

PATIENT PRESENTING CLINICAL SIGNS

Luka Gerenser History: Hypoparathyroid, CKD, recent decreased appetite, grinds teeth after eating, ~3# weight loss in 10 months

SPECIES Medication: Calcium carbonate, amlodipine, telmisartan, cerenia

Feline Unremarkable CBC/Chemistry Panel, Glucose 160, Creatinine 2.6, BUN 19, Calcium 6.3, ALT 143

BREED Na/K ratio 45, Urine specific gravity 1.028, 1+ Proteinuria

Siberian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, particulate, nondependent sediment was present without evidence of calculus formation. This may indicate minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE 6 years

WEIGHT

6 kgs

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal cortical cysts were present in the left kidney. Mild pyelectasia was noted in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The left and right adrenal glands were uniform in size and contour with a uniformly hypochoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole. The right adrenal gland measured 0.30 cm width at the caudal pole and 0.41 cm width at the cranial pole.

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Abby Road CH

Spleen

REFERRING VET

Dr. Gerenser

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

INVOICE

13093

Liver/ Gallbladder

DATE

1.18.2022

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Feline

Gastrointestinal

The stomach exhibited sonographically unremarkable and intact visualized wall layering. The stomach was moderately distended with gas and retained ingesta. No evidence of concurrent retained fluid or overt mechanical pyloric outflow obstruction was evident. The ventral gastric body wall width measured 0.24 cm.

BREED

Siberian

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.32 cm. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.31 cm.

SEX

Neutered Male

Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE

6 years

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

WEIGHT

6 kgs

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor urinary bladder sediment
- Chronic nephropathy with mild bilateral pyelectasia and focal left kidney cortical cysts
- Sonographically unremarkable stomach with mild gas distention and retained ingesta
- Overtly normal small bowel
- Possible mild subnormal bilateral adrenal glands - nonspecific
- Low-grade hepatopathy - subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If documented NPO, some degree of metabolic gastric stasis, given the gastric gas distention and retained ingesta, may be considered. Overall, no overt evidence of structural gastrointestinal pathology was noted. Potential for low-grade to chronic pancreatitis or structurally insignificant gastrointestinal disease, which may present as sonographically normal, cannot be definitively excluded. Continued as-needed gastrointestinal support and monitoring for continued potential gastric stasis is recommended. Correlation with pending GI panel is recommended.

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The overall appearance of the kidneys appeared to be static compared to the previous ultrasound. The pyelectasia is suspected to be secondary to chronic renal changes or pelvic scarring. Recheck urine culture and sensitivity on a sterile urine sample could be considered if clinically indicated.

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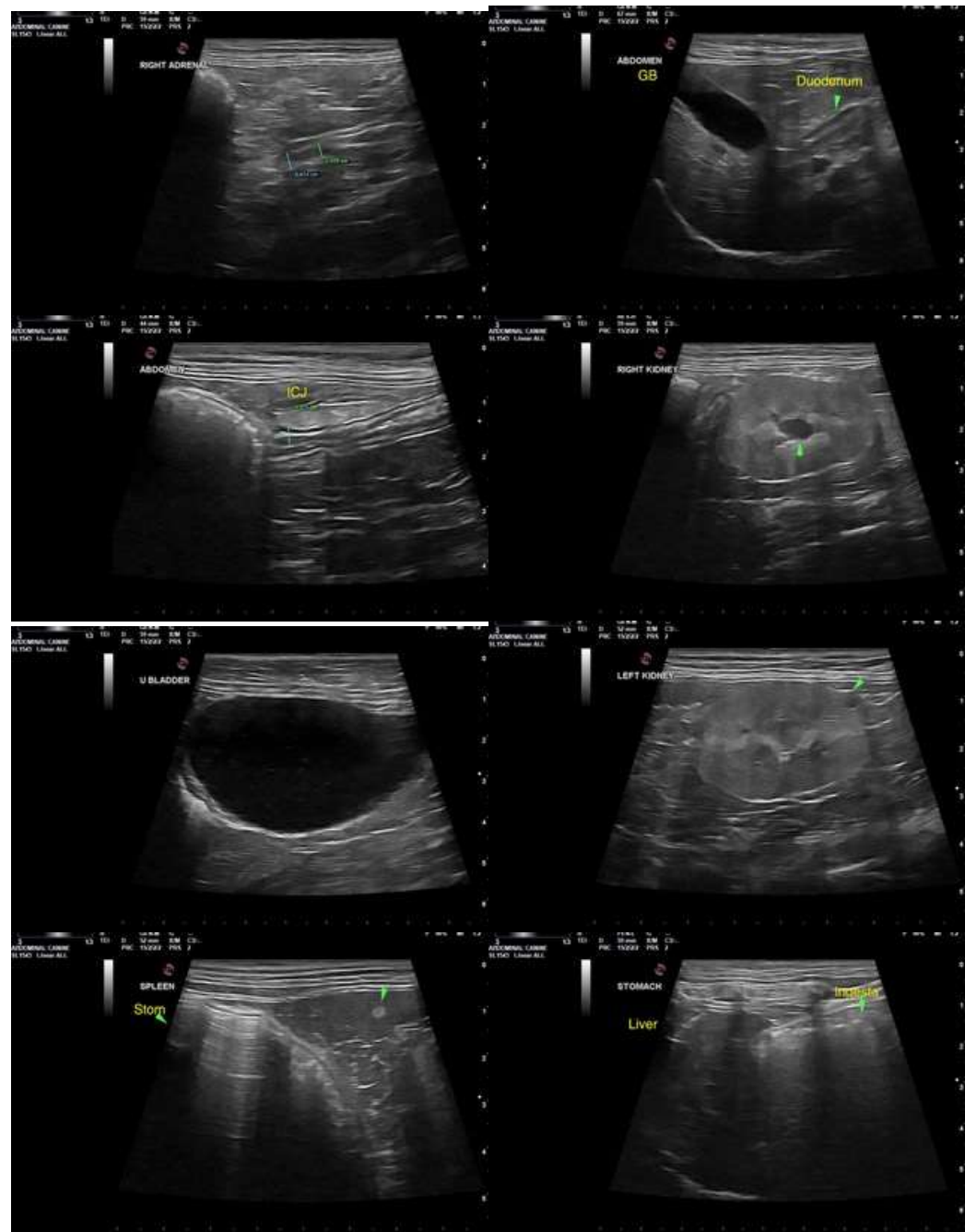
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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