



PATIENT

Aruba Giammalvo

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

7.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Nicole Mulready, DVM

INVOICE

15216

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Three day history of decreased appetite, severe polydipsia, vocalizing and pain. On PE, constipation, grade II/VI heart murmur, dehydration. Current meds: Miralax 1/8 tsp. Clavamox 17 mg/kg. Abnormal PE/Chem/CBC/UA Results-BUN 61, Creatinine 3.0, Hypercalcemia 15.5, Na 179, Potassium 3.3 UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with subjective normal tone. Anechoic urine was present in the bladder with no evidence of inflammatory or neoplastic urinary bladder changes. No sediment or calculi were noted. Subjective mild dilated proximal urethra to a depth of 2.0 cm was noted. The proximal urethra measured 0.33 cm in diameter.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate left kidney pyelectasia with concurrent mild proximal left ureter dilation, which did not appear to extend to the level of the urinary bladder, were present. Left kidney lateral cortical infarct was noted. The left kidney measured 3.1 cm in length. Minor right kidney medullary mineral was noted. No right kidney pyelectasia was noted. The right kidney measured 3.6 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.94 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 normal in size yet divided into two compartments containing anechoic content with mild echogenic luminal debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild, potentially retained, subtly shadowing ingesta / chyme was present. No evidence of gastric distention or mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.25 cm.

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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 measured 0.31 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.30 cm width.

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The colon exhibited sonographically normal wall layering. The colon appeared to exhibit generalized mild to moderate distention with semi-formed to soft fecal matter.

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Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with left kidney cortical infarct, moderate pyelectasia, mild proximal left ureter dilation - not consistent with overt left ureter obstruction
- Sonographically unremarkable gastrointestinal tract with mild possibly retained gastric ingesta / chyme
- Suspect low-grade pancreatitis
- Mildly distended urinary bladder and proximal urethra - no overt evidence of urethral obstruction

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Secondary Findings

- Bilobed gallbladder with mild luminal debris - bilobed gallbladder normal variant in a cat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or a GI panel to include PLI/ TLI/ Cobalamin/ Folate to rule out occult intestinal disease, especially if evidence of weight loss, is recommended.

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No overt evidence of intrabdominal neoplastic criteria is evident. Three-view chest radiographs are suggested to rule out occult thoracic pathology, given the hypercalcemia. Monitoring for stranguria or dysuria is suggested.

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The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.



