



PATIENT

Ninja Van Horsen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 Years, 8 Months

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Travis Gibson

INVOICE

47920

DATE

10-22-21

PRESENTING CLINICAL SIGNS

Pet diagnostically imaged with abdominal ultrasound modality for renomegaly of the left kidney noted on PE 12/2020 (See attached AUS report) . BW at the time was uneventful with BUN mildly elevated at 40 and creatinine slightly low at 0.8. Urinalysis found protein 1+ and blood/hemoglobin 3+. Pet was monitored with no concerns since 12/24/2020. Re-evaluation follow-up monitoring. Pet has recently started inappropriately urinating in flower bed so re-imaging performed.

Abnormal PE/Chem/CBC/UA Results See attached labwork - all WNL with the BUN and CREAT back within reference range.

No current radiographs performed.

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. Mild nondependent particulate sediment was present. Anechoic urine was present in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

The left kidney exhibited generalized enlargement with suspect lateral cortical infarct. Small-normal renal size with asymmetrical margination was present in the right kidney. 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 evidence of left or right retroperitoneal inflammation or effusion. The left kidney measured 5.4 cm in length. The right kidney measured 3.3 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width.

Spleen

The spleen exhibited mild enlargement with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 1.3 cm width at the level of the hilus. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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 minor nondependent particulate gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 gastric body wall width measured 0.24 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 jejunum wall width measured 0.20 cm.

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

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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary

- Bilateral chronic interstitial nephrosis with static similar appearing left renomegaly.
- Mild static splenomegaly - subjectively benign or patient variant.
- Mild particulate urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys was static and similar in appearance to the previous ultrasound without evidence of progression in left renomegaly. This indicates probable chronic interstitial nephritis or nonspecific nephritis such as interstitial nephritis or other without overt evidence of neoplastic criteria given the lack of progressive chronic degenerative changes or renomegaly. Some degree of potential compensatory hypertrophy associated with the left kidney given the borderline subnormal right kidney size is also possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirically, continued conservative therapy for CRD +/- FIC given the inappropriate urination and if negative urine culture and sensitivity may be considered.

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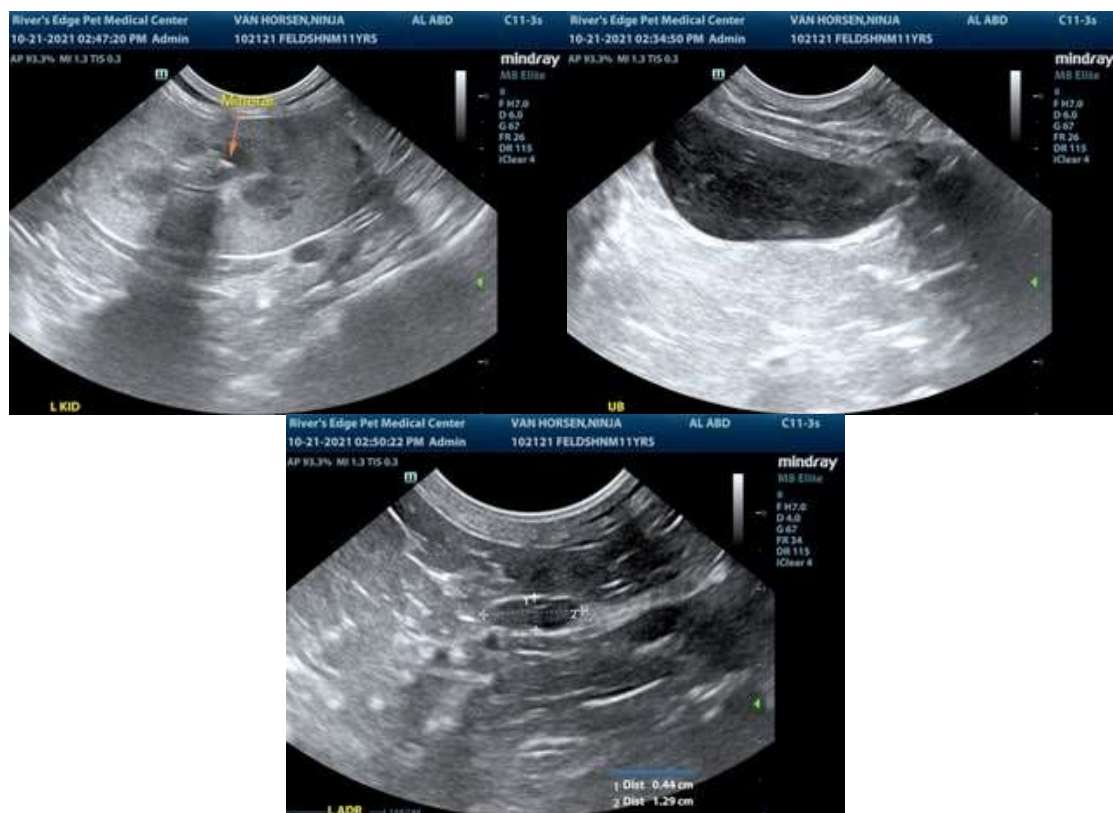
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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