



PATIENT PRESENTING CLINICAL SIGNS

Felix Naik History: Creatinine at 1000. Elevated BUN. Hx of decreased appetite and vomiting.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

Urinary bladder is adequately 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.

BREED

DSH

Left kidney is overall normal in size (3.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Small non-obstructive areas of mineralization/nephroliths are noted.

SEX

Neutered Male

AGE

10 Years

Right kidney is large in size (5.5 cm long) with an overall normal shape and smooth peripheral margination. There is an overall mild increased cortical echogenicity and mild loss of corticomedullary distinction, as is expected in a patient of this age. The increased size is caused by marked pyelectasia, measuring 0.75 cm in the sagittal view, which proceeds into hydroureter with the proximal ureter measuring 0.25 cm dilated, all the way to the level of several mineral shadowing ureteroliths.

WEIGHT

4.2 kg

Adrenal Glands

Left adrenal gland is normal in size (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The area of the right adrenal gland is examined without evident adrenal gland pathology.

Spleen

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

Dave Stasiuk, RDMS,
RDCS

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic 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.

HOSPITAL NAME

Falconridge AH

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.

REFERRING VET

Dr. Rix

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INVOICE

21504

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

DATE

3/6/23



PATIENT

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Felix Naik

Pancreas

SPECIES

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Feline

BREED

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

DSH

SEX

- Bilateral age-related kidney changes with marked pyelectasia in the right kidney as a result of an obstructive right ureterolith or ureteroliths. Concurrent infection/pyelonephritis can't be ruled out.

Neutered Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 Years

If not recently evaluated, a urinalysis and urine culture are recommended. Additionally, blood pressure is recommended.

WEIGHT

In the meantime, aggressive diuresis, as much as can be safely tolerated by the patient, combined with broad spectrum antibiotics, or ideally, eventually antibiotics based on culture and sensitivity results, pain management, as well as symptomatic gastrointestinal support, antiemetics, etc., could be tried to see if alleviating inflammation and hydrating the patient may help the ureteroliths move into the bladder. However, if the ureteroliths don't move and azotemia doesn't improve, and/or progresses, more invasive intervention, up to and including surgical placement of a SUB vs other ureteral bypass options may be necessary. If surgery is elected, a presurgical contrast abdominal CT scan may be helpful but likely won't ultimately change the need for intervention.

4.2 kg

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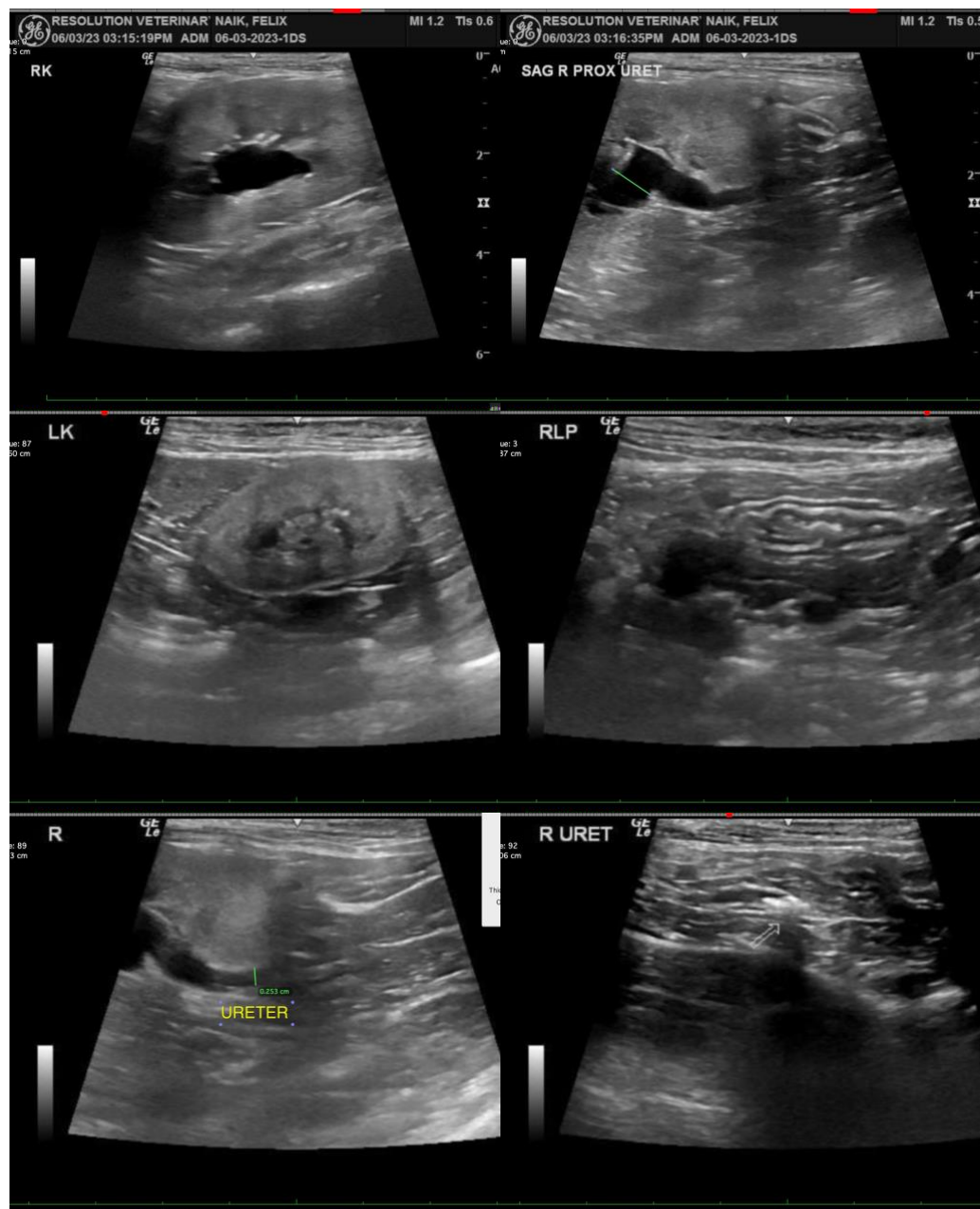
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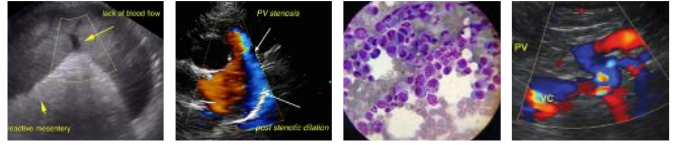


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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