

PATIENT	PRESENTING CLINICAL SIGNS
Darby Kapodisprias	History of nasal discharge Heart murmur Abnormal PE/Chem/CBC/UA Results: Marked hypokalemia, 3+ proteinuria UPC ratio pending
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DSH	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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
SEX	
MN	The area of the aortic trifurcation was free of pathology.
AGE	
14 years	The left kidney was borderline subnormal in size with asymmetrical margination and moderate to marked loss of corticomedullary demarcation with medullary nephrolithiasis and mild pyelectasia. The left kidney measured 3.0 cm in length.
WEIGHT	
3.32 kg	Normal renal size with asymmetrical margination was present in the right kidney. 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 right kidney corticomedullary distinction was also present. The right renal medullary volume was subjectively reduced. No pyelectasia. The right kidney measured 4.0 cm in length.
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. Possible discrete left adrenal dystrophic mineralization was present which is a normal variant in a cat. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.
IMAGING PERFORMED BY	<i>Spleen</i>
Dr. Singh	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. The spleen measured 0.72 cm in width at the level of the hilus.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
Balmy Beach Pet Hospital	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Singh	<i>Gastrointestinal</i>
INVOICE	
12793ag	
DATE	
1/27/23	



PATIENT

Darby Kapodisprias

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.

SPECIES

Feline

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

Pancreas

BREED

DSH

The left pancreatic limb was mildly to variably prominent in size with asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Borderline subnormal left kidney with medullary nephrolithiasis and mild pyelectasia
- Right kidney chronic interstitial nephrosis/compensatory hypertrophy pattern
- Overtly normal bilateral adrenal glands
- Heterogenous mildly prominent left pancreas-nonspecific

WEIGHT

3.32 kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic/degenerative renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and pending protein: creatinine ratio on sterile urine sample is recommended. No evidence of adrenal pathology as a primary contributing factor to the hypocalcemia. Potassium supplementation may be considered. Serial monitoring of renal values and UA is advised. Screening fPL may be considered if previous or current clinical signs of pancreatitis are present.

