



**PATIENT**

Waffles Huttel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F

**AGE**

10 months

**WEIGHT**

3.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

Dr. Barron

**INVOICE**

12728

**DATE**

11/29/21

**PRESENTING CLINICAL SIGNS**

Flea anemia, no improvement despite transfusion.

Abnormal PE/Chem/CBC/UA Results: Creat 0.4, Pot 3.1, wbc 28.76, Neu 24.55, RBC 2.13, Hgb 2.3, HCT 9.7, PCV 12%, TS 7

**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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length.

The right kidney was normal in size and margination. The right kidney exhibited mild fluid dilation in the pelvis extending into the lateral diverticuli. The fluid within the dilated pelvis and diverticuli was anechoic. Mild associated proximal right ureter dilation exiting the right kidney visualized extending approximately 1-2 cm distal to the right kidney was present. The right ureter measured 0.2 cm in diameter, containing anechoic urine. Overt evidence of an obvious right ureter obstruction was not definitively evident. The right kidney measured 4.3 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

**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.

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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 stomach wall measured 0.20 cm.

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 measured 0.16 cm.

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

***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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild right kidney hydronephrosis, associated mild proximal right ureter dilation
- Otherwise sonographically unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity on sterile urine sample recommended to assess for underlying urinary tract infection or potential pyelonephritis associated with the right kidney given the elevated white blood cell count. Recheck retroviral status (if not done) suggested. Infectious disease serology and CBC pathology review may also be considered. The possibility of emerging right ureter obstruction cannot be definitively excluded. Sonographic monitoring of the right kidney for evidence of progressive hydronephrosis and/or contrast study to assess patency of the right ureter may be considered.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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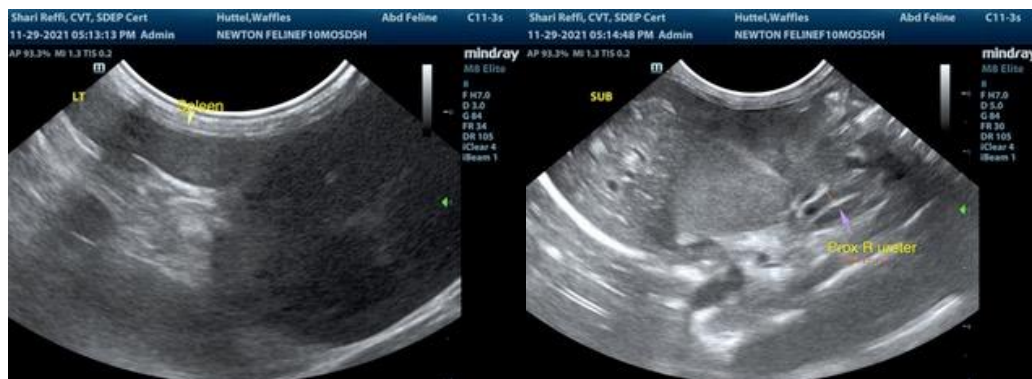
Dr. Barron

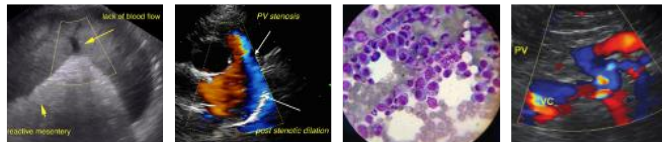
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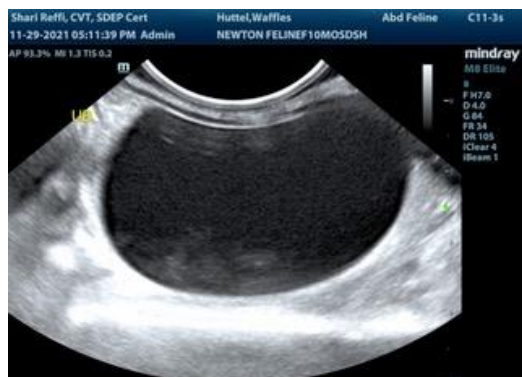
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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