



PATIENT

Sissy Hengst

PRESENTING CLINICAL SIGNS

Straining to urinate, urinating outside litter box small amounts. Pooping outside box as well. Ate this am. On k/d diet. Intermittent vomiting

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Creat: 1.9, t4: 4.5, USG: 1.026, prot 1+, urine prot:creat ratio: 0.1. Bloodwork on 9/30/22 prior to beginning methimazole. O declined repeat bloodwork today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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.

SEX

FS

The right kidney was borderline subnormal in size with moderate degenerative renal changes. Moderate loss of corticomedullary border demarcation with pinpoint areas of dystrophic mineral were present. Focal lateral left kidney infarct was noted. No pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.1 cm in length.

AGE

16yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.3lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

A. Rodriguez

Liver

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 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.

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

A. Rodriguez

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

INVOICE

11869ag

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.

DATE

10/15/2022

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

Pancreas



PATIENT

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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.

SPECIES

Feline

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

- Normal urinary bladder and proximal urethra
- Bilateral moderate chronic degenerative renal changes exhibiting pinpoint dystrophic medullary mineral and left kidney cortical infarct
- Unremarkable colon

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16yr

Aside from previously documented renal disease, a largely geriatric abdomen without evidence of significant visceral specifically lower urinary tract or colonic pathology. A screening urine C/S on a sterile urine sample to rule out underlying infection could be considered. Thorough musculoskeletal and neurologic examination is recommended if clinically indicated. Conservative therapy for possible low-grade cystitis may prove beneficial.

WEIGHT

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(Canine and Feline)

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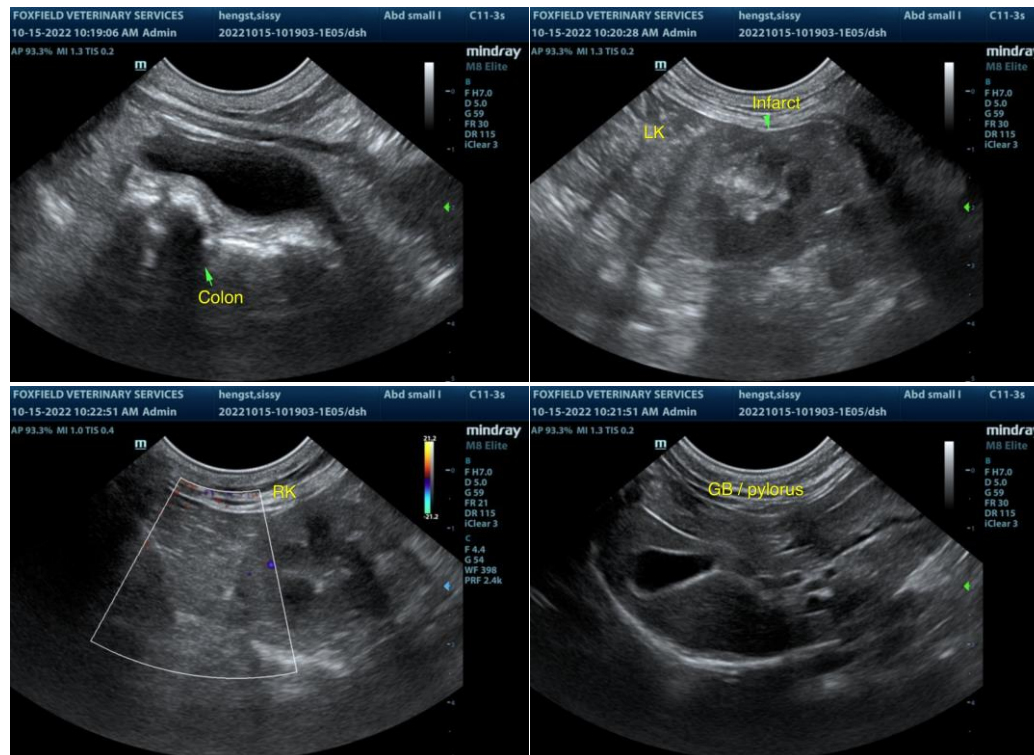
A. Rodriguez

