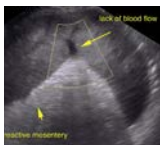
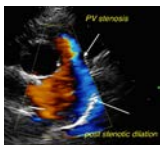
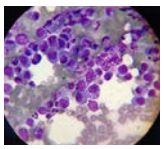
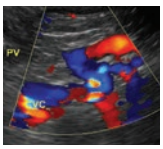
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Katniss Casar

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 Years

WEIGHT
13 Pounds

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
39813

DATE
7/26/22

PRESENTING CLINICAL SIGNS

Azotemia noted on annual wellness lab work (BUN 54, Creat 3.6, else normal CBC / Chem / T4). U/A - SpGr 1.025, 9-40 rods, but culture negative - treated with 2 weeks of fluoroquinolone antibiotic, recheck U/A now normal, but azotemia progressed - (BUN 55, Creat 4.3). Renal values and urinalysis in 8/21 were normal except slightly low SpGr (1.033)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. There is a 1.6 cm region in the bladder apex with a mildly thickened wall and irregular mucosa. The bladder is otherwise normal with no masses or calculi noted. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). The pelvic urethra is visualized to 2.0 cm.

The kidneys are small and irregularly shaped with poor corticomedullary differentiation and evidence of multiple chronic infarcts. There is no evidence of nephrolithiasis, mineralization, cystic change or hydronephrosis. Trace pyelectasia is noted in the right kidney. No pylectasia noted in the left kidney. The proximal ureters are not visible (normal). The left kidney measures 2.86 cm. The right kidney measures 3.28 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 4.2 mm at the cranial pole and 4.1 mm at the caudal pole. The right adrenal gland measures 3.4 mm at the caudal pole and a 2.8 mm at the cranial pole.

Spleen

The spleen is of appropriate size (8.4 mm at the hilus) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

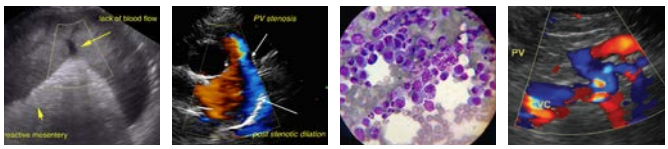
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is minimally distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal (2.1 mm thickness) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 2.5 mm. Jejunum wall measures up to 2.1 mm.



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The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic degenerative renal changes with infarcts
- Focal inflammatory change to the bladder wall

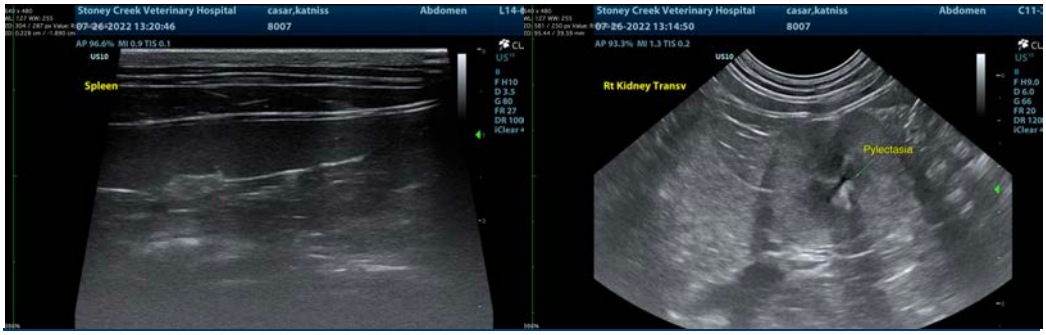
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the kidneys are chronic and may be attributed to renal dysplasia, chronic nephrolithiasis, or possibly a prior toxic insult. Renal biopsy would be necessary for a definitive diagnosis.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

The changes to the bladder wall are consistent with inflammation, most likely due to bacterial cystitis. There is mild pyelectasia in the right kidney, which could indicate pyelonephritis as well. Urine culture is recommended.



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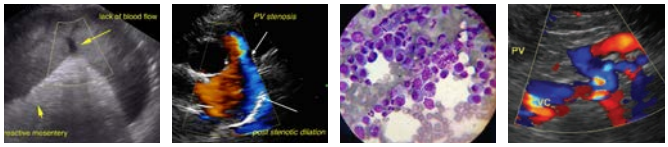

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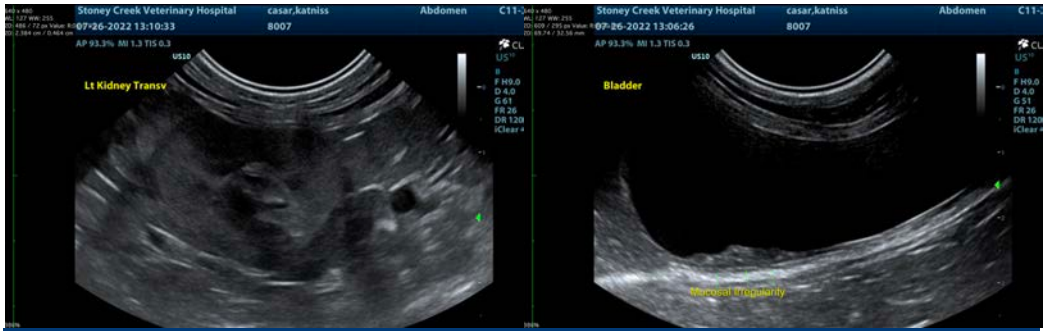

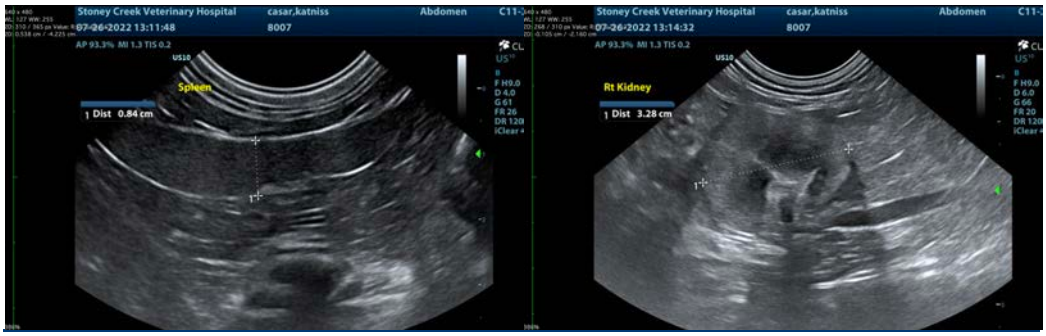

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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