



PATIENT PRESENTING CLINICAL SIGNS

Callie Jernquist CRF, renal stones, urolithiasis waxing/waning, inappetence/vomiting.
 Current meds: Mirataz and Cerenia PRN + renal diet (Royal Canin).

SPECIES Abnormal PE/Chem/CBC/UA Results: Anemia of chronic disease, creat 7.1 (.8-2.4).

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild primarily dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and moderate loss of corticomedullary definition were present. Subjective increased medullary echogenicity was present. Pinpoint to focal areas of medullary and pelvic mineral were present bilaterally. Mild to moderate bilateral pyelectasia was present with anechoic urine exhibiting mild echogenic debris present in the dilated left and right pelvis. Concurrent mildly dilated left and right ureter without overt evidence of obstructive criteria was present. Increased echogenicity of the peri pelvic and renal sinus tissue was noted.

AGE

5yr

WEIGHT

7.8lb

The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.
 The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

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.

HOSPITAL NAME

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 Clinic

Liver/Gallbladder

REFERRING VET

Dr. Hattan

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic debris. The cystic and common bile ducts were normal.

INVOICE

12746ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

01/23/2023

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.



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

Callie Jernquist **Pancreas**

SPECIES The left pancreatic limb was normal in size with mild capsule asymmetry and mild non-homogenous parenchyma.

Feline **Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DLH
 - Chronic nephropathy exhibiting bilateral pyelectasia and non-obstructive medullary/pelvic mineral, suspect concurrent mild proximal urethritis
- SEX
 - Urinary bladder sediment, possible pyuria
- FS
 - Mild gallbladder debris (non-specific)
 - Possible low-grade left pancreatitis
 - Sonographically unremarkable GI tract

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5yr
 The bilateral renal presentation is suggestive of chronic pyelonephritis. Full urinary workup including C/S is recommended. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Continued CRD therapy pending additional renal staging is suggested however a very guarded prognosis is likely indicated given the current azotemia and sonographic appearance of the kidneys.

INTERPRETED BY The gallbladder debris is likely incidental given the lack of reported hepatic enzyme elevations or cholestasis. Gallbladder debris has at times been associated with hepatobiliary inflammation if previous history of hepatic enzyme elevation.

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 DABVP (Canine and Feline)

IMAGING PERFORMED BY A spec fPL is suggested for further assessment of suspect concurrent low-grade left pancreatitis.

Pamela Harrigan, RDCS

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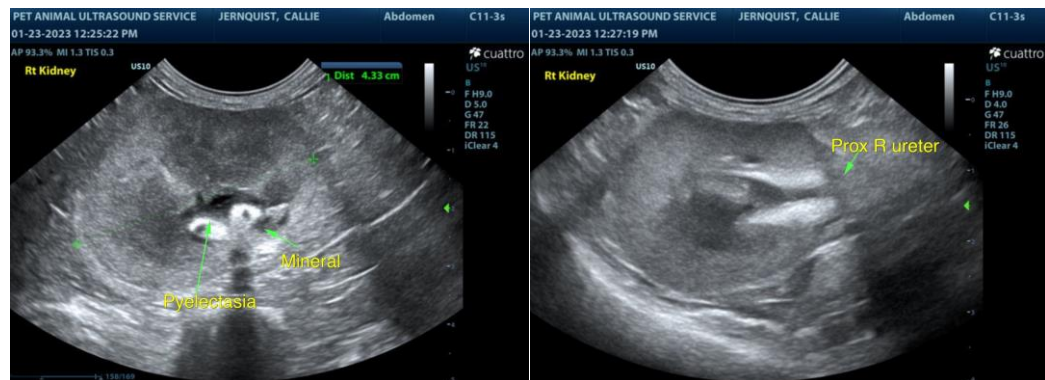
Dr. Hattan

