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Clinical Sonography & Telecytology
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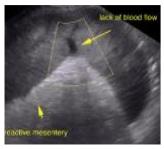
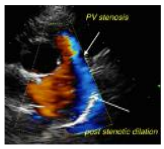
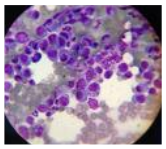
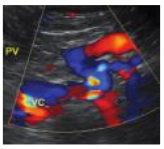





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smith Furiosa

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

16097

DATE

6/15/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for NE for 48hr, crouching when walking, hiding, seems tender in kidney area. Previous Health Concerns: intermittent inappetence for 24 hrs at a time since 6mo old Current Medications: no Appetite/When did they eat last: Monday am

Abnormal PE/Chem/CBC/UA Results: Bloodwork: HGB 15.4; ALB 3.6; GLU 177; TBili 0.6; K+ 3.2; iCa 1.15; HCT 52 Rads: poor detail, soft tissue density on R side of abd on v/d, slight gas distention in stomach, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

In place of the right kidney, there is a hyperechoic thin walled off anechoic structure, consistent with a hydronephrosed right kidney. The presence of enhanced hyperechoic fat surrounding the hydronephrosed kidney is noted.

Adrenal Glands

The area of the adrenal glands is examined without evident 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.

Liver

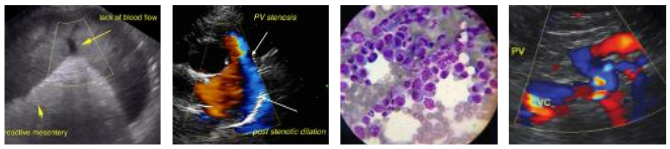
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3



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contractions per min). The lumen of the small intestine is empty with 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.

Pancreas

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.

Free Abdomen

There is no appreciable free fluid or lymphadenopathy noted in these images.

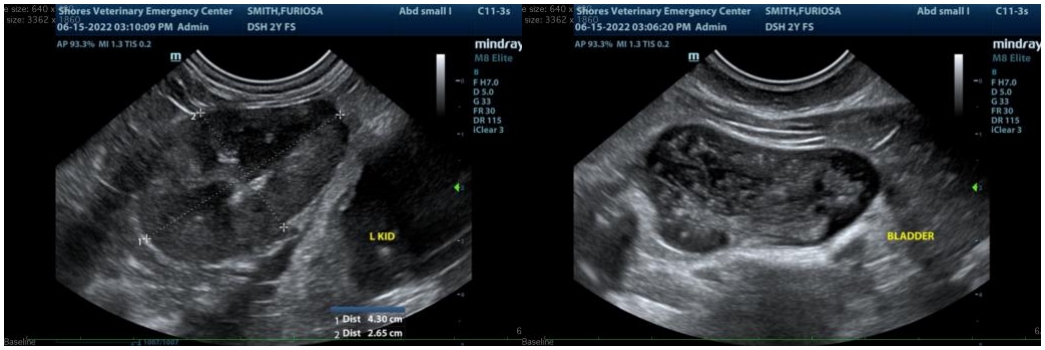
ULTRASONOGRAPHIC FINDINGS

- A hydronephrosed right kidney, differentials for which include ureteral obstruction or stricture, neither of which is visible in these images but can't be ruled out.
- Urinary bladder sediment, most consistent with cellular debris or crystalluria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

1. A urinalysis and urine culture
2. An abdominal CT scan with contrast could be considered for further evaluation of the cause and location of the ureteral obstruction and surgical planning or surgery could be performed directly with plans for a right nephrectomy without a CT scan, as the CT scan likely will not alter treatment course of a right nephrectomy.
3. In the meantime, diuresis, broad spectrum antibiotics, pain management and supportive care of the gastrointestinal signs is recommended.



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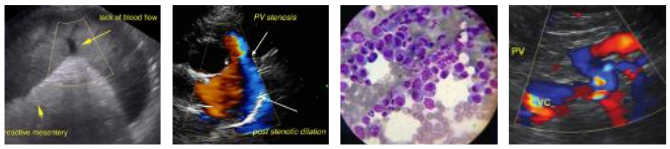

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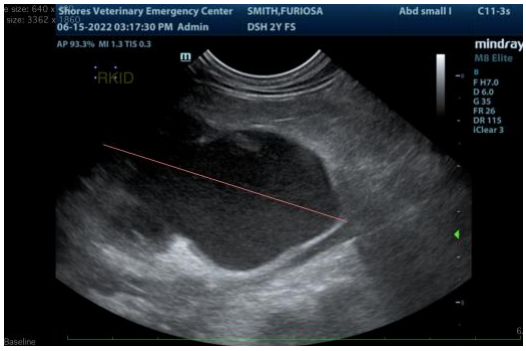

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com