



PATIENT

Rudy Fischer

PRESENTING CLINICAL SIGNS

Congenital cataracts OU, cerebellar hypoplasia. Recent onset slow eating. PU/PD. USG 1.018; creatinine 3.7; SDMA 26; BUN 54 . Sedated with sevoflurane

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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. Mild to moderate, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

5 years

The bilateral kidneys exhibited normal size and margination and maintained a 1:3 cortex/medulla ration with mild subjective loss of corticomedullary border demarcation. Both kidneys exhibited mild pyelectasia with subjective increased echogenicity in the area of the pelvis and collecting duct. No evidence of retroperitoneal inflammation or effusion associated with either kidney was noted. The left kidney measured 4.8 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

10.8 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

Liver/ Gallbladder

REFERRING VET

Leah Fischer, DVM

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.

INVOICE

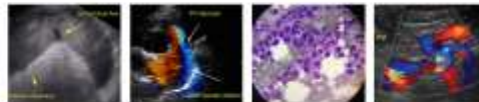
13199

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. The gastric body wall width measured 0.25 cm.

DATE

1/28/22



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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 0.20 cm. The jejunum wall width measured 0.18 cm. The ileocolic wall width measured 0.27 cm.

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

Pancreas

BREED

DSH

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.

SEX

MN

Free Abdomen

Several colic lymph nodes were present around the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.34 cm diameter. No effusion was noted.

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment- cellular or crystalline debris likely with potential for mild mucus
- Bilateral nonspecific nephropathy exhibiting mild bilateral mild pyelectasia
- Overly normal gastrointestinal tract in pancreas
- Minor subjectively benign / reactive colic lymph nodes

WEIGHT

10.8 lbs.

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Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

The presentation of the kidneys was not consistent with end-stage renal disease and without evidence of significant architectural changes or dysplasia.

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The pyelectasia noted in both kidneys is nonspecific and may correlate with early chronic renal changes, potential pelvic scarring, IV fluid therapy (if applicable), with potential for pyelonephritis. If no previous history of azotemia, potential for acute kidney insult could be considered.

REFERRING VET

Leah Fischer, DVM

Urine C/S on a sterile urine sample, especially if evidence of inflammatory cells on urinalysis, and to assess for underlying Infection, is recommended. Renal support with appropriate diuresis protocol and assessment of renal response with monitoring of body weight and urine output may be considered.

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No overt evidence of gastrointestinal or pancreatic disease and an obvious cause of the patient's decreased appetite.

