



**PATIENT**

Zorro Onufryk

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

14 Years 9 Months

**WEIGHT**

12.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC of Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

16345

**DATE**

6/27/22

**PRESENTING CLINICAL SIGNS**

History: weakness, febrile 6/26 (seen at Eclipse), hx of chronic constipation, hyporexia

Abnormal PE/Chem/CBC/UA Results: BUN 34, WBC - (hi) 20, RBC(lo) 5.4 , Neut 92 (hi) , lymph (lo) 4, abs.neu 18400(hi) , abs lymph (lo) 800

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

A thin rim of left renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. A proximal hydroureter is also appreciated. The ureter measures 0.69 cm dilated.

Right kidney is normal in size (4.63 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.

**Adrenal Glands**

Left adrenal gland is unable to be visualized. The area of the left adrenal gland is examined without evident pathology.

Right adrenal gland is normal in size (0.37cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. 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 mildly over distended in size, which could be secondary to fasting or inappetence. There is no other evidence of debris, cholangitis, obstruction, etc. 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 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.



**PATIENT**

Zorro Onufryk

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.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DLH

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.

**Free Abdomen**

**SEX**

Neutered Male

The area surrounding the hydronephrosed left kidney includes hyperechoic enhanced fat and mesentery.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 Years 9 Months

- Left hydronephrosis with hydroureter
- Coarse splenomegaly

**WEIGHT**

12.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The suspicion, given the unilateral pyelectasia/hydronephrosis and hydroureter in this patient is a left ureteral obstruction, secondary to a ureterolith not visible in these images, ureteral stricture etc. A ureteral mass can't be ruled out but is not appreciated in these images. Therefore, further diagnostic options could include excretory urography, contrast CT scan, etc. to help further identify potentially the type and the location of the suspected obstruction, followed potentially by surgery to alleviate the obstruction, place a subcutaneous ureteral bypass system, etc.

**IMAGING PERFORMED BY**

Heather

Given this patients acute fever and illness, however, a secondary infection/pyelonephritis is suspected, and a more conservative approach could include medical management of pyelonephritis with IV fluids/diuresis, supportive medical management of the gastrointestinal signs and broad-spectrum antibiotic therapy with monitoring of the kidney to see if the dilation improves as the suspected secondary infection is resolved.

**HOSPITAL NAME**

ACC of Flanders

If possible, cystocentesis for a urine culture or potentially even direct sampling of the renal pelvis with ultrasound guided pyelocentesis for cytology and culture could be considered if a representative sample cannot be obtained via cystocentesis.

**REFERRING VET**

Dr. Casulli

A fine needle aspirate of the spleen could be considered if patients coagulation status is appropriate.

**INVOICE**

16345

**DATE**

6/27/22



**PATIENT**

Zorro Onufryk

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

14 Years 9 Months

**WEIGHT**

12.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC of Flanders

**REFERRING VET**

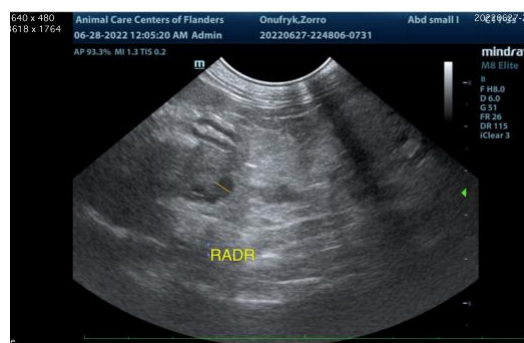
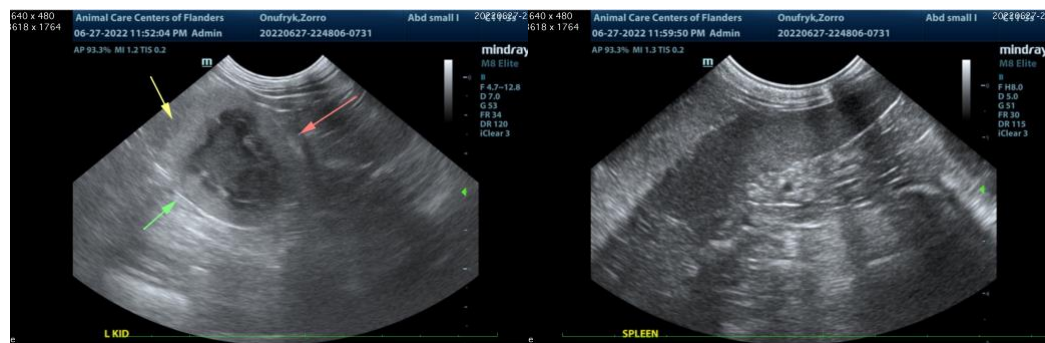
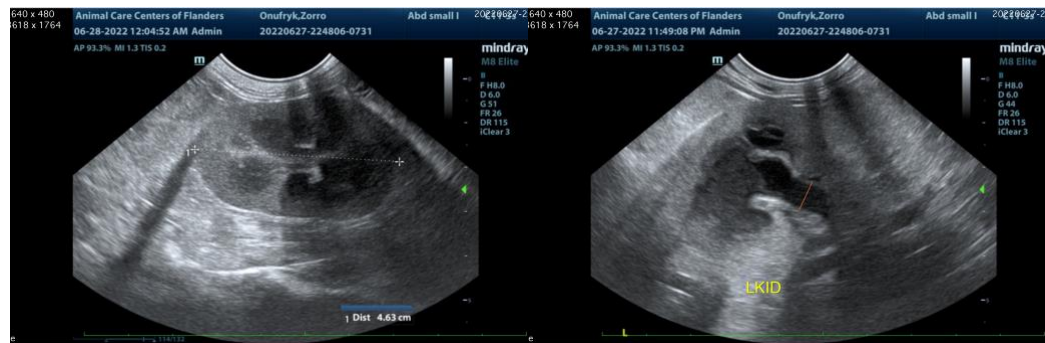
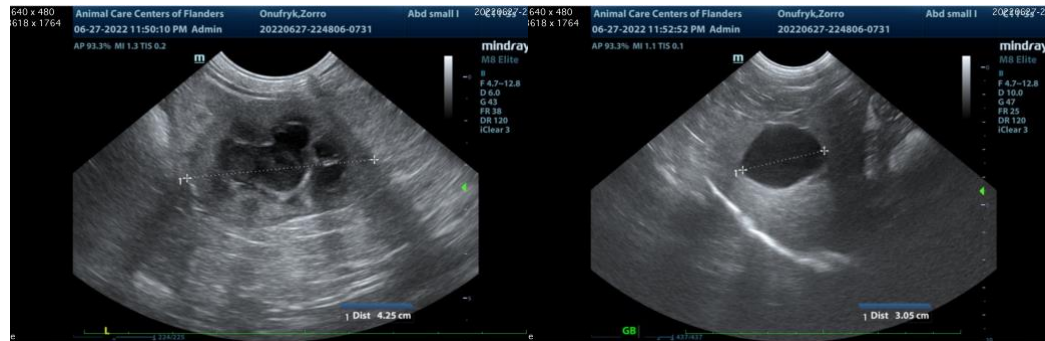
Dr. Casulli

**INVOICE**

16345

**DATE**

6/27/22



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



**PATIENT**

can be of any further assistance please contact me.

Zorro Onufryk

**SPECIES**

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

14 Years 9 Months

**WEIGHT**

12.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC of Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

16345

**DATE**

6/27/22