



PATIENT

Dale Purrfect
Companions

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

5 Months

WEIGHT

1.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystall Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Bilinsky

INVOICE

12729

DATE

11/29/21

PRESENTING CLINICAL SIGNS

History: Possibly had a worm in the penis that was removed at emerg. Had a urinary catheter placed for 3 days. Kidney worms? Urethral obstruction?

Abnormal PE/Chem/CBC/UA Results: Oct 2/21 crea 158 BUN 17.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. The visualized urethra exhibited normal structure and tone to a depth of 2.0 cm. 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.

Normal size and margination were present in the kidneys. 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 3.8 cm in length. The right kidney measured 3.6 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm width.

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

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.

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.

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

Pancreas



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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.

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Free Abdomen

Focal, mildly prominent to enlarged intermittent mesenteric lymph nodes was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 1.5 cm x 0.58 cm. No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

SEX

Intact Male

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Sonographically unremarkable bilateral kidneys-no evidence of pyelonephritis, dysplasia or other congenital renal pathology
- Intermittent mild mesenteric lymphadenopathy-suspect immunologic immaturity given the patients age

AGE

5 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen without evidence of upper or lower urinary tract pathology. Potential for previous urinary blockage and minor residual urethritis or cystitis and secondary azotemia may be considered. Reassessment of renal parameters is suggested. If persistent azotemia, specifically renal azotemia, in conjunction with urinalysis assessment, the possibility of structurally insignificant primary renal disease may be considered. However, no evidence of significant urinary tract pathology was present in the study.

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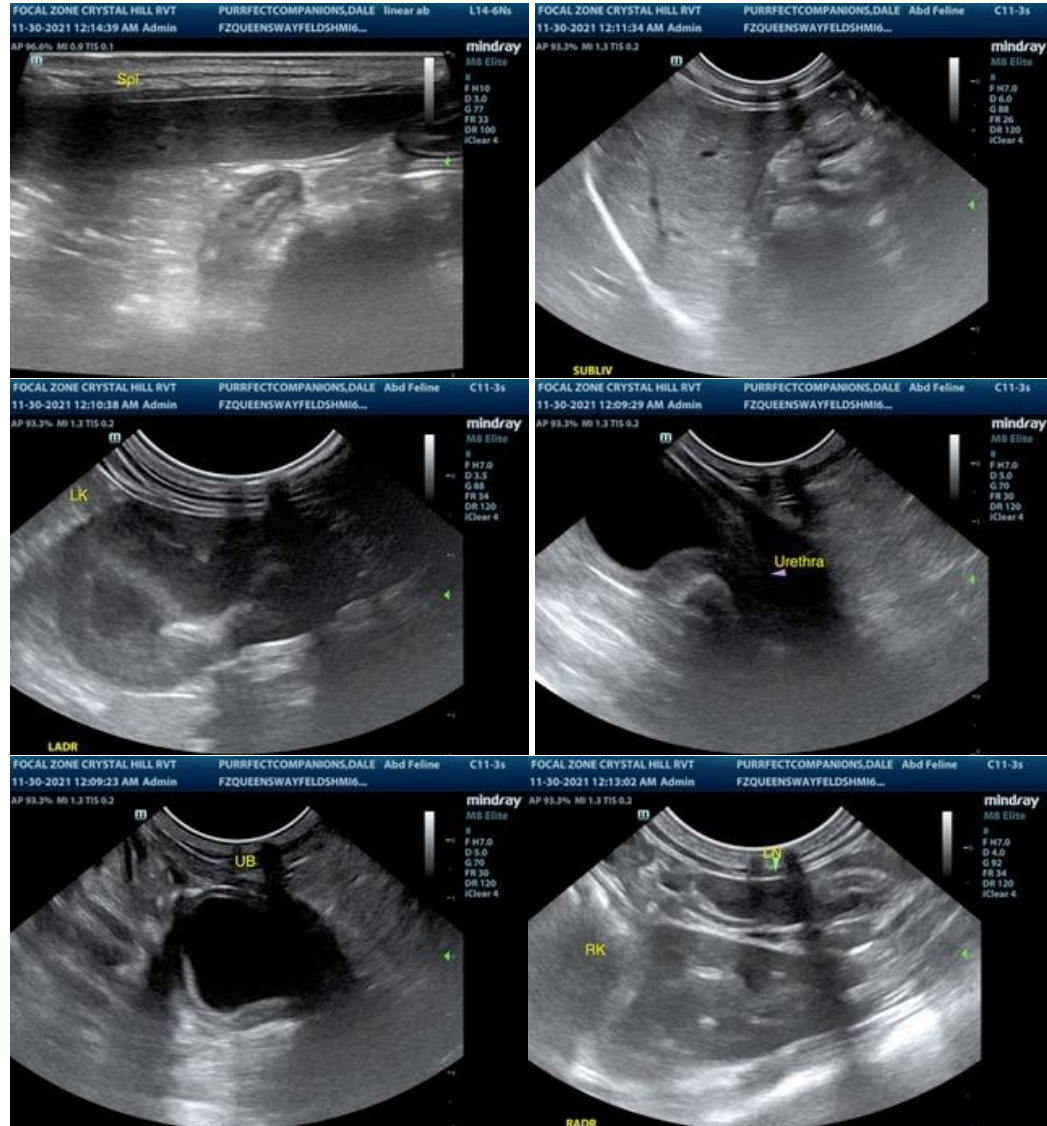
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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