



**PATIENT**

Ghost Volk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12

**WEIGHT**

9.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

15406

**DATE**

11/5/22

**PRESENTING CLINICAL SIGNS**

Patient presented for a follow up, occasionally doesn't want to eat and has diarrhea on and off. Had u/s on 10/7 showed dystrophic R kidney compensatory hypertrophy and interstitial nephrosis of L kidney mild cholangitis liver pattern with intrahepatic thrombosis pancreatic remodeling

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in the left 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. The left kidney measured 4.5 cm in length.

The right kidney was subnormal in size with asymmetrical margination. Marked loss of corticomedullary border demarcation was present with reduced medullary volume and mild pyelectasia. Pinpoint mineral was present. The right kidney measured 2.1 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. The spleen measured 0.66 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver exhibited potential for mild enlargement with normal 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. Normal hepatic vascular volume was present. Previously noted intrahepatic thrombosis was not visualized, yet could still be present. No evidence of hepatic vascular congestion was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT**

***Gastrointestinal***

Ghost Volk

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 0.25 cm.

**SPECIES**

Feline

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 small intestinal wall width measured 0.20 cm.

**BREED**

DSH

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

**SEX**

***Pancreas***

MN

The left pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor subjective pancreatic duct dilation was present.

**AGE**

12

***Free Abdomen***

**WEIGHT**

No overt lymphadenopathy or peritoneal effusion was present.

9.4

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Previously noted static dystrophic right kidney with compensatory left kidney hypertrophy and interstitial nephrosis renal pattern
- Sonographically unremarkable gastrointestinal tract
- Subjective mild hepatomegaly exhibiting normal hepatic vascular volume
- Minor pancreatic parenchymal remodeling with mild pancreatic duct dilation - possible low-grade to chronic pancreatitis
- Mild urinary bladder sediment

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Maniar

Potential for low grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered. Assessment of hepatic enzymes is suggested with potential screening hepatic FNA cytology if clinically indicated could be considered. As-needed GI support is suggested.

**INVOICE**

15406

**DATE**

11/5/22



**PATIENT**

Ghost Volk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12

**WEIGHT**

9.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

