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Clinical Sonography & Telecytology
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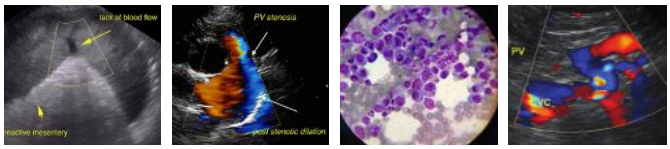

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maya De Bruijin

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

16 yr

WEIGHT

2.88 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Cambrian Veterinary Hospital

INVOICE

11052ag

DATE

07/07/2022

PRESENTING CLINICAL SIGNS

History: Significant hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate nondependent echogenic to pinpoint hyperechoic sediment. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. The ureteral papillae ere normal. The ureters were not visible which is normal.

Focal areas of asymmetrical renal margination were observed in the left kidney. Mild pyelectasia was present in the left kidney. The left kidney measured 3.7 cm in length.

The right kidney was subnormal in size. Mild yet variably thickened cortex with loss of corticomedullary parenchyma and potential large corticomedullary infarct was noted. The right kidney measured 2.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The area of the left and right adrenal gland was free of pathology.

Spleen

The spleen exhibited normal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary nondisruptive well demarcated hyperechoic nodule was noted in the caudal spleen measuring 0.6 cm in diameter. 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. The spleen measured 1.0 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. The gastric body wall measured 0.26 cm in width.

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 small intestinal wall measured 0.28 cm in width. The ileocolic wall measured 0.32 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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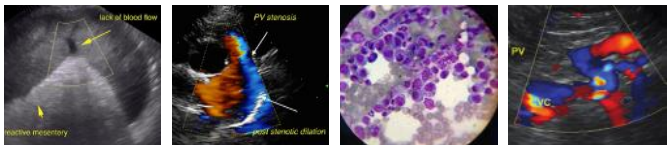

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. No evidence of peri pancreatic reactive mesentery.

Free Abdomen

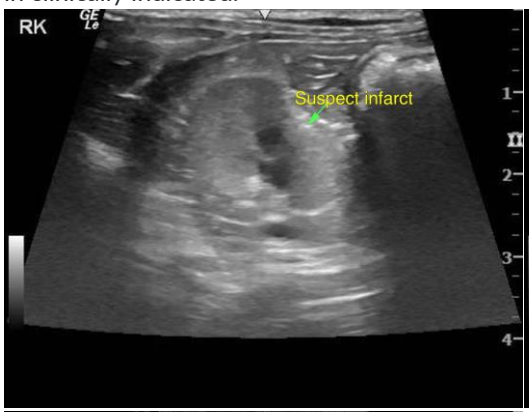
No overt lymphadenopathy or peritoneal effusion was present.

