



**PATIENT**

Pepper Paws

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

4 years

**WEIGHT**

7.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Wendy Turner

**HOSPITAL NAME**

Pennsauken AH  
and Urgent Care

**REFERRING VET**

Dr. Michael Roppolo

**INVOICE**

15205

**DATE**

10/12/22

**PRESENTING CLINICAL SIGNS**

4 to 5 month history of weight gain despite intermittent appetite/hyporexia. 1wk ago, had an episode of hematuria (vs. pigmenturia) but has not exhibited any LUT signs since that time. Patient has a history of UO and has received a perineal urethrostomy in 2021.

Abnormal PE/Chem/CBC/UA Results: Patient is markedly overweight but remainder of exam is unremarkable. Glucose mildly elevated at 171. ALP mildly elevated at 179. Unable to obtain urine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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.

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. Mild generalized increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present with minor loss of corticomedullary border distinction. No pyelectasia was noted. Focal lateral cortical infarct was noted in the right kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm 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 1.0 cm width at the level of the hilus.

**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 mild, nondependent, mildly echogenic debris. The gallbladder debris is nonspecific and likely incidental, assuming no evidence of cholestasis. 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. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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**

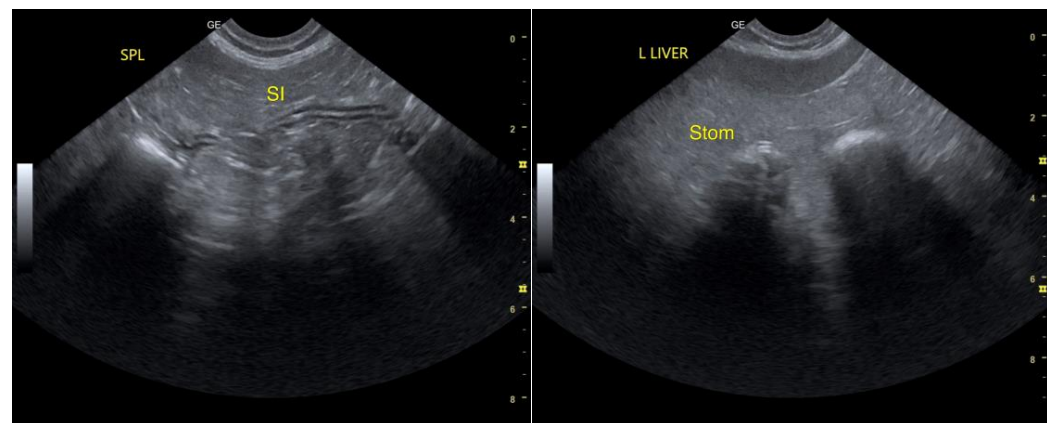
No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted. An increased amount of intraabdominal fat was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Bilateral mild chronic interstitial nephrosis renal pattern with right kidney infarct
- Sonographically unremarkable gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinalysis with potential C/S ideally on a sterile urine sample is suggested if evidence of inflammatory sediment. Periodic monitoring of renal parameters going forward in conjunction with urine specific gravity is likely ideal, although the overall renal presentation was nonspecific. Pending urinalysis, a urinary diet may prove beneficial especially if intermittent to recurrent episodes of hematuria are noted.





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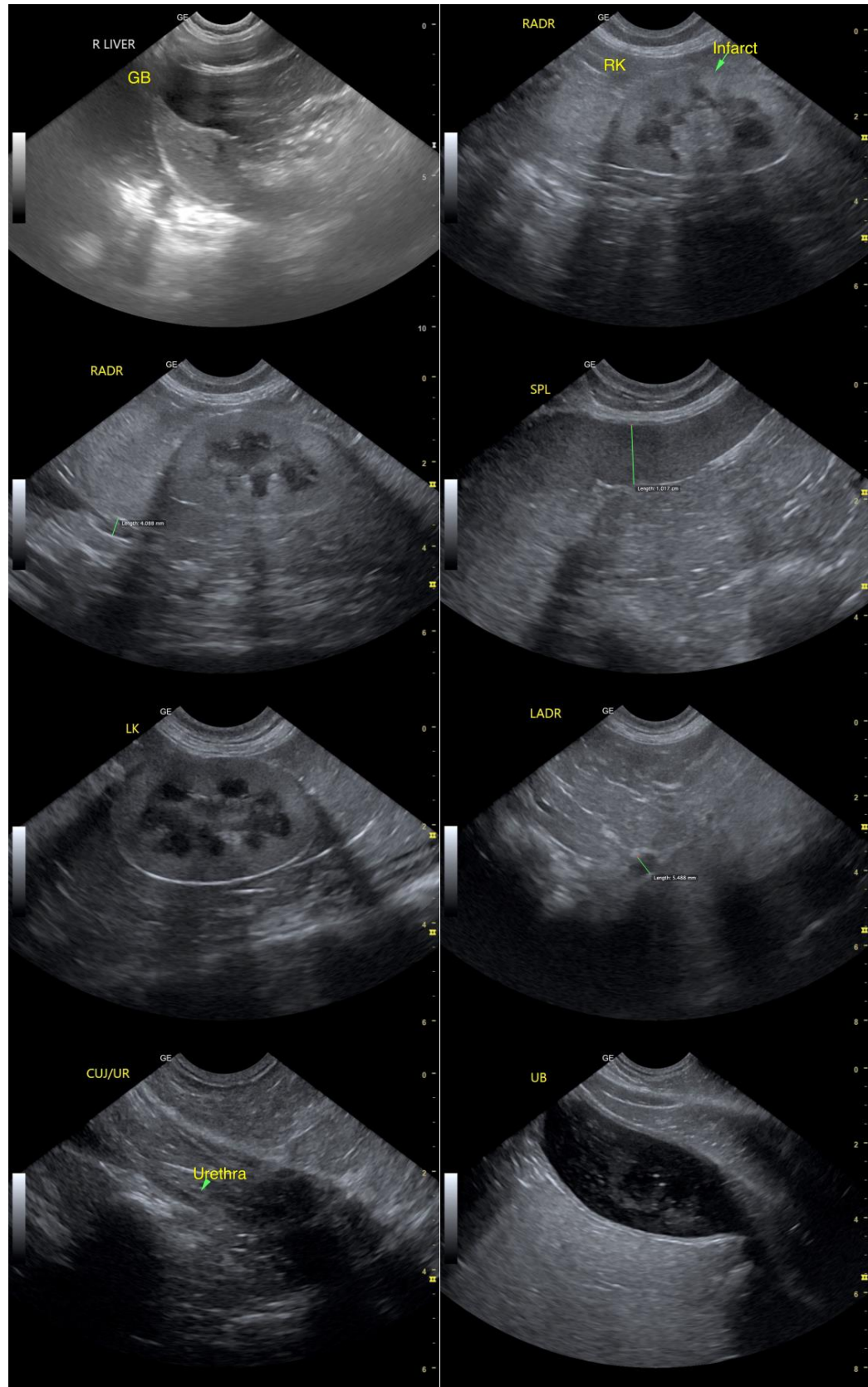
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**