



PATIENT

Norang Kim

This submitted study contained 11 videos and 25 still Images for review. Please submit primarily videos.

SPECIES

Feline

PRESENTING CLINICAL SIGNS

BREED

Domestic Shorthair

For about three week Norang has been struggling to urinate in the liter box. Norang squats to urinate but doesnt and takes a long time, Norang then tries to go in other liter boxes but has the same issue. Norang has also Urinated in His own bed 3 times and Norang sleeps in the bed with his own urine in it. Norang is a cat with FIV and is an Indoor outdoor cat.

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 years

Urinary System

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 was noted.

WEIGHT

8.8 lbs

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal renal size with asymmetrical margination were present in both kidneys. 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

IMAGING PERFORMED BY

Dr. Paul Kim

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm width.

HOSPITAL NAME

Ridgefield Park AH

A well-demarcated, ovoid, symmetrical, uniformly hypoechoic mass present In the area of the right adrenal gland, measuring 1.8 cm x 1.3 cm, was present.

REFERRING VET

Dr. Paul Kim

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. The spleen measured 0.79 cm width.

INVOICE

12988

DATE

1/6/22

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.



| | |
|--|--|
| PATIENT | <i>Gastrointestinal</i> |
| Norang Kim | The stomach presented intact wall layering with a normal wall layer ratio. Minor retained, nonshadowing chyme was present. The gastric body wall width measured 0.21 cm. |
| SPECIES | |
| Feline | 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 width measured 0.20 cm. The duodenum wall width measured 0.22 cm. |
| BREED | |
| Domestic Shorthair | Normal visible colon wall layers were present with subjective semi-formed feces in lumen. |
| SEX | <i>Pancreas</i> |
| MN | The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. |
| AGE | <i>Free Abdomen</i> |
| 11 years | No overt lymphadenopathy or peritoneal effusion was present. |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 8.8 lbs | <i>Primary Findings</i> |
| INTERPRETED BY | <ul style="list-style-type: none"> • Highly suspect right adrenal mass • Bilateral chronic interstitial nephrosis renal pattern - subjectively static compared to previous ultrasound • Sonographically unremarkable gastrointestinal tract with minor retained gastric chyme |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| IMAGING PERFORMED BY | Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If not recently done, assessment of potassium levels, as well as monitoring of systemic blood pressure for evidence of hypertension, is recommended. If evidence of hypertension or decreased potassium levels, serum aldosterone levels would be appropriate. |
| Dr. Paul Kim | |
| HOSPITAL NAME | Referral in this case for further assessment of the highly suspected right adrenal mass +/- surgical consultation is recommended if possible. |
| Ridgefield Park AH | |
| REFERRING VET | Potential for low-grade to chronic pancreatitis, which may present as sonographically unremarkable, cannot be definitively excluded. If evidence of weight loss, given the patient's clinical signs a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. |
| Dr. Paul Kim | |
| INVOICE | |
| 12988 | |
| DATE | |
| 1/6/22 | |



PATIENT

Norang Kim

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

11 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

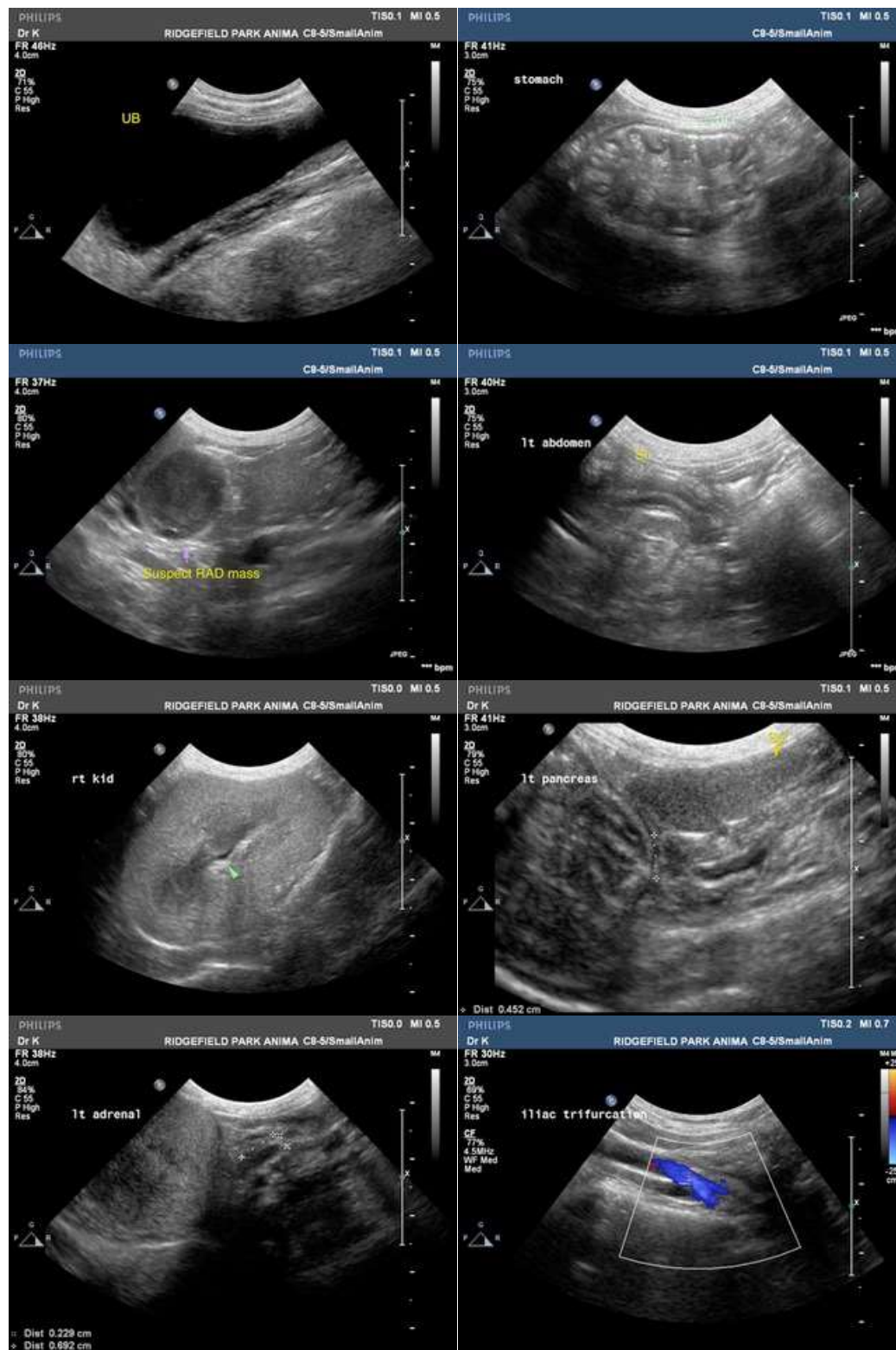
Dr. Paul Kim

INVOICE

12988

DATE

1/6/22



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

Norang Kim

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

11 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

12988

DATE

1/6/22

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