult disease given mild weight loss.



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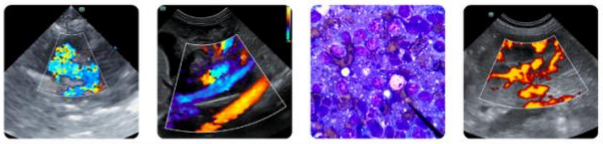

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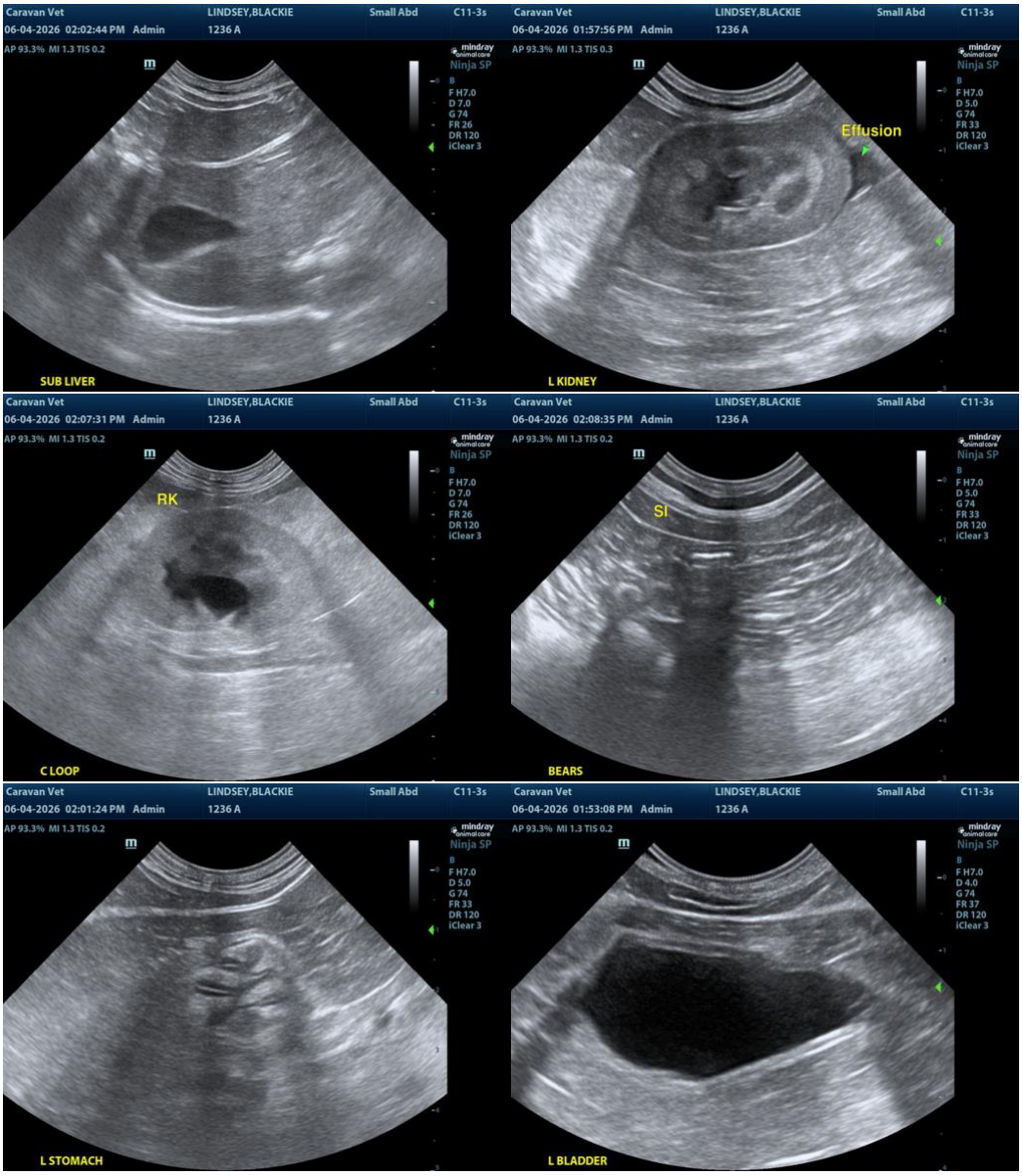

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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