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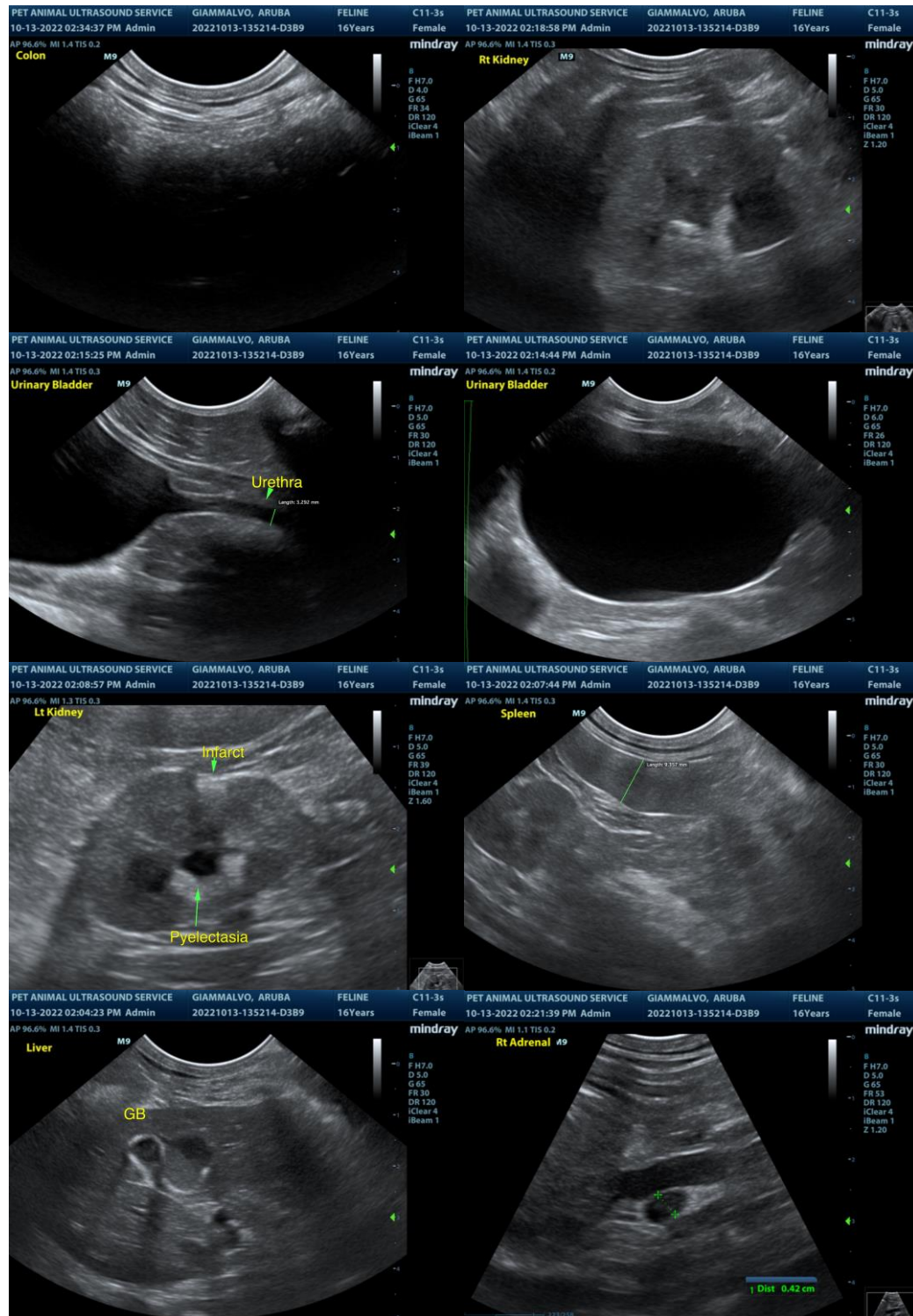
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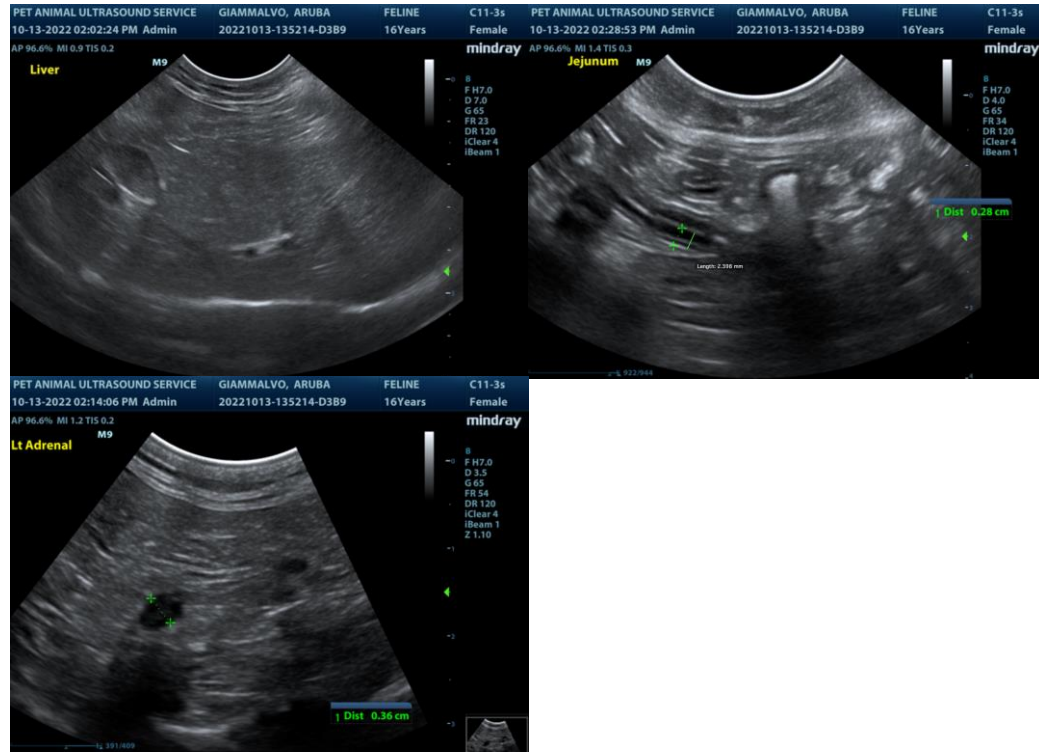
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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