



PATIENT

Edgar Merten

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness
VC

REFERRING VET

Dr. Hardy

INVOICE

15191

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Oral Cavity: Mild tartar and gingivitis present Eyes: Bright, clear OU. Iris changes due to age Ears: Mild debris UA just in pinna Nose: Normal texture, moist Throat: Clear, no debris Cardiovascular: Cardiac murmur grade 3/6 heard both sides Respiratory: Lung sounds clear in all fields Gastrointestinal: Soft on palpation, no masses palpated Urogenital: WNL Integumentary: Soft coat, no signs of ectoparasites. Hair is coming out in large tufts (more in hind end). Musculoskeletal: Ambulatory X4, Arthritic Nervous System: WNL, no neurological signs present Lymph Nodes: No enlargements noted Abnormal PE/Chem/CBC/UA Results: SDMA 17 ug/dL CR 2.1 mg/dL BUN 31 mg/dL USG 1.020 Mild hyperglobulinemia 5.4 g/dL Mild GGT elevation 11 U/L Mild Amylase 1815 CBC unremarkable Thyroid 2.0 uL/dL Current Medications Buprenex, methimazole 2.5 mg TD BID, miralax

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The area of the aortic trifurcation was free of pathology.

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. No pyelectasia was noted. Subjective areas of cortical microinfarction were noted in both kidneys. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.49 width and the right adrenal gland measured 0.37 width.

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 at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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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.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with mild to moderate retained anechoic fluid present in the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.24 cm.

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 measured 0.23 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.37 cm width.

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

Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

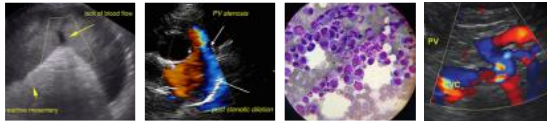
ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific moderate chronic renal changes - subjective chronic interstitial nephrosis / nephritis renal pattern
- Sonographically unremarkable urinary bladder
- Overtly normal gastrointestinal tract with mild to moderate retained gastric fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of systemic BP is recommended. CKD therapy pending further renal staging would be appropriate.

The presence of retained gastric fluid may be an incidental finding assuming no reported GI signs. Some degree of possible mild gastric hypomotility cannot be definitively excluded. Spec fPL may be considered to assess for low-grade pancreatitis which may present as sonographically normal, or if clinically indicated.



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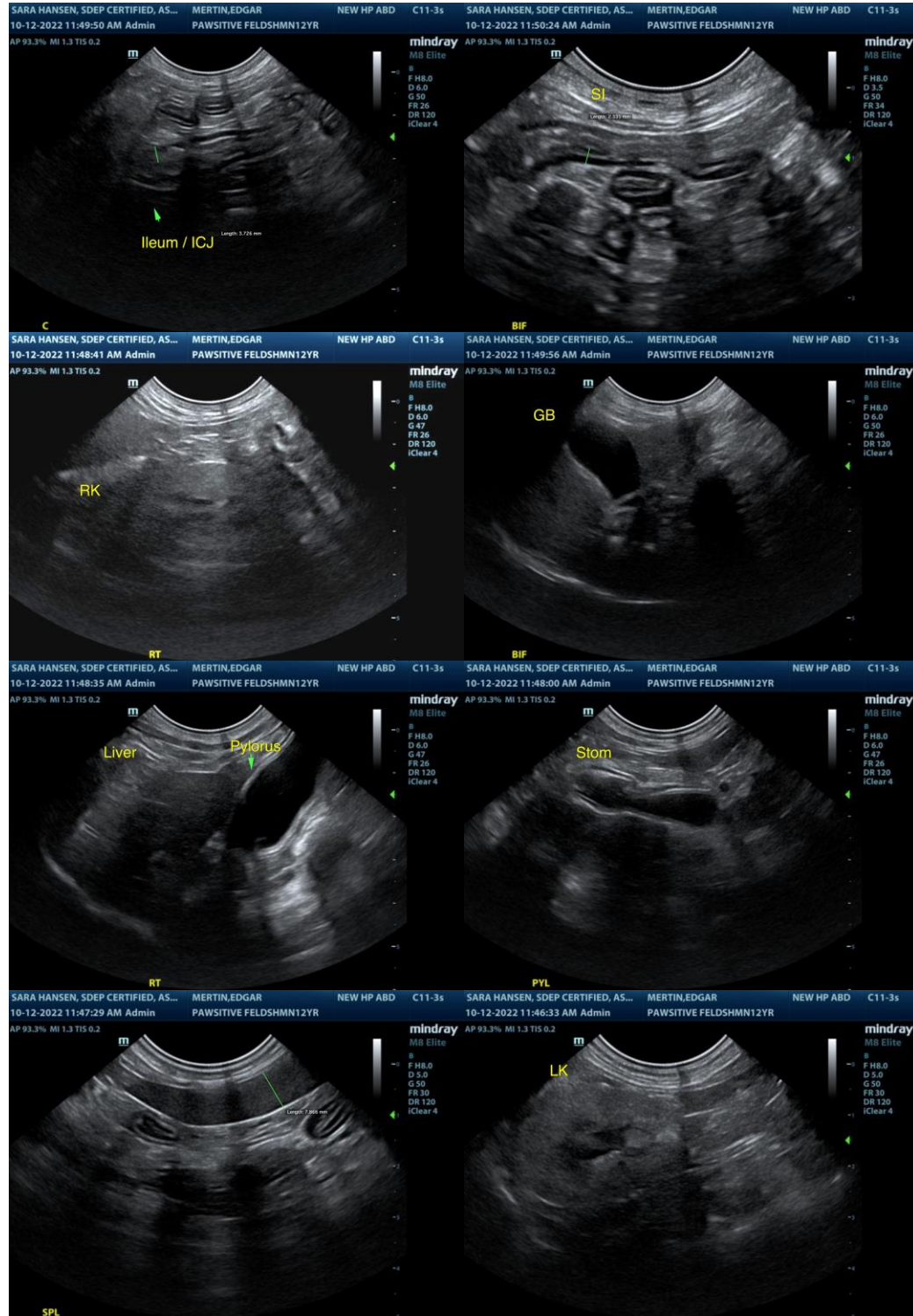
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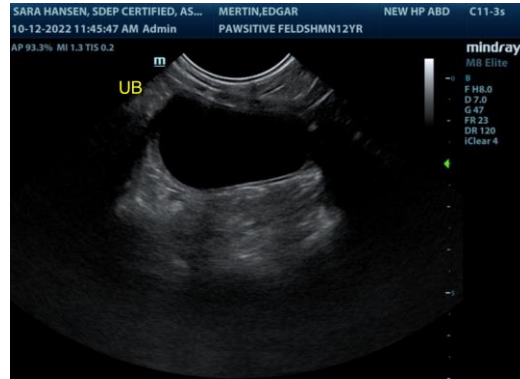
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com