**PATIENT**

Sophie Schaaf

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

12 years

WEIGHT

11 lbs

INTERPRETED BYTam Mengine, DVM,
DABVP (canine/feline
practice)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bock Vanaria

INVOICE

39459

DATE

9/16/22

PRESENTING CLINICAL SIGNS

History: Lethargy, anorexia, weight loss

Abnormal PE/Chem/CBC/UA Results: Dehydrated and decreased muscle condition on exam. Right kidney is markedly larger in size than the left and 2 small bladder stones noted on x-ray. CBC: stress leukogram; Chem17: Creat=4.8 (0.8-2.4), BUN=92 (16-36), K=2.8 (3.5-5.8), Glu=175 (71-159)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is present. The bladder wall is focally thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted, but there are tiny mineralized sediment present.

The kidneys are hyperechoic and exhibit poor corticomedullary differentiation. There is mild dilation of the renal pelvis bilaterally with echogenic sediment and mineral present in the proximal ureter. The left ureter is dilated to 1.3 mm and the right ureter is dilated to 4.1 cm. There is no evidence of mineralization or hydronephrosis. The left kidney is () cm in length. The right kidney is () cm in length.

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 height is () mm at the cranial pole and () mm at the caudal pole. The right adrenal gland height is () mm at the cranial pole and () mm at the caudal pole.

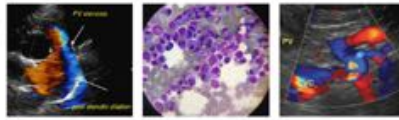
Spleen

The spleen is of appropriate size 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. Thickness at the splenic hilus is normal at (7.2) mm.

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

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Gastrointestinal

The stomach is empty. The gastric wall is (2.6) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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. The duodenal wall measures (2.4) mm. The jejunal wall measures up to (2.2) mm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.8) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS**PRIMARY FINDINGS:**

- Bilateral chronic renal changes, with evidence of nephrolithiasis and a suspicion for bilateral pyelonephritis.
- Urinary bladder changes suggest for cystitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Bock Vanaria

Both kidneys have evidence of chronic change, with evidence of ongoing small nephrolith formation and a suspicion for infection as well. Recommendations include:

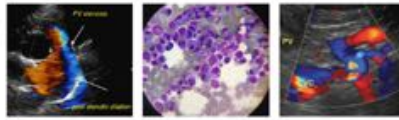
- ❖ CBC, chemistry and urinalysis with culture
- ❖ Blood pressure measurement
- ❖ If pyelonephritis is suspected, then empiric antimicrobial therapy may be started while awaiting culture results. The International Society for Companion Animal Infectious Diseases (ISCAID) Working Group recommends fluoroquinolones or cefpodoxime as initial empiric treatment choices, with a total therapy duration of 10 - 14 days.

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- ❖ Chronic cases of pyelonephritis may require longer courses of treatment than the recommended 10-14 days. Historically, treatment for up to 4-6 weeks has been recommended, with follow up culture shortly after discontinuation of therapy.

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- ❖ Renal diet is recommended
- ❖ Daily subcutaneous fluid therapy may be helpful in maintaining this patient's tendency towards stone formation.

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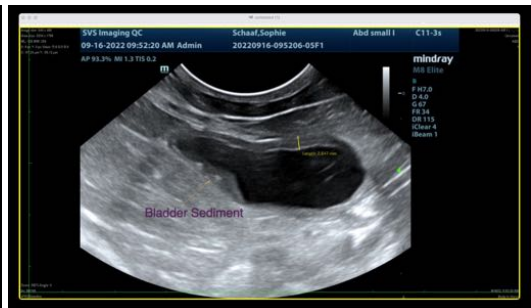
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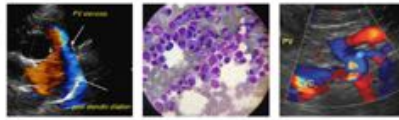
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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