

**PATIENT**

Elvira McKeag

PRESENTING CLINICAL SIGNS

Dysuria and hematuria, including voiding blood clots and blobs of pink tissue

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Fairly stable and well-tolerated chronic renal disease, including mod-marked azotemia and reduced USG. Recently-resolved (9/23/22) mandibular canine tooth (404) abscess. Urinalysis (clean-catch) on 10/7/22 concentrated to 1.017, with pH of 7.0, hematuria, 300 mg protein, and full-field pleomorphic epithelial cells. There was no glucose, ketones, bilirubin, pyuria or bacteriuria. A small pink, amorphous piece of tissue in the specimen was saved in formalin.

BREED

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

AGE

17yr

Mild subnormal size was present in the left kidney. 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. No evidence of pelvic dilation was present. The left kidney measured 2.7 cm in diameter. The right kidney measured 3.1 cm in length.

WEIGHT

7lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. Mildly prominent symmetrical right adrenal gland was present, this finding was not overtly consistent with neoplastic criteria or adrenal pathology and is suspected to be patient or age-related variant. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.72 cm width at the cranial pole.

IMAGING PERFORMED BY

Sarah Pender CVT

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.

HOSPITAL NAME

SVS Imaging QC

Liver**REFERRING VET**

Dr. Kulemin

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

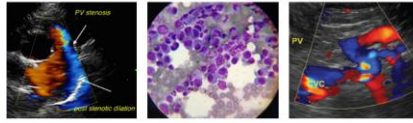
11866ag

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.

DATE

10/14/2022

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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.

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

SPECIES***Pancreas***

Feline

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 was evident.

BREED***Free Abdomen***

DMH

No overt lymphadenopathy or peritoneal effusion was present.

SEX**ULTRASONOGRAPHIC FINDINGS**

FS

- Mildly prominent symmetrical right adrenal gland-nonspecific
- Chronic renal disease with mild subnormal left kidney size and borderline subnormal right kidney size

AGE

17yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mildly prominent symmetrical right adrenal gland was present, this finding was not overtly consistent with neoplastic criteria or adrenal pathology and is suspected to be patient or age-related variant. Assessment of potassium levels could be considered if not done.

WEIGHT

7lb

Aside from previously diagnosed chronic renal disease, no overt evidence of upper or lower urinary tract pathology as an obvious cause of the patient's clinical signs was present. Potential idiopathic renal hematuria may be a consideration in this case if persistent hematuria without underlying infection.

INTERPRETED BY

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

A urine C/S on sterile urine sample is suggested to rule out underlying infection. A recheck sonogram is suggested if current or progressive hematuria/dysuria is present. Empirical therapy for idiopathic cystitis may prove beneficial.

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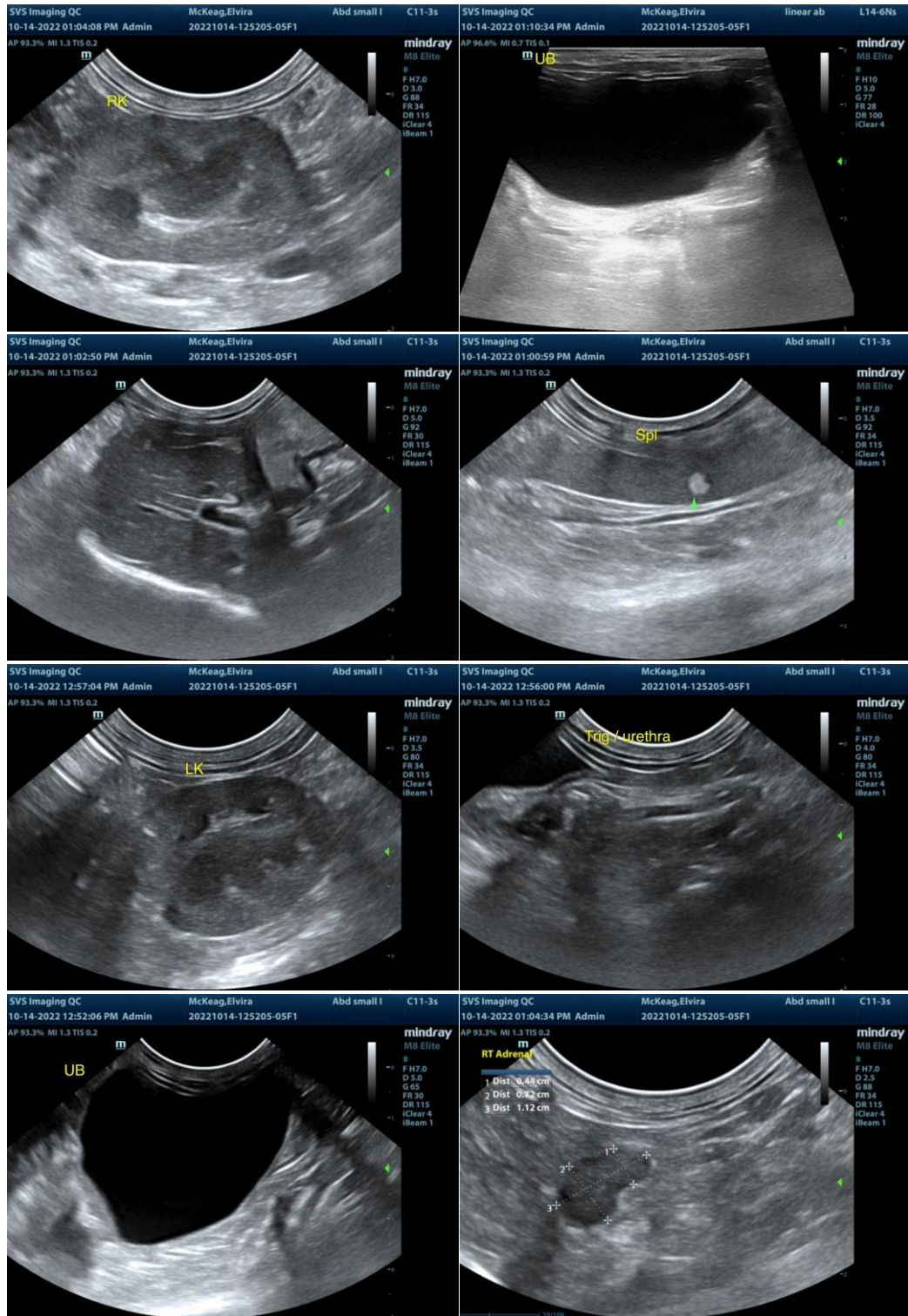
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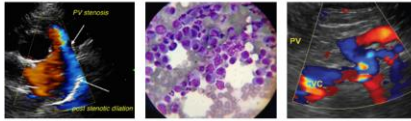


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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svsimaging.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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