

PATIENT PRESENTING CLINICAL SIGNS

Loki Sharp History: Stable stage 2 IRIS renal disease but recent increase in creatinine and drop in urine SG. Pre-anaesthesia bloods for tumor removal.

SPECIES

Feline

Physical Examination: N/A.

Urinalysis: SG 1.017.

BREED

DSH

CBC: N/A.

Serum Biochemistry: Azotemia, elevated phosphate.

SEX

MN

Radiographic Findings: N/A.

AGE

9 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT

17.68 #

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

Normal renal size (both 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule, and pelvis. Small area of cortical infarction in the cranial pole of the left kidney.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.64 x 0.29 cm, right 1.1 x 0.44 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

INVOICE

302850

DATE

3/30/22

HOSPITAL NAME

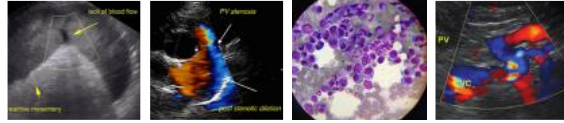
Corvallis Cat Care

REFERRING VET

Dr Kimmel/Blouin

IMAGING PERFORMED BY

Sara Hansen



PATIENT

Gastrointestinal

Loki Sharp

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.

SPECIES

Pancreas

Feline

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

DSH

Free Abdomen

SEX

No mesenteric lymphadenomegaly.
No ascites.

MN

Thorax

AGE

9 years

Normal appearance of the heart.
No pericardial or pericardial effusion.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

17.68 #

Primary Findings:

- Renal changes.

Secondary Findings:

- None.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr Kimmel/Blouin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal changes on this ultrasound appear to be very minor, thus ruling out pyelonephritis, obstructive uropathy, bacterial nephritis, and lymphoma as a cause for the progressive azotemia, which can be ascribed to a gradual worsening of the chronic kidney disease.

Further assessment would be blood pressure and possibly a UPC.

Specific therapy would be dependent on an etiological diagnosis.

Anesthesia would not be contra-indicated as long as the patient is fully hydrated, blood pressure is maintained during and after the procedure, and nephrotoxic drugs are avoided.

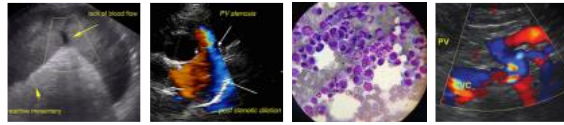
Management of the renal disease would be renal diet, enteric phosphate binders, and an ACE inhibitor or receptor blocker.

INVOICE

302850

DATE

3/30/22



PATIENT **IMAGES**
Loki Sharp **Left kidney**

SPECIES

Feline

BREED

DSH

SEX

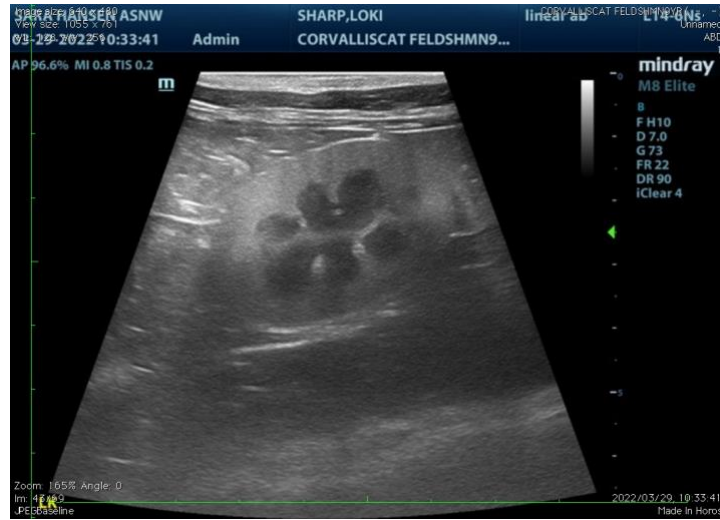
MN

AGE

9 years

WEIGHT

17.68 #



Right kidney



INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr Kimmel/Blouin

INVOICE

302850

DATE

3/30/22

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za