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

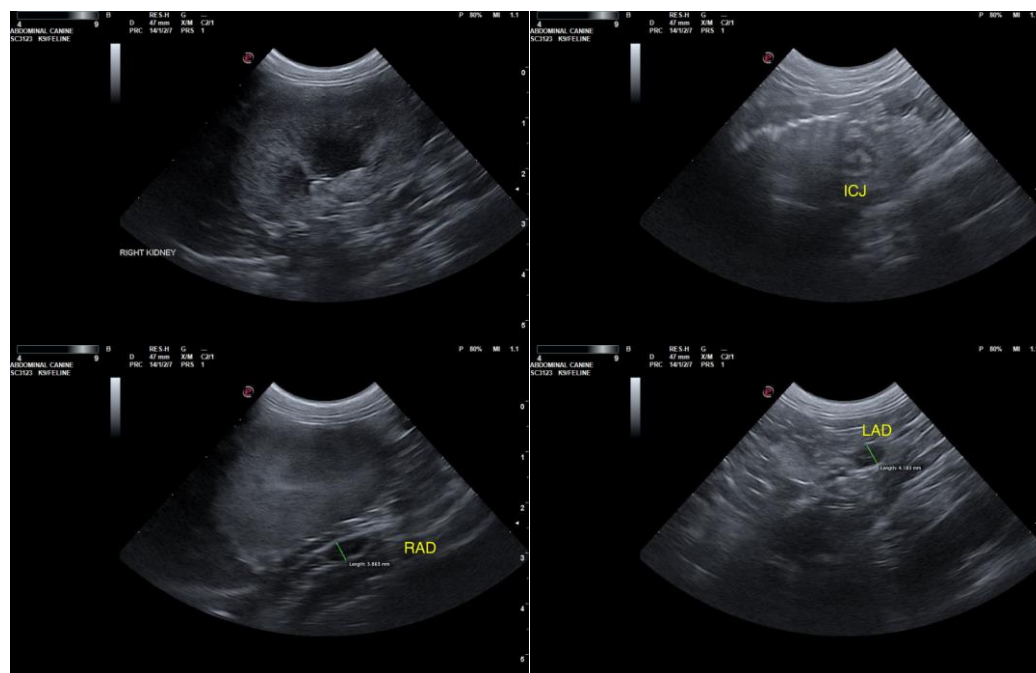
Dr. Singh

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PATIENT

Darby Kapodisprias

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

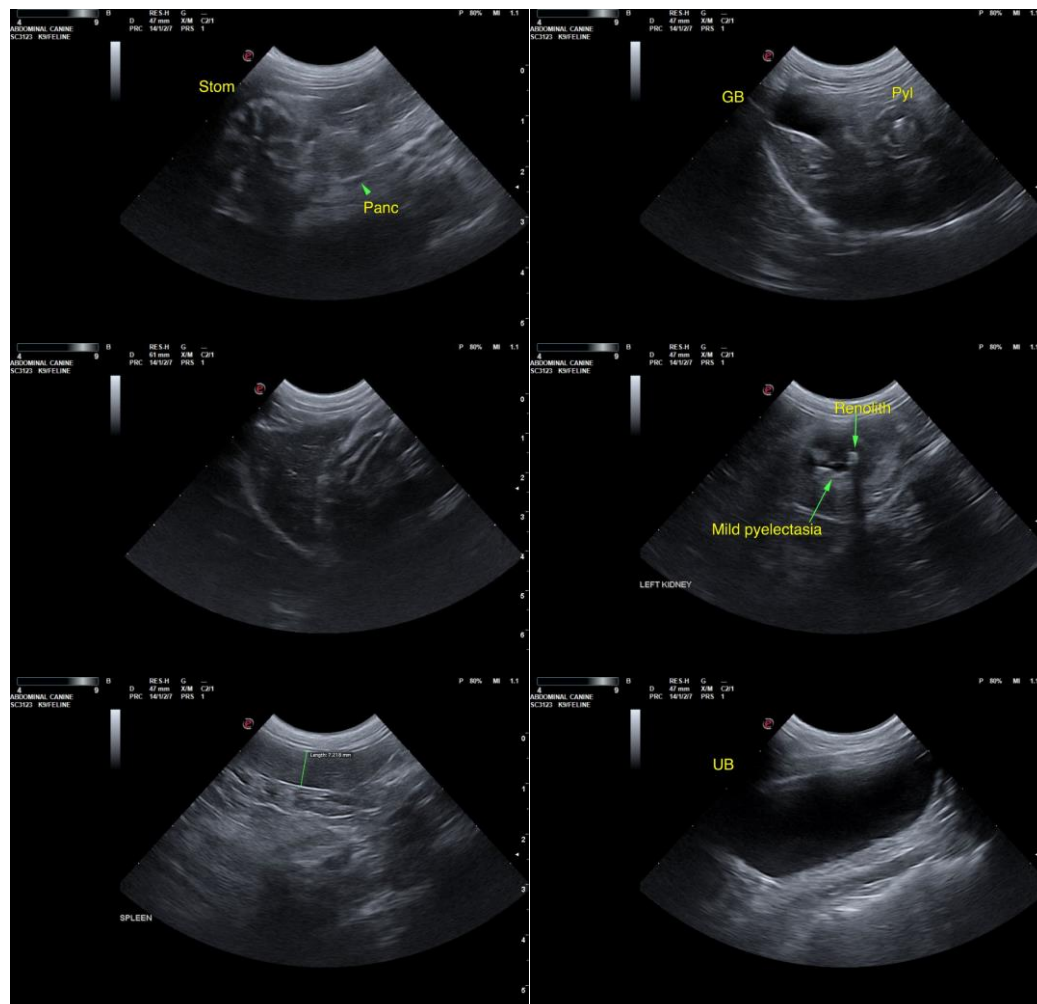
3.32 kg

INTERPRETED BY

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Hospital

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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)
info@SonoPath.com