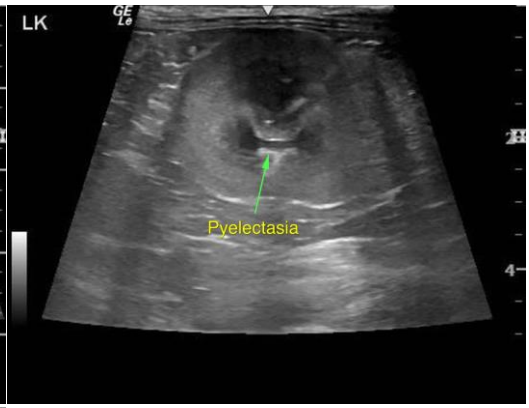
ULTRASONOGRAPHIC FINDINGS

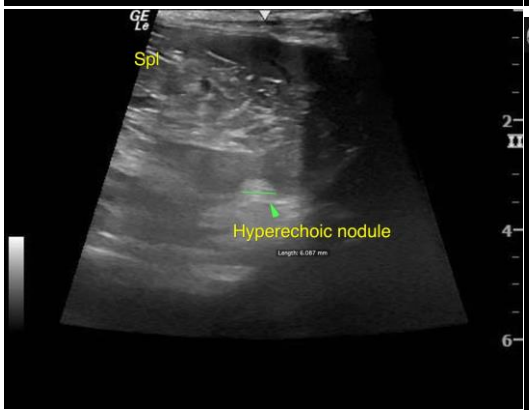
- Moderate non dependent particulate to hyperechoic urinary bladder sediment
- Moderate left kidney chronic changes with mild pyelectasia, cortical infarcts and pinpoint medullary mineral
- Subnormal to atrophied right kidney with loss of corticomedullary architecture and suspect large cortical infarct
- Heterogeneous to mildly hypoechoic left pancreas -suspect age related pancreatic changes and incidental, potential of incidental for low grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of overt lower urinary tract pathology the hematuria in this patient is suspected to be renal in origin. Urinary bladder sediment may indicate cellular debris/protein given the hematuria with potential intermixed crystalline debris and potential mucus. A urine C/S +/- additional renal staging to include a UPC level is suggested. Correlation with assessment of renal parameters if not recently done is recommended. Empirical therapy for CKD pending additional diagnostics and monitoring of hematuria would be reasonable. A spec fPL for further assessment of the pancreas may be considered in clinically indicated.







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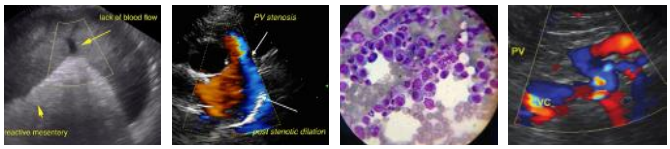

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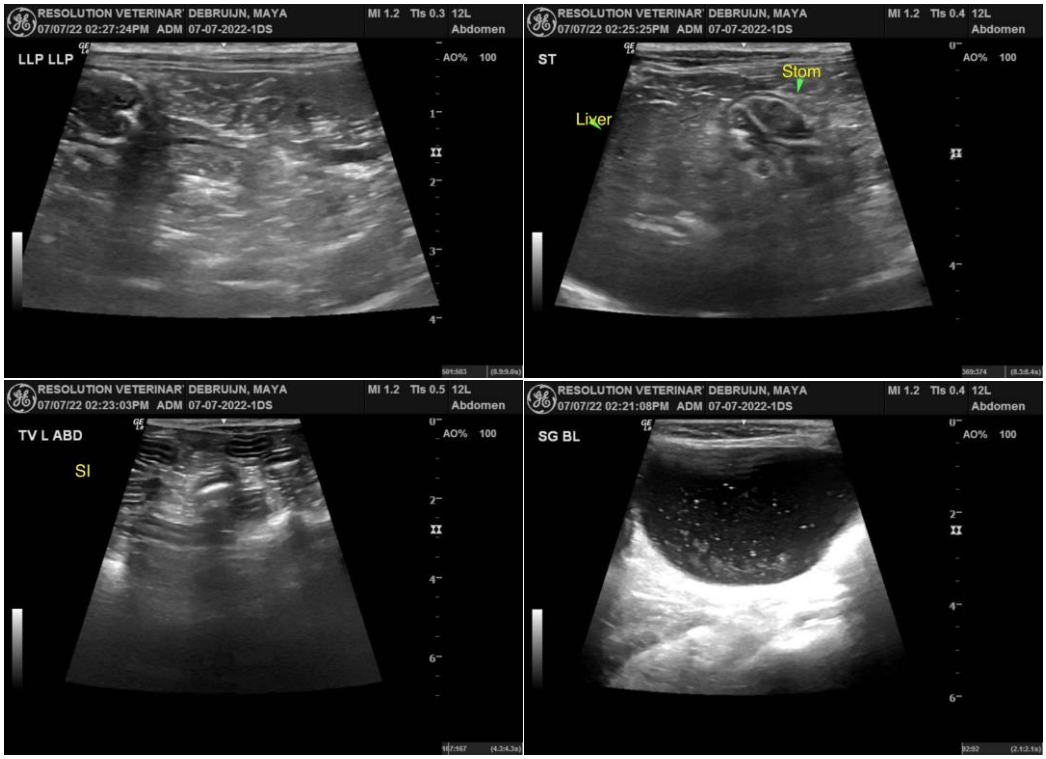

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com