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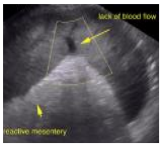

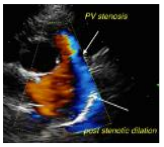

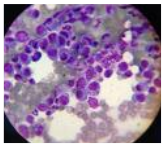
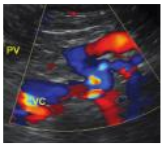

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Izzy Tobin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 year

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels-Conways

HOSPITAL NAME

Central Broward AH

REFERRING VET

Oms

INVOICE

14209

DATE

8.24.23

PRESENTING CLINICAL SIGNS

History: P was adopted 5 months ago. When o left town for a few days, 1 month after adoption, P started urinating inappropriately. Tried gabapentin 100mg sid .P did great, but once weaned off gabapentin started inappropriate urination again. Prozac was started 6/23, repeated labs showed elevated bun/creat, hyposthenuria.

Abnormal PE/Chem/CBC/UA Results: 5/23-Chem-wnl, U/a- Sp g 1066 H, Prot 2+,Quiet sediment, urine c/s- No growth. 7/27- after Prozac started CBC-RBC- 10.2 H,plt cnt- 114 L, plt est adeq Chem-Creat-1.9H, SDMA-17 mild inc,cholest- 242 H Amylase 1318 H--Hem 2+ t4- 1.9 u/a sp g 1022 8/10- CBC-RBC 10.2 H, Plt cnt 101 L, est adeq Chem-Creatinine- 2.0 , SDMA- 17.6 Mild inc, u/a- Sp G 1028 , Prot trace RBC-4-10H C/s u/a- Neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Moderate amount of floating hyperechogenic sediment present. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (both 3.70 cm) with a mottled echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia and normal capsule. No infarcts, mineralization or renoliths evident. Early cortical medullary rim sign present in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.21 cm) (right 0.20 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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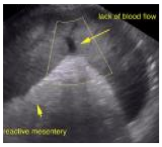
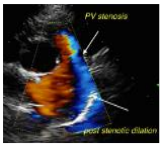
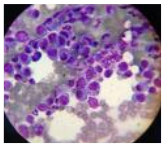
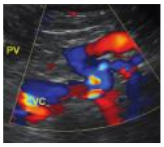

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Gastrointestinal
Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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

Free Abdomen
Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nephropathy

Secondary Findings

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nephropathy would be previous acute kidney injury (hypoxia, toxins), previous bacterial nephritis, previous pyelonephritis, hypertensive nephropathy and granulomatous nephritis.

Etiologies for the urinary bladder sediment would be nondescript debris, hemorrhage and crystals.

Further assessment would be blood pressure and possibly FNA cytology of the kidneys.

Specific therapy would be dependent on an etiological diagnosis.

Management of the renal disease would be feeding a renal diet, enteric phosphate binders (as needed) and either and ACE inhibitor or ACE receptor blocker.

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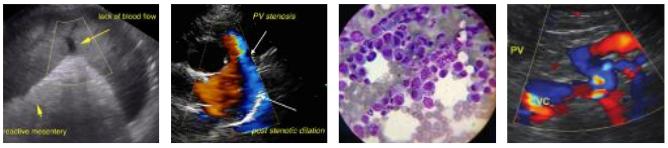

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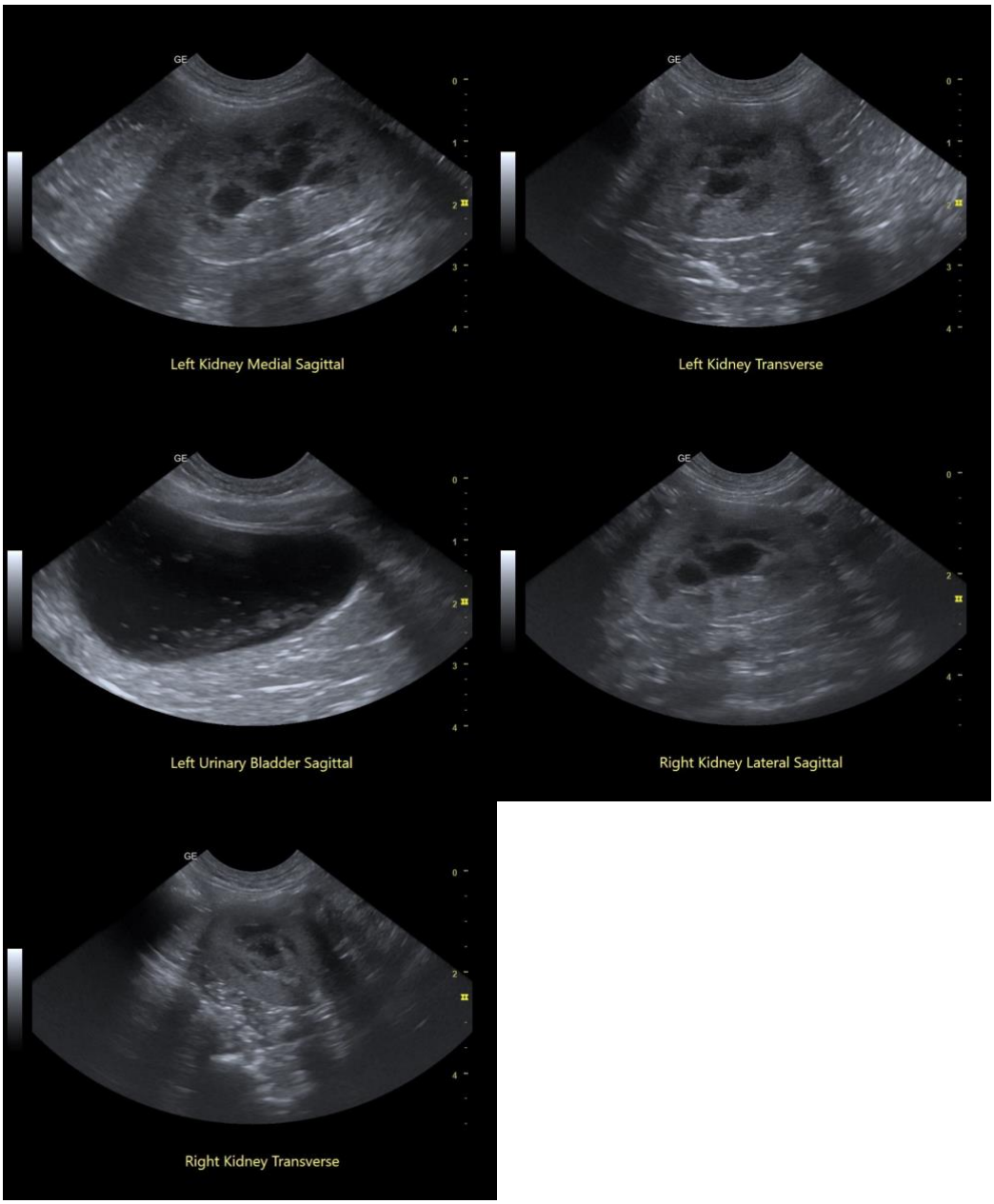

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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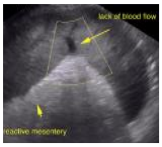
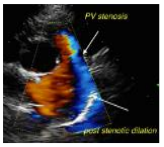
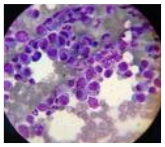
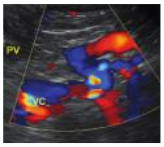

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com