**PATIENT**

Harley Bohrer 277016

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Cavanaugh-WRVC

INVOICE

16820

DATE

8/12/22

PRESENTING CLINICAL SIGNS

History: Patient presented to pDVM yesterday for intermittent hyporexia to anorexia.

Abnormal PE/Chem/CBC/UA Results: Azotemia and hyperphosphatemia on pDVM bloodwork (no records yet).

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 evidence of sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

The right kidney is normal in size with mild asymmetrical contour. Mild loss of corticomedullary border distinction was noted. Mild hydronephrosis was noted in the right kidney with minor fluid distention, extending into the lateral diverticula. Subtle increased echogenicity of the right sinus parenchyma. Minor dilation of the right proximal ureter was noted, measuring 0.18 cm in diameter. No overt evidence of diffuse right ureter fluid dilation. Mild perinephric inflammation was noted associated with the right kidney. The right kidney measured 3.7 cm in length.

The left kidney exhibited mild enlarged size compared to normal feline kidney size with focal small cortical cysts. No evidence of pyelectasia. The renal medullary volume was subjectively reduced. Mild loss of corticomedullary border distinction was noted. Subtle increased echogenicity of the left sinus parenchyma. Mild perinephric inflammation was noted associated with the left kidney. The left kidney measured 4.7 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 0.43 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

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

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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting progressive distal acoustic shadowing without signs of obstruction or foreign material. The visualized gastric walls were sonographically normal.

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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.

BREED***Pancreas***

DMH

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Bilateral nephritis pattern with mildly enlarged left kidney size. Mild right kidney hydronephrosis with associated probable mild right ureteritis and associated mild regional perinephric inflammation.

Secondary Findings

- Gastric ingesta

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5 kg

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the kidneys may include suspected acute on chronic nephritis, such as interstitial nephritis, pyelonephritis, or other, with emerging left kidney neoplastic criteria considered a less likely differential diagnosis. No overt evidence of right ureter obstruction. Further assessment may include a full urinary work up, including urinalysis, culture and sensitivity and baseline UPC level, if no evidence of significant inflammatory cells. Screening blood pressure is advised. Given the potential for pyelonephritis, empirical antibiotic therapy, pending urine culture and sensitivity results, as well as appropriate IV fluids with monitoring of urine output and body weight and assessment of renal response would be reasonable.

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The presence of gastric ingesta is nonspecific with potential for postprandial presentation, however, given the patients history of anorexia, some degree of gastric hypomotility secondary to azotemia, could be possible. Technically, the possibility of gastric foreign material cannot be excluded. Monitoring for evidence of gastric emptying over the next 12-24 hours is suggested. Continued as needed GI support, which may include gastroprotectants given potential for uremic associated gastrointestinal inflammation may be considered.

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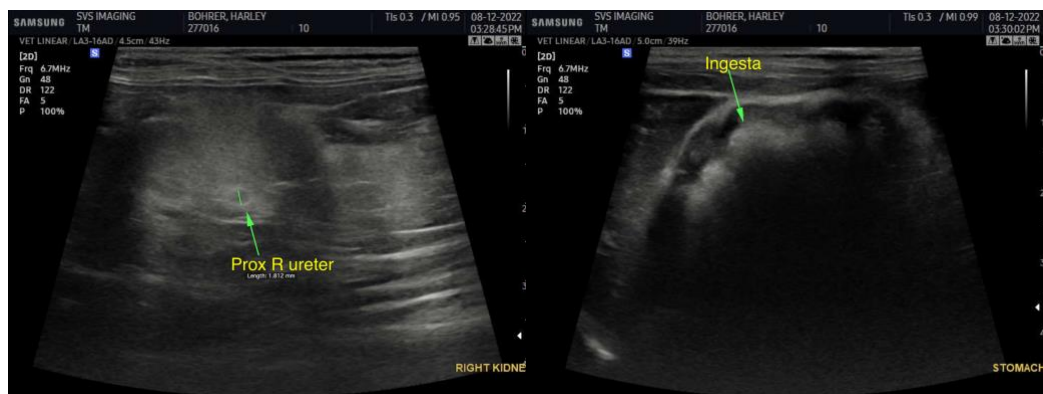
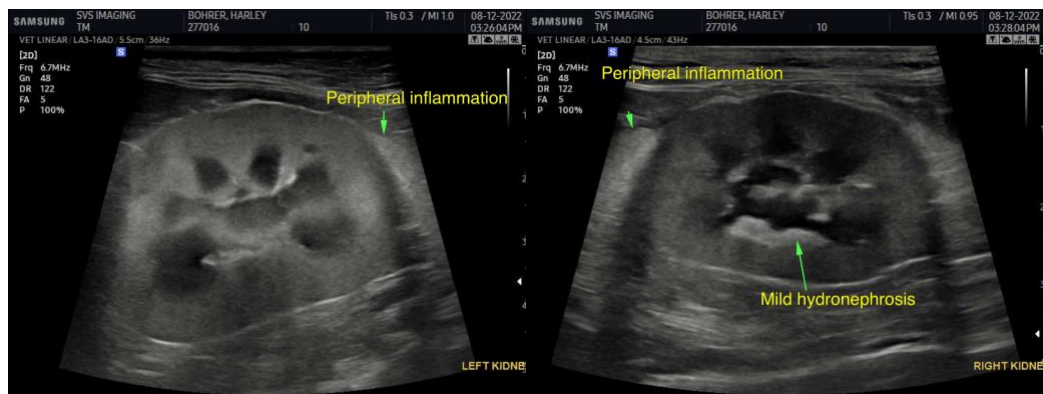
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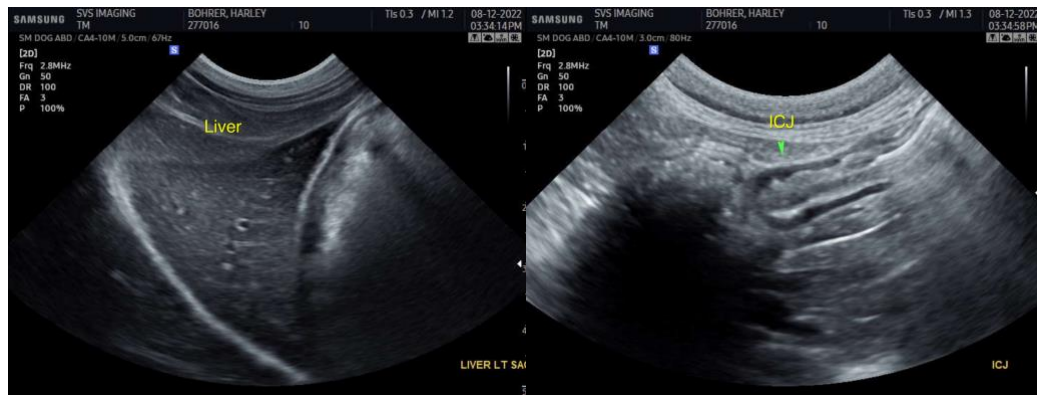
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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