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PATIENT

Callie Jernquist

SPECIES

Feline

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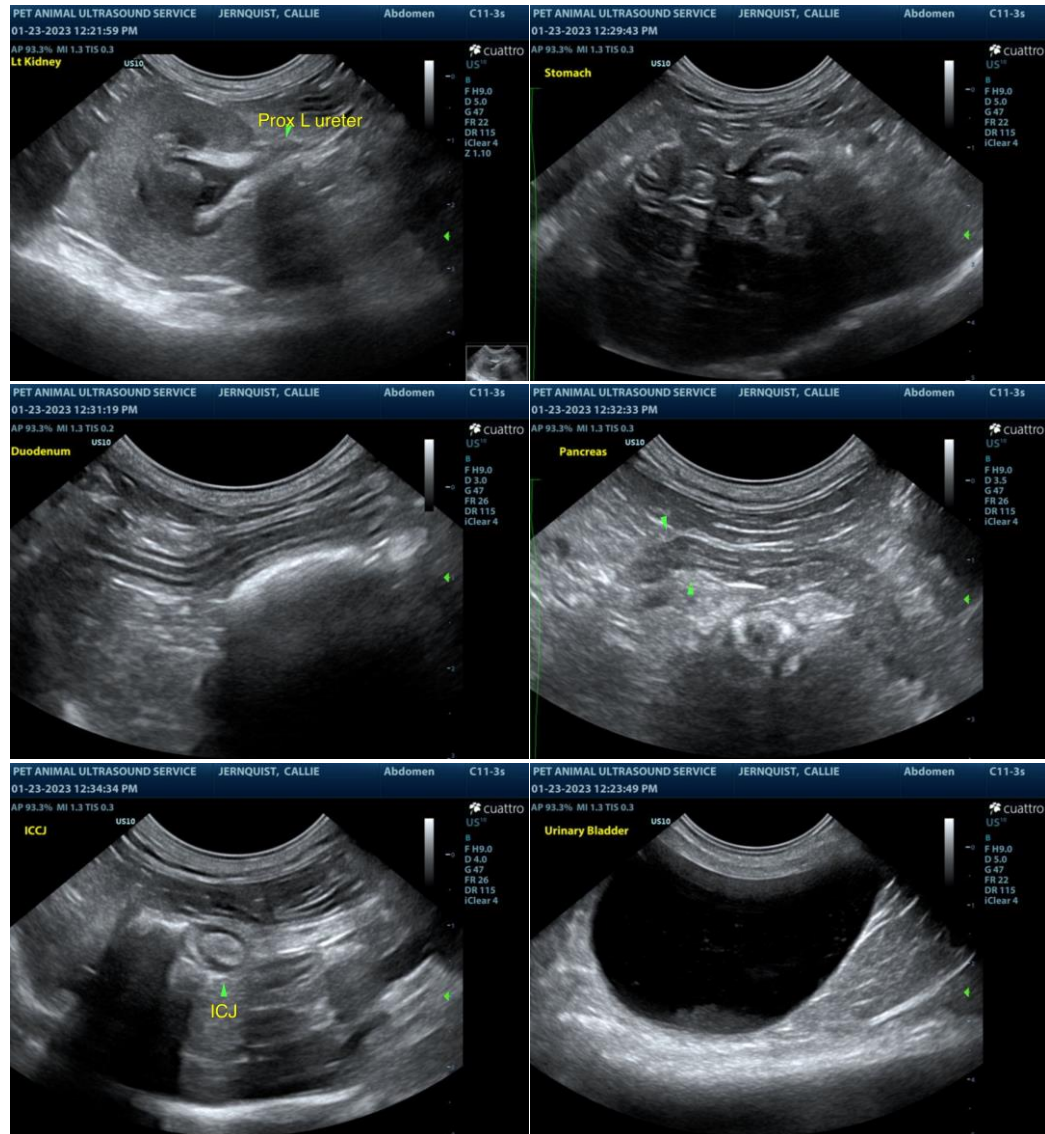
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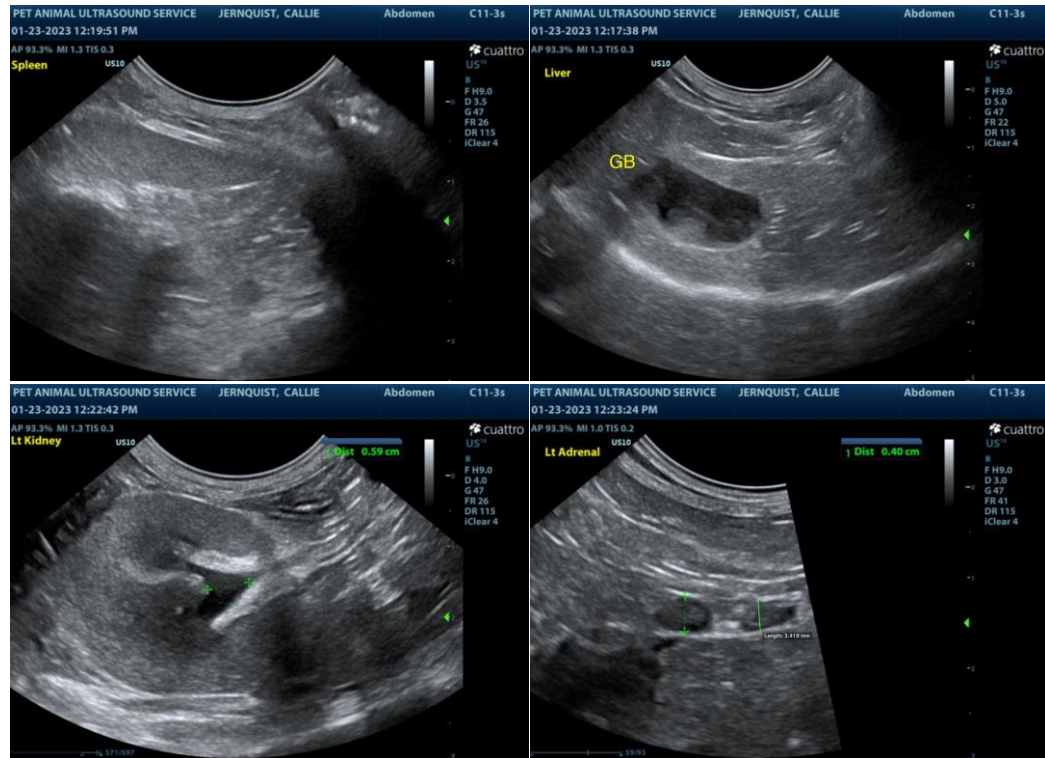
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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