



**PATIENT**

Mikus Zolek

**SPECIES**

Feline

**BREED**

DSH

**SEX**

CM

**AGE**

17 years

**WEIGHT**

7.04 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kwasnik

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Kwasnik

**INVOICE**

13204

**DATE**

1/28/22

**PRESENTING CLINICAL SIGNS**

Hx of non-obstructive FLUTD, Hx of CKD for the past 2 years, On low protein diet, Hyporexia, hematuria, Tx w/Adequam inj, Clavamox liq

Abnormal PE/Chem/CBC/UA Results: Geriatric patient, soft urinary bladder on palp. BW: 11/06/2021 CBC: Unremarkable. Chem: BUN 46 High (14-36) T4: WNL. UA: Not performed.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with mild generalized prominent ventral apical and dorsal urinary bladder walls exhibiting uniform mural echogenicity and without evidence of masses or mural mineralization. The urinary bladder wall measured up to 0.40 cm width. Primarily anechoic urine was present with mild mucus to sediment. The urethral was normal to a depth of 2.0 cm. No calculi were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were indistinctly visualized, yet were without overt pathology. The left adrenal gland subjectively measured 0.32 cm width. The right adrenal gland subjectively measured 0.39 cm width.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.85 cm width.

**Liver/ Gallbladder**

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.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained fluid and chyme was present in the antrum and pylorus.

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 0.27 cm. The jejunum wall with measured 0.22 cm.

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

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

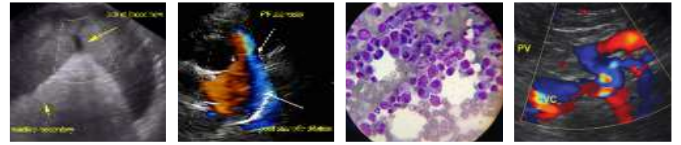
- Probable mild chronic cystitis with minor sediment / mucus
- Mild chronic renal changes
- Overtly normal gastrointestinal tract with mild retained pyloric / antrum fluid and chyme
- Mild heterogeneous pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup including urinalysis, C/S and baseline UPC, if no evidence of significant inflammatory cells, is recommended.

The mild retained pyloric chyme and fluid is nonspecific yet may suggest some degree of mild gastric hypomotility. Potential for low-grade to chronic pancreatitis, which may present as sonographically normal, cannot be excluded. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is suggested. If present, the potential for low-grade to chronic pancreatitis would be suspected. Further correlation with Spec fPL may be considered.

As-needed gastrointestinal support is recommended. Hospitalization with 24/hr IV fluid protocol with an assessment of renal response and as-needed gastrointestinal support may prove beneficial, given the hyporexia. Subjectively, the kidneys did not appear to end-stage.



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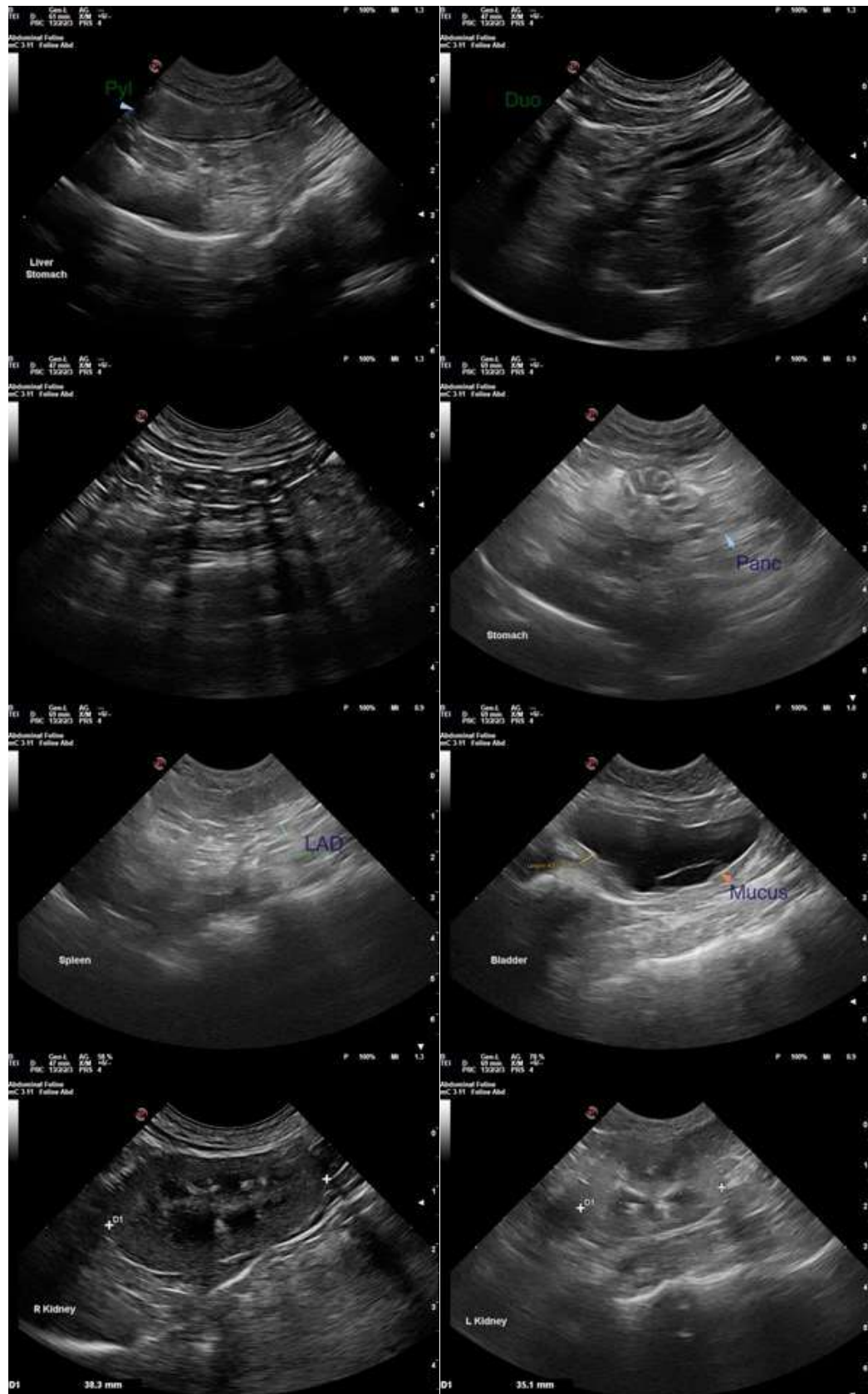
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
**info@SonoPath.com**