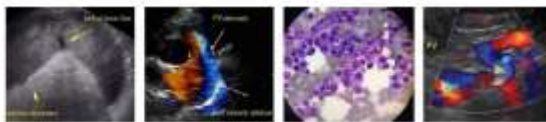




PATIENT	PRESENTING CLINICAL SIGNS
Lily Hourtavenko	constipation, abnormal renal appearance on lateral abd rads
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DLH	No evidence of pathology in the area of the aortic trifurcation.
SEX	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in either kidney. Regional hyperechoic cortical hypertrophy in the lateral but caudolateral right kidney consistent with cortical infarct was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.0 cm in length.
FS	
AGE	<i>Adrenal Glands</i>
9 Years	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.22 cm width.
WEIGHT	<i>Spleen</i>
5.5 kg	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.
INTERPRETED BY	<i>Liver</i>
R. McKenzie Daniel, DVM, DABVP	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. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Kelly Reshny, RVT	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. The gastric body wall measured 0.25 cm width.
HOSPITAL NAME	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 jejunum wall measured 0.20 cm width.
AH of Stoney Creek	The visualized colon walls were sonographically unremarkable without evidence of mural thickening or other pathology. Subjectively, the colon appeared to be moderately distended with formed feces. The descending colon wall measured 0.16 cm width.
REFERRING VET	<i>Pancreas</i>
Egbers	
INVOICE	
49776	
DATE	
1-24-22	



PATIENT

Lily Hourtavenko

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 was evident.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

Primary

- Overtly normal colon containing moderate formed feces.
- Mild early to chronic renal changes with right kidney cortical infarct.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

Baseline renal staging to include urine culture and sensitivity and UPC could be considered. Correlation with full labwork with intermittent monitoring of renal parameters going forward may be considered. If evidence of dehydration as a potential contributing factor to constipation, maintaining normal hydration would be appropriate. Continued conservative therapy for constipation recommended otherwise no overt evidence of abdominal visceral pathology.

WEIGHT

5.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

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PATIENT

Lily Hourtavenko

SPECIES

Feline

BREED

DLH

SEX

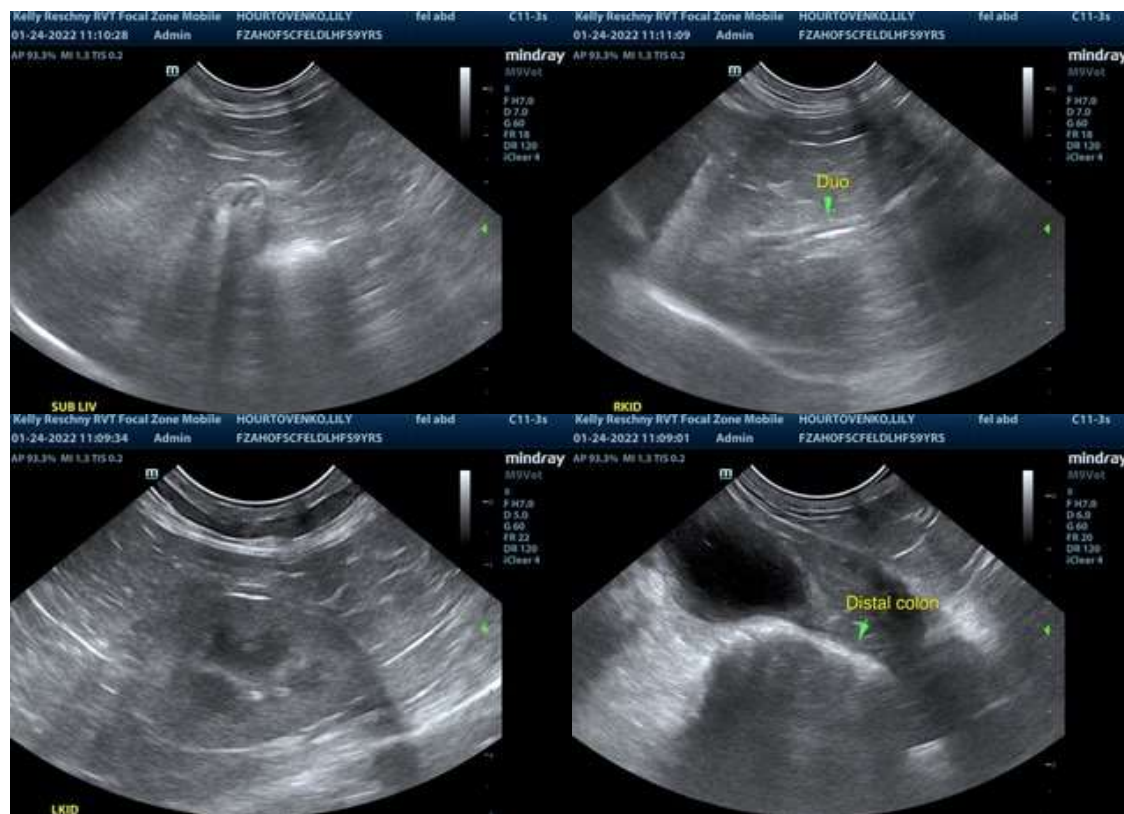
FS

AGE

9 Years

WEIGHT

5.5 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Egbers

INVOICE

49776

DATE

1-24-22

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)

info@SonoPath.com