PAUS
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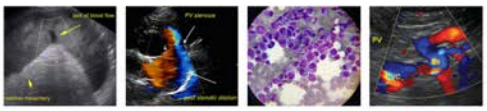
4paus.com 781-635-5677



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

PATIENT

Ben Spencer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

12.96 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Alyssa Sakmar

INVOICE

38445

DATE

6/6/22

PRESENTING CLINICAL SIGNS

Urinary system only. Renal azotemia noted on routine senior lab work. No clinical signs of renal disease. PE unremarkable. BCS 6/9. Nephrolithiasis, irregular kidneys, small left kidney c/w chronic renal degeneration noted on radiographs. SDMA 22, creat 3.3; BIN 67; USG 1.024, UPC 0.27.

LIMITED ULTRASONOGRAPHIC EXAMINATION

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 were noted.

The left kidney was subnormal in size, measuring 2.0 cm in length. Asymmetrical contour. Non-homogeneous corticomedullary hypertrophy, marked loss of corticomedullary border demarcation and reduced medullary volume present. Medullary to pelvic mineralization/renolithiasis noted. Example of left kidney renolith measured 0.33 cm in diameter. No evidence of pyelectasia or left hydroureter.

The right kidney presented asymmetrical cortical hypertrophy with cortical infarcts and secondary asymmetrical renal margination. Reduced medullary volume noted and moderate loss of corticomedullary border demarcation. Mild to moderate pyelectasia to mild hydronephrosis present with medullary to pelvic renolithiasis. Example of right kidney pelvic renolith measured 0.63 cm in diameter. The right kidney measured 4.3 cm. Mild to moderate proximal right hydroureter, potentially, although not definitively, extending caudally towards the urinary bladder. Proximal right ureter dilation measured 0.48 cm in diameter. Potential mid to distal right ureter exhibiting potential for minor dilation measuring 0.19 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Left kidney subnormal size exhibiting marked chronic degenerative changes and non-obstructive medullary to pelvic renolithiasis.
- Right kidney probable compensatory hypertrophy with cortical infarcts, moderate pyelectasia to mild hydronephrosis, and medullary to pelvic renolithiasis.
- Non-specific proximal right hydrourether – no overt evidence of right ureter obstructive criteria (i.e., calculi, stricture or other).
- Sonographically unremarkable urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys exhibited significant chronic to degenerative changes, more prominent in the left kidney. The clinical significance of the proximal right hydroureter is unclear without overt evidence of right ureter obstruction. This may indicate possible concurrent proximal right ureteritis. Ideally, sonographic monitoring of the right kidney and right ureter for evidence of progressive hydronephrosis or right hydroureter recommended. Assessment and monitoring of systemic BP suggested. CKD therapy recommended with serial monitoring of renal parameters.

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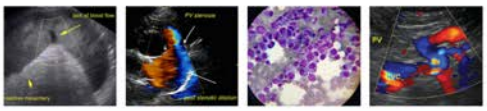

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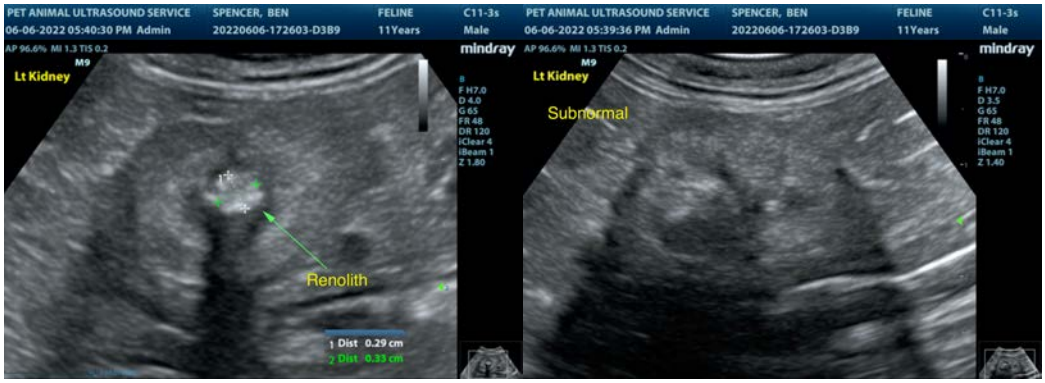

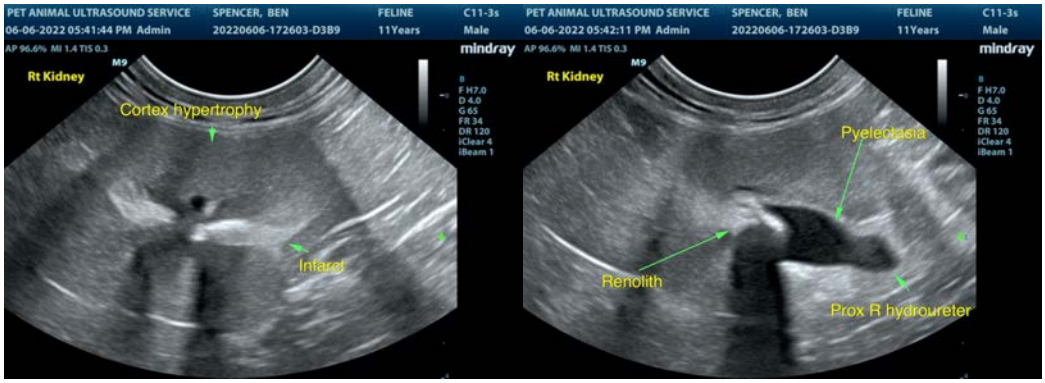

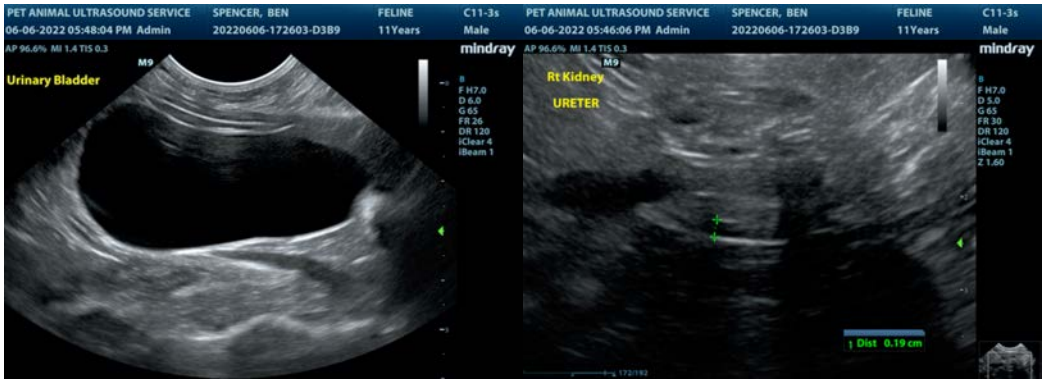

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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