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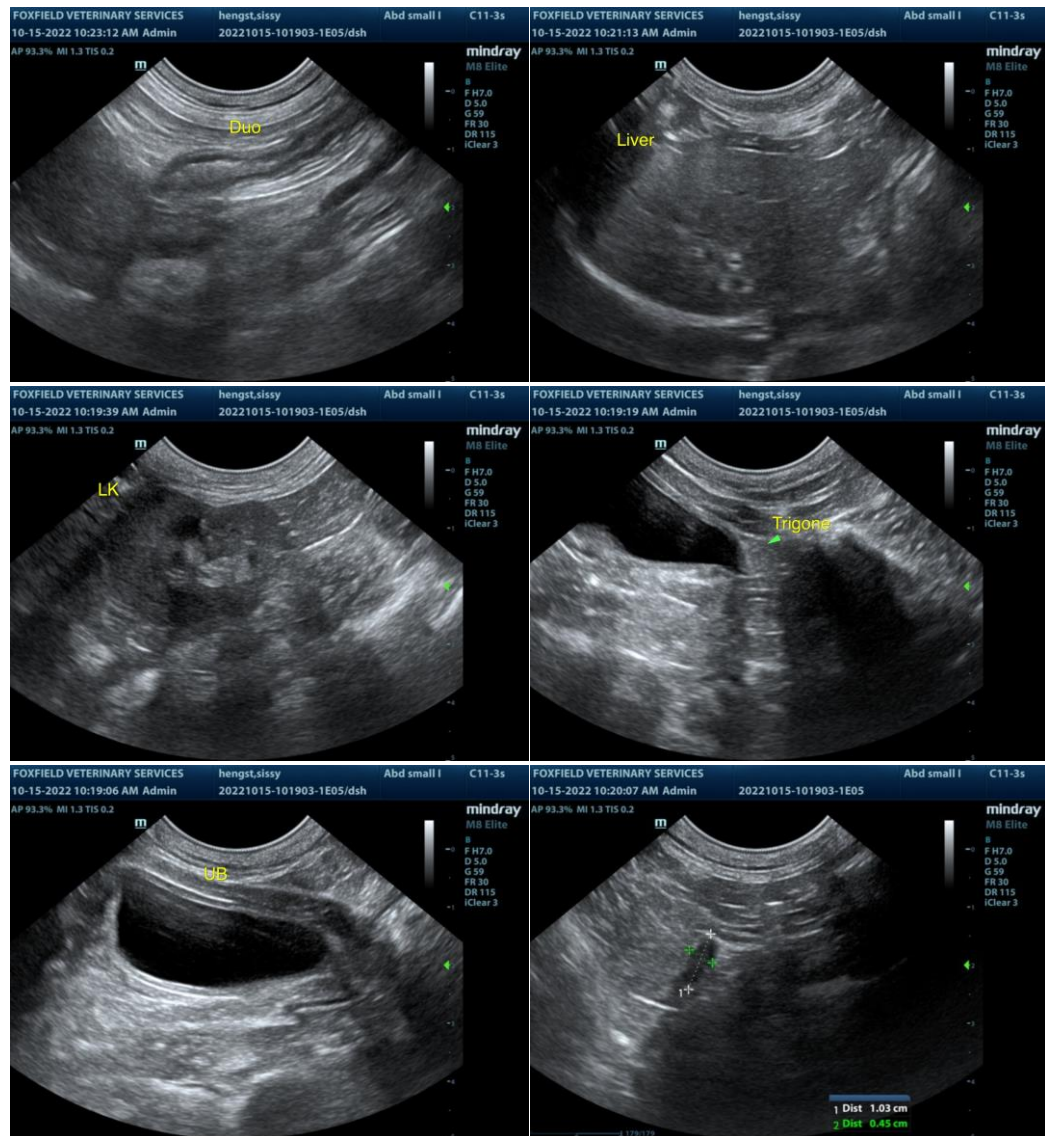
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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