

**PATIENT**

Dora Graf

PRESENTING CLINICAL SIGNS

Lesser appetite, UTI, occasional vomiting, has had 2 ultrasounds in past (abdominal), potential ureteral stone

SPECIES

Felne

Abnormal PE/Chem/CBC/UA Results: Weight stable, increased BUN, evidence of UTI (cystocentesis sample), currently on Orbax, not 100% fasted. Is on Pred 5 mg SID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DLH

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. The left kidney measures 3.11 cm. The right kidney measures 2.63 cm. Both kidneys contain small nephroliths within the renal pelvises as well as significant pyelectasia. The left kidney pyelectasia measures 0.30 cm in the transverse view. The right kidney is much more severe and measures 0.77 cm in the transverse view with some proximal ureteral dilation also suspected. The full ureter and cause of the obstruction is not able to be fully visualized in these images and could potentially be better visualized in a fasted patient.

AGE

9 Years 8 Months

WEIGHT

DLH

Adrenal Glands

The right adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Amy Mayhew, LVT

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal**INVOICE**

46057

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic

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non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Felne

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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DLH

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS**AGE**

9 Years 8 Months

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

WEIGHT

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- **Bilateral pyelectasia** – Much more significant on the right than the left. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

- Bilateral nephrolithiasis with some concern for obstructive nephrolithiasis in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Beth Johnson, DVM
DACVIM

If this patient does have a urinary tract infection, as is suspected based on the provided history, the bilateral pyelectasia could be a result of ascending infection/pyelonephritis versus obstruction. However, at least partial obstruction is suspected on the right.

IMAGING PERFORMED BY

Amy Mayhew, LVT

Recommendations include a urine culture to help dictate therapy followed by supportive/symptomatic medical management of pyelonephritis with broad-spectrum antibiotics or ideally antibiotics based on culture and sensitivity results, diuresis to help hydrate and lubricate to hopefully assist passage of a ureteral stone (if present), in addition to supportive/symptomatic management of clinical signs (antiemetics, gastroprotectants, appetite stimulants, etc). If, however, medical management does not improve the azotemia and/or azotemia progresses, more invasive intervention up to and include possible surgical intervention, placement of a SUB, etc. may be warranted, and if that is elected, a pre-surgical planning abdominal contrast CT scan could be helpful.

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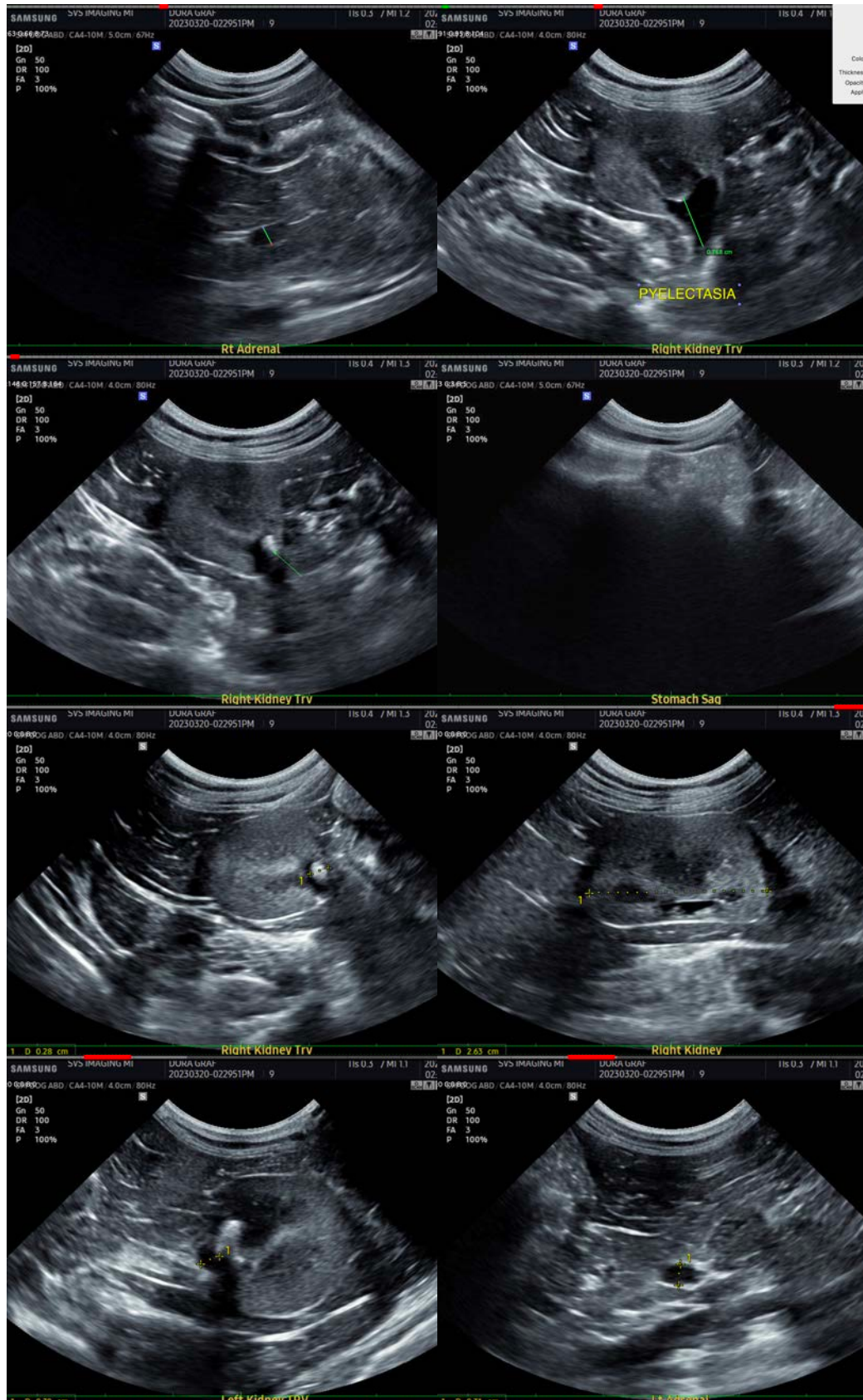
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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