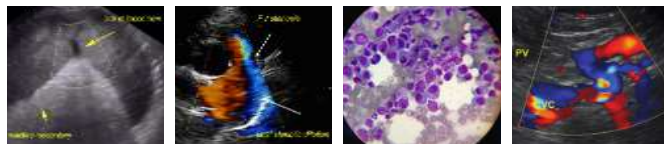


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|--|--|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Bella Studd  | Bella presented 10/22 with history of not eating for 4 days. No V/D. She had been treated for UTi at E clinic about a month ago, and does have history of renal disease. On exam, she is quiet and maximally dehydrated (8%+). T = 94.0  |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: BUN = 333 Crea = 23.7 SDMA > 100 Phos = 34 K = 9.4 T bili = 1.8 USG = 1.014 6-10 WBC Thoracic rads = WNL Musculoskeletal rads - WNL BP = 80   |
| Feline   |  |
| <b>BREED</b>   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| American Shorthair                                       | <i>Urinary System</i>  |
| <b>SEX</b>   | The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.  |
| FS   | No evidence of pathology in the area of the aortic trifurcation.   |
| <b>AGE</b>   | Normal overall renal size with mildly asymmetrical margination was present in both kidneys. 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. Moderate to marked loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present in both kidneys. Minor retroperitoneal free fluid noted around the left kidney. Pinpoint to focal areas of medullary mineral were present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length. |
| 9 Years  |  |
| <b>WEIGHT</b>  | <i>Adrenal Glands</i>  |
| 8.2  | No overt pathology in the area of the left or right adrenal glands.  |
| <b>INTERPRETED BY</b>                                    | <i>Spleen</i>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | The spleen was subnormal in size likely owing to volume contraction measuring 0.51 cm width and 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.   |
| <b>IMAGING PERFORMED BY</b>                              | <i>Liver / Gallbladder</i>   |
| Velasco  | 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.   |
| <b>HOSPITAL NAME</b>                                     | <i>Gastrointestinal</i>  |
| Bethany Family Pet<br>Clinic                             | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic, non-shadowing ingesta and chyme without signs of obstruction or foreign material.  |
| <b>REFERRING VET</b>                                     | 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.   |
| Velasco  | Normal visible colon wall layers were present with apparent formed feces in lumen.   |
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| 10-23-21   |  |



|  |   |
|--|---|
| <b>PATIENT</b>   | <b><i>Pancreas</i></b>  |
| Bella Studd  | The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.  |
| <b>SPECIES</b>   | <b><i>Free Abdomen</i></b>  |
| Feline   | Small pockets of peritoneal free fluid noted around the lateral spleen and between liver lobes.<br>No overt lymphadenopathy was present.  |
| <b>BREED</b>   | <b>ULTRASONOGRAPHIC FINDINGS</b>  |
| American Shorthair                                       | <b>Primary</b>  |
| <b>SEX</b>   | <ul style="list-style-type: none"> <li>Bilateral marked chronic nephropathy with mild pyelectasia, minor retroperitoneal free fluid around the left kidney.</li> </ul>  |
| FS   | <ul style="list-style-type: none"> <li>Volume contracted spleen.</li> </ul>   |
| <b>AGE</b>   | <ul style="list-style-type: none"> <li>Mild to moderate retained gastric ingesta/chyme - suspect metabolic gastric stasis.</li> </ul>   |
| 9 Years  | <ul style="list-style-type: none"> <li>Intermittent pockets of minor peritoneal free fluid.</li> </ul>  |
| <b>WEIGHT</b>  | <b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>  |
| 8.2  | The presentation of the kidneys is most consistent with advanced to progressed chronic nephropathy as opposed to acute kidney injury or insult although potential for acute on chronic insult given the history of renal disease, although thought less likely, cannot be definitively excluded. Subjectively, the kidneys are likely end stage given the sonographic appearance and degree of corticomedullary border loss of distinction. The pyelectasia in both kidneys is suspected to be owing to IV fluid therapy, secondary to chronic renal changes, or potential pelvic scarring. Potential for chronic pyelonephritis possible yet considered less likely. |
| <b>INTERPRETED BY</b>                                    | Given the degree of azotemia, a very guarded to unfavorable long term prognosis is indicated yet hospitalization with diuresis protocol, monitoring of systemic blood pressure, body weight, and urine output with monitoring of renal response would be appropriate. Continue as needed gastrointestinal supportive care indicated.  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) |   |
| <b>IMAGING PERFORMED BY</b>                              |   |
| Velasco  |   |
| <b>HOSPITAL NAME</b>                                     |   |
| Bethany Family Pet<br>Clinic                             |   |
| <b>REFERRING VET</b>                                     |   |
| Velasco  |   |
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| <b>DATE</b>  |   |
| 10-23-21   |   |



