



PATIENT

Alice Reilly

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 years

WEIGHT

7.85

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northsore VH

REFERRING VET

Dr. Brita Kiffey

INVOICE

15366

DATE

11/3/22

PRESENTING CLINICAL SIGNS

O noticed blood tinged litter and blood spot on bedding, feeding Purina One kibble , previously on Hills S/O with last owner - which she hated so lost weight. O interested in rechecking labs to see how kidney function is doing , and also interested in early care kidney diet if that would be beneficial to pt. Abnormal PE/Chem/CBC/UA Results: BUN 44, Creat 1.8 UTi,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone exhibiting mild yet uniformly prominent ventroapical and dorsal urinary bladder walls with homogeneous mural echogenicity without evidence of neoplastic criteria or mural mineralization. The dorsal urinary bladder wall width measured 0.3 cm. Anechoic urine with minor nondependent to dependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the iliac trifurcation was free of overt pathology.

No evidence of pathology was noted In the area of the uterine remnant.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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

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.



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The visualized segments of small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio.

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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 were evident.

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Free Abdomen

Intermittent, nonspecific yet subjective benign / reactive minor mesenteric lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild cystitis urinary bladder pattern with mild particulate sediment
- Bilateral mild to moderate chronic renal changes - no overt pyelonephritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

No evidence of lower urinary tract neoplastic criteria was noted. Antibiotic therapy ideally based on C/S results is recommended with recheck urine C/S 7 days post completion of antibiotic protocol. Given lack of significant urinary bladder sediment, additional renal staging with baseline UPC could be considered if clinically indicated.

IMAGING PERFORMED BY

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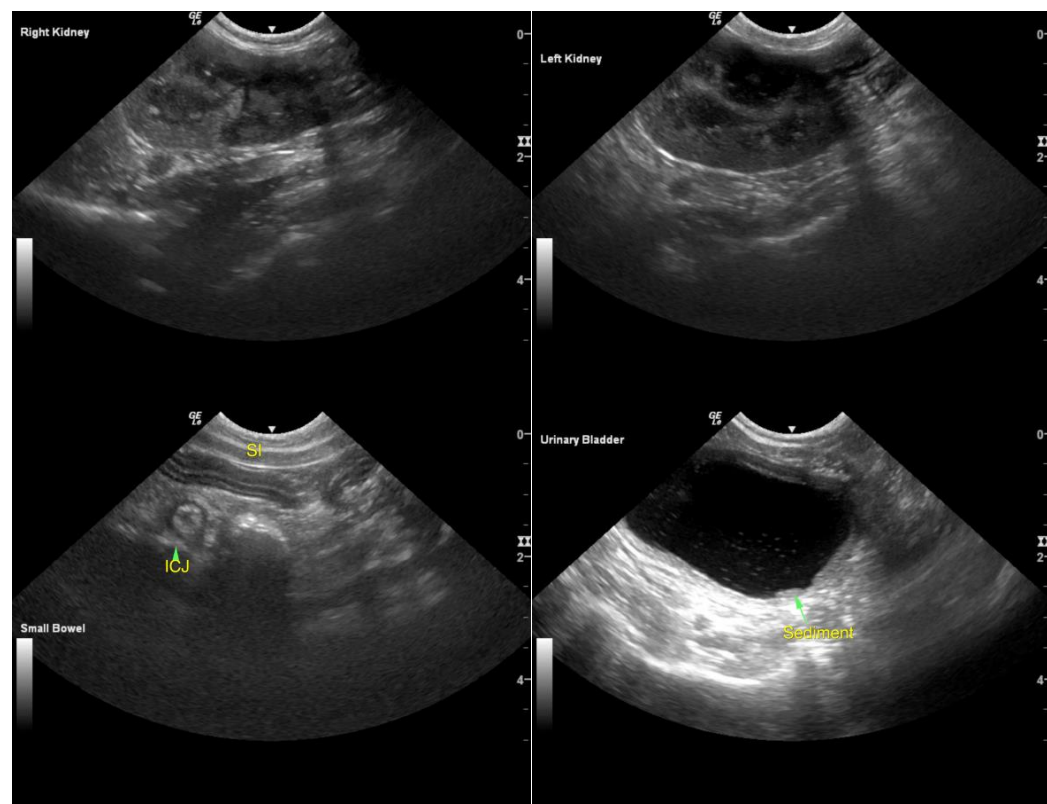
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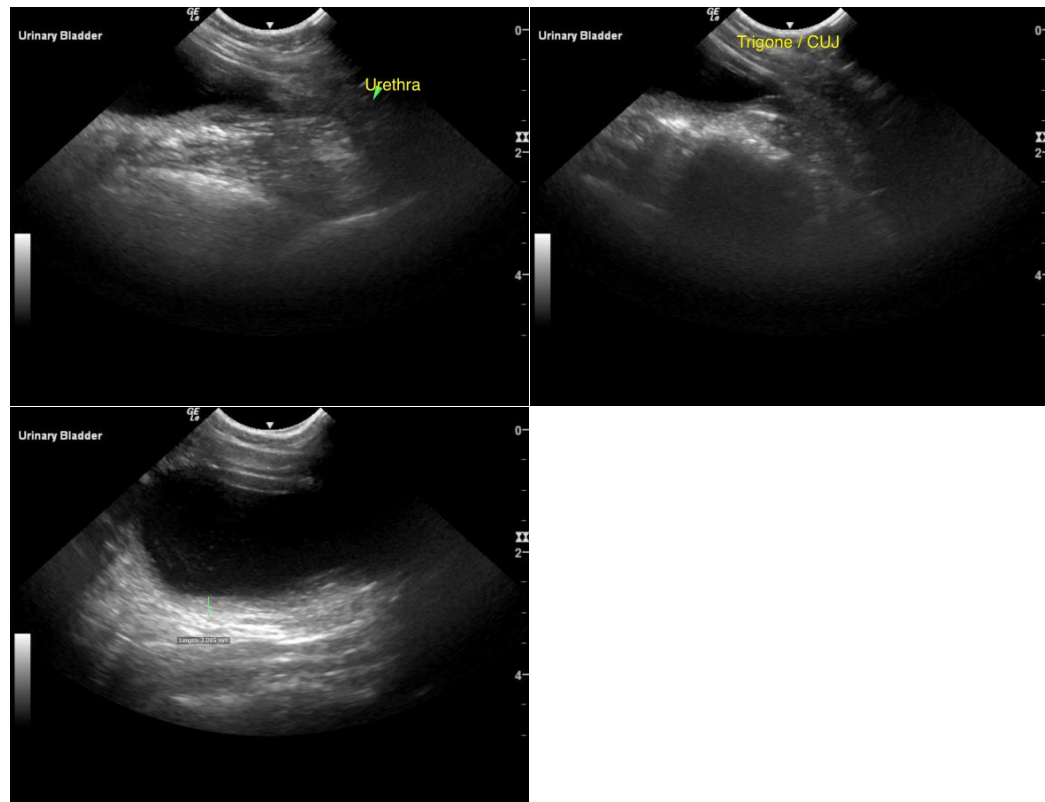
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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