



**PATIENT PRESENTING CLINICAL SIGNS**

**Axle Diel**  
History: Presented for lethargy and weight loss. Treated with antiparasitic and bloodwork showed azotemia. Azotemia is consistent, so elected to pursue ultrasound to look for any underlying pathology. At recheck on 8/24, he is feeling like himself and very normal, but concerned for laboratory changes.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: 8/3/21: • CBC - Plt 105 • Chem - Glc 168 (stress), Cre 2.2, BUN 31 • UA - USG 1.030, pH 6, Bld 250 ery/uL, RBC 34/hpf 8/24/21: Recheck Chem 10/CBC - Cre 2.8 USG 1.035, pH 8, trace proteinuria, RBC >50/hpf 9/3/21: USG 1.040

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

2 Years

The left kidney has a normal shape and size (3.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.8 kg

The right kidney has a normal shape and size (3.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**IMAGING PERFORMED BY**

Jolee Stegemoller,  
DVM

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

North Idaho AH

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Jolee Stegemoller,  
DVM

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

**DATE**

9/3/21



## PATIENT

Axle Diel

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

## SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38 cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## BREED

DSH

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## SEX

Neutered Male

## Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## AGE

2 Years

## Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## WEIGHT

3.8 kg

## ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions observed

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Medicine)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys appear relatively normal to me. There is no evidence of obstruction, dilation or obvious congenital malformations. Unfortunately, a biopsy would be likely necessary to know significantly more. I am encouraged that there appears to be some concentrating ability. I do not see a history of urine culture, which should be done. Possible screening for Addison's disease (very unusual, but possible). Evaluation of the history for any possible nephrotoxic drugs, substances, etc. A blood pressure evaluation, urine protein to creatinine ratio and evaluation of current diet warranted.

## IMAGING PERFORMED BY

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DVM

## HOSPITAL NAME

North Idaho AH

## REFERRING VET

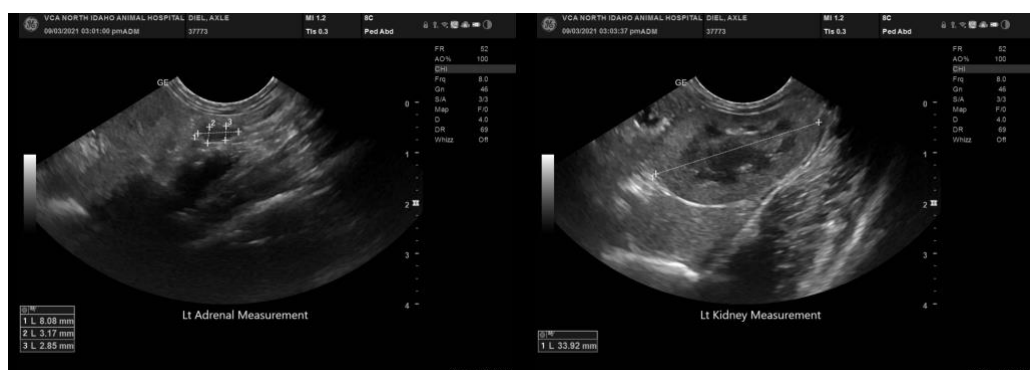
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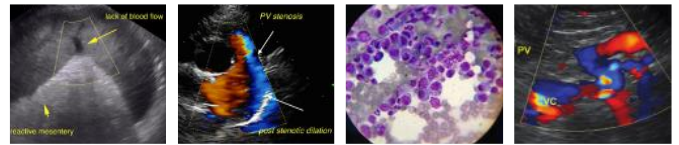
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## DATE

9/3/21





**PATIENT**

Axle Diel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

3.8 kg

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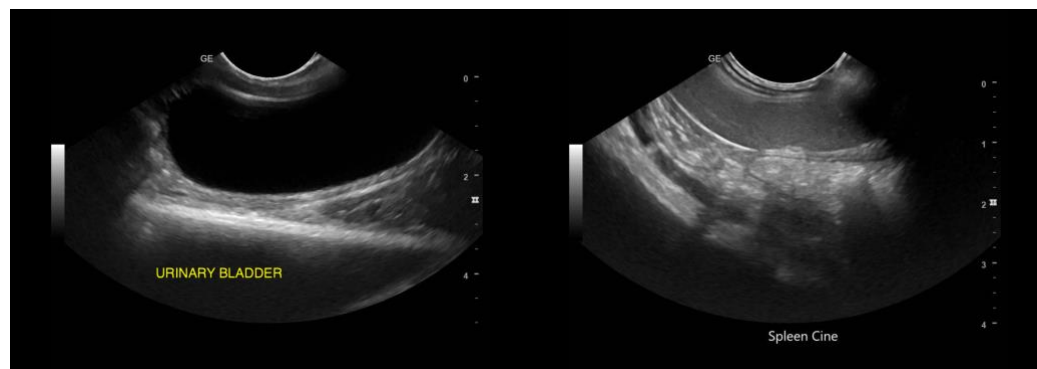
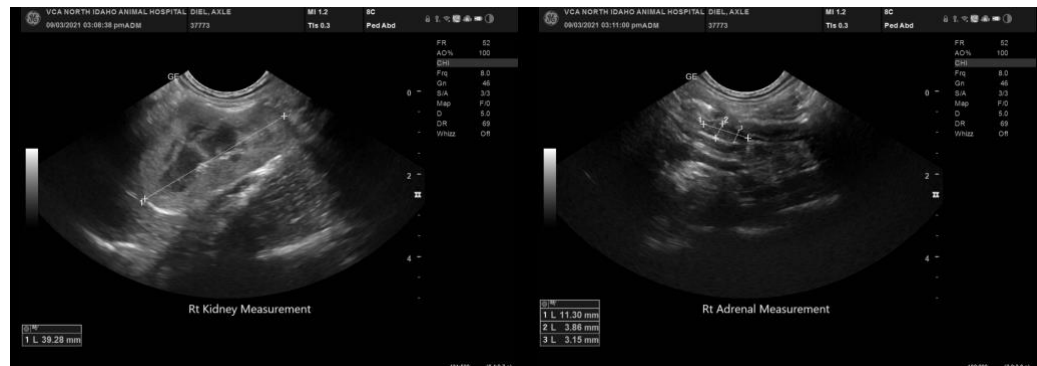
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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