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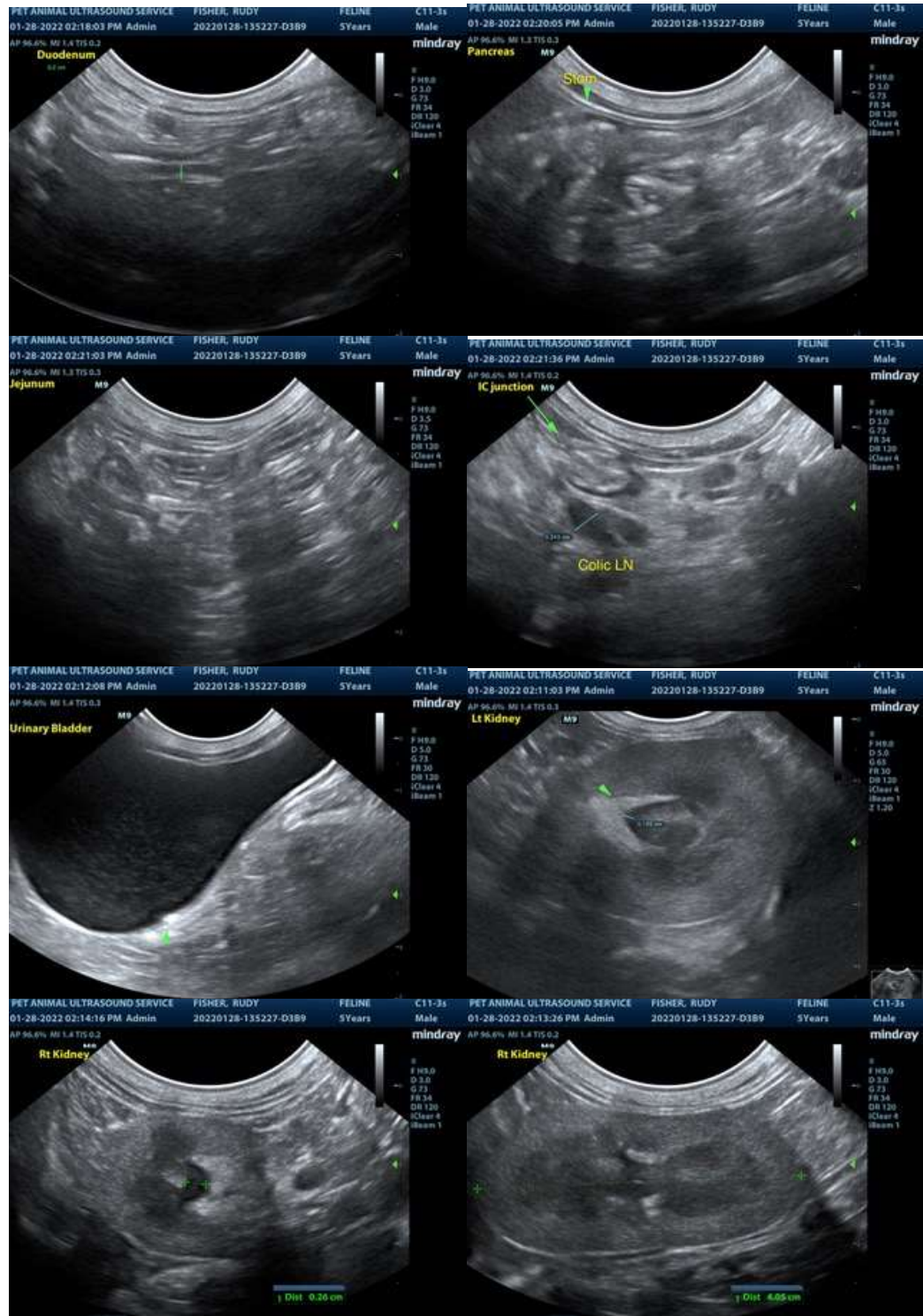
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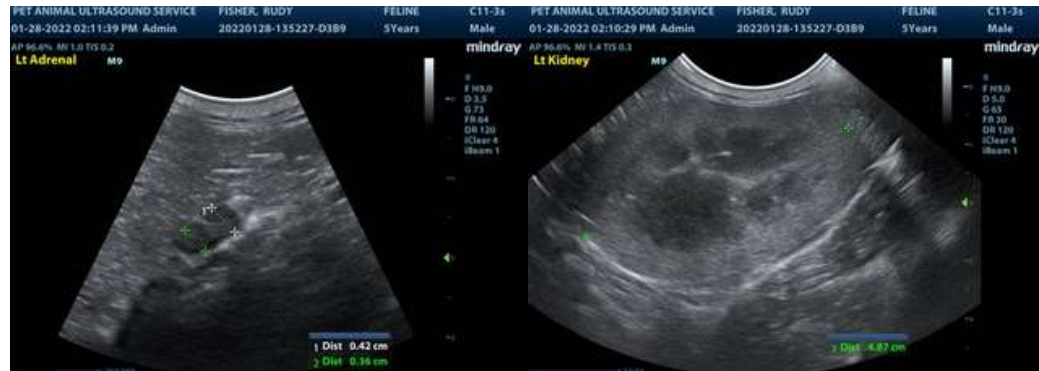
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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