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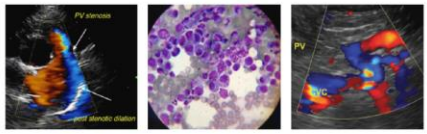
fredgromalak@gmail.com



SonoPath
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PATIENT

Little Man Cincotta

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11 years

WEIGHT

8.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Brook-Falls VH- Dr. Barajas

INVOICE

14200

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Vomiting, lethargy
Abnormal PE/Chem/CBC/UA Results: Large R kidney, severe azotemia

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. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation. No overt evidence of pathology in the area of the left and right ureteral papillae. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys were normal in size Including the right kidney without evidence of overt right renomegaly. The kidneys primarily maintained symmetrical renal margination and 1:3 cortex/medulla ratio with uniform cortical hyperechogenicity present in both kidneys with mild enhanced corticomedullary border demarcation. Mild left kidney pyelectasia without evidence of left ureter dilation was present. Mild right kidney hydronephrosis with subtle proximal right ureter dilation was noted. The mildly dilated right ureter could not be definitively traced caudally to the level of the urinary bladder. The left kidney measured 3.5 cm in length. The right kidney measured 4.5 cm in length. Subtle evidence of right retroperitoneal inflammation without evidence of right retroperitoneal free fluid was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

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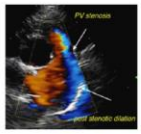
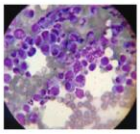
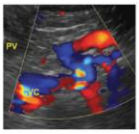

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited potential minor retained fluid and luminal gas. No evidence of gastric overdistention with retained ingesta or foreign material was noted. The gastric body wall width measured 0.23 cm.

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. The duodenum wall measured 0.20 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.35 cm width.

The colon exhibited segmental intact yet prominent wall layering subjectively in the descending colon. The descending colon wall width measured 0.43 cm. The descending colon was primarily empty with a mild amount of subjective semi-formed fecal matter.

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

Intermittent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a colic lymph node size was 0.52 cm in diameter. An example of a mesenteric lymph node measured 0.42 cm in diameter. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nephropathy with minor left kidney pyelectasia and mild right kidney hydronephrosis, associated mild right retroperitoneal inflammation
- Minor urinary bladder sediment - minor cellular debris / protein, crystalline debris, mucus possible
- Mildly thickened yet Intact descending colon walls - potential colitis If concurrent or recent diarrhea
- Sonographically unremarkable gastrointestinal tract with potential for mild gastric hypomotility
- Intermittent subjectively benign / reactive jejunocolic lymph nodes - suspect lymphoid hyperplasia or minor reactive lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys exhibited both chronic and acute nephropathy criteria. Potential for acute kidney injury, acute on chronic nonspecific nephritis i.e., pyelonephritis, interstitial nephritis, etc., are possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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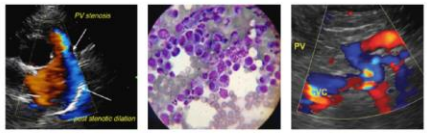

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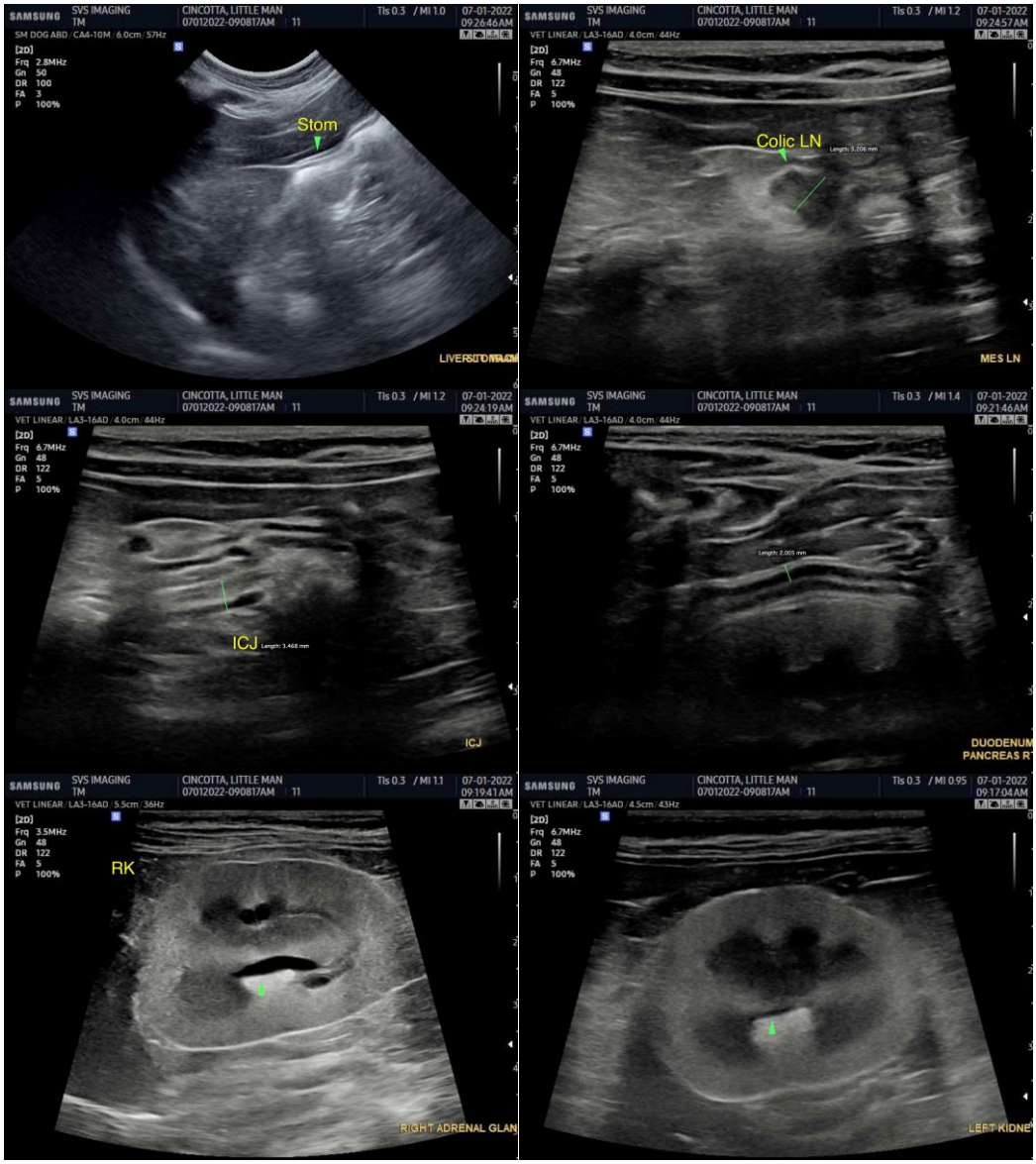
A definitive cause of right ureter obstruction was not overtly evident yet this potential cannot be definitively excluded. Potential for acute on chronic renal failure is possible, given the reported severe azotemia.

Hospitalization with diuresis protocol with monitoring of urine output and bodyweight with an assessment of renal response and as-needed gastrointestinal support would be reasonable. Sonographic monitoring of the right kidney for evidence of progressive hydronephrosis is ideal If possible. A guarded prognosis is warranted.



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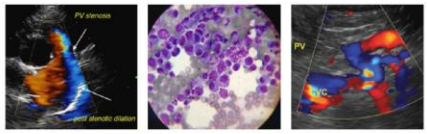

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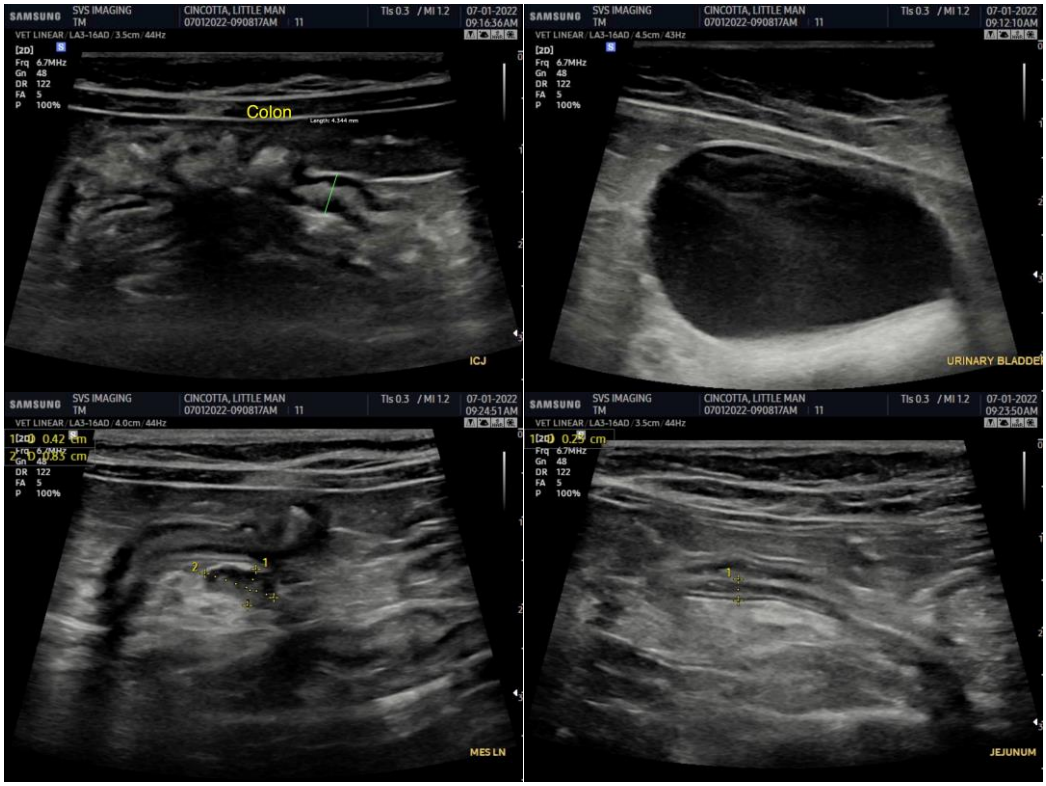

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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