**PATIENT**  
Bella Studd

**SPECIES**  
Feline

**BREED**  
American Shorthair

**SEX**  
FS

**AGE**  
9 Years

**WEIGHT**  
8.2

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

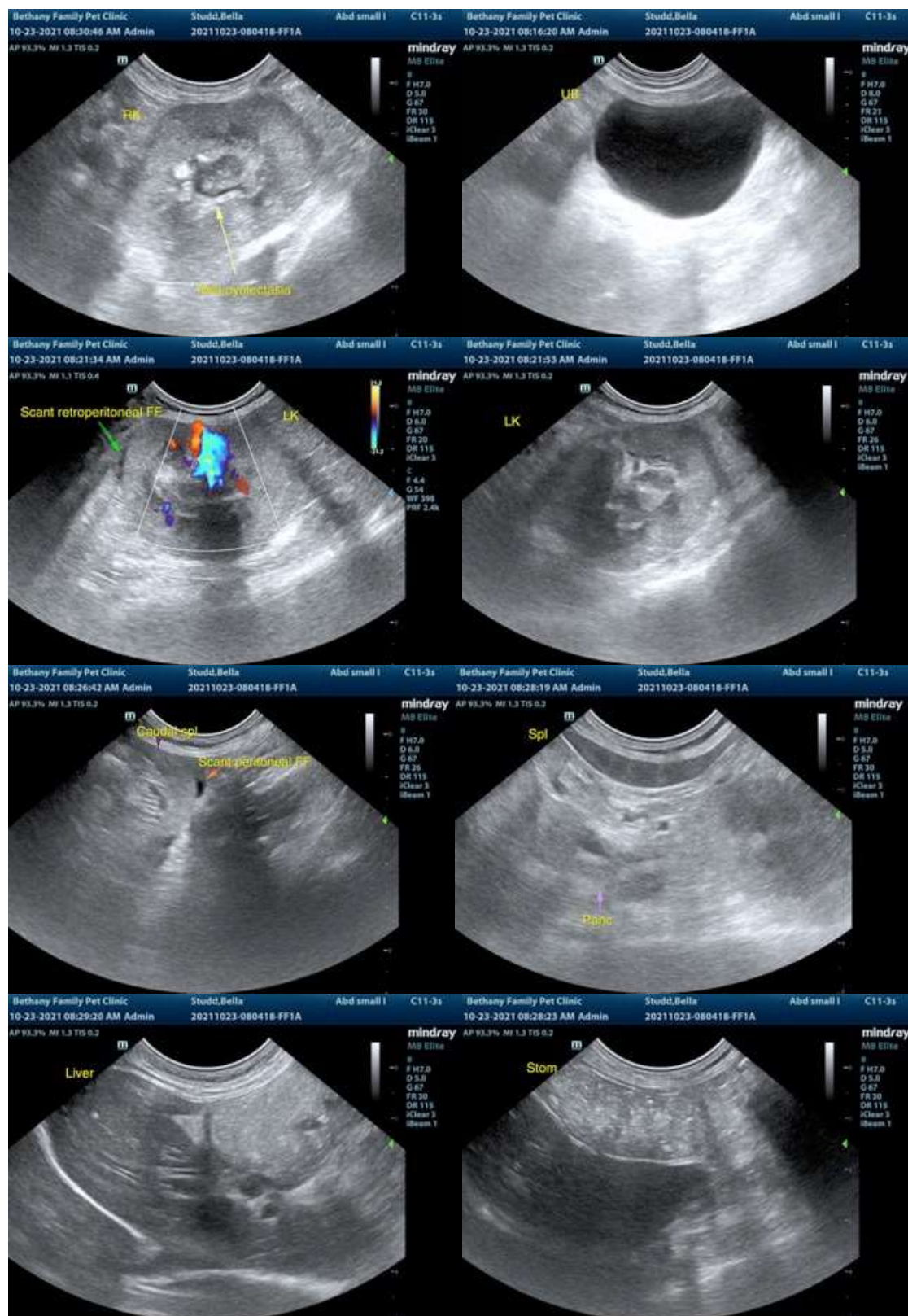
**IMAGING PERFORMED BY**  
Velasco

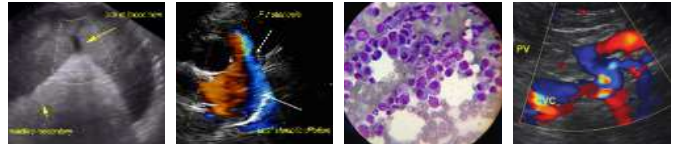
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Clinic

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**PATIENT**

Bella Studd

**SPECIES**

Feline

**BREED**

American Shorthair

**SEX**

FS

**AGE**

9 Years

**WEIGHT**

8.2

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Velasco

**HOSPITAL NAME**

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**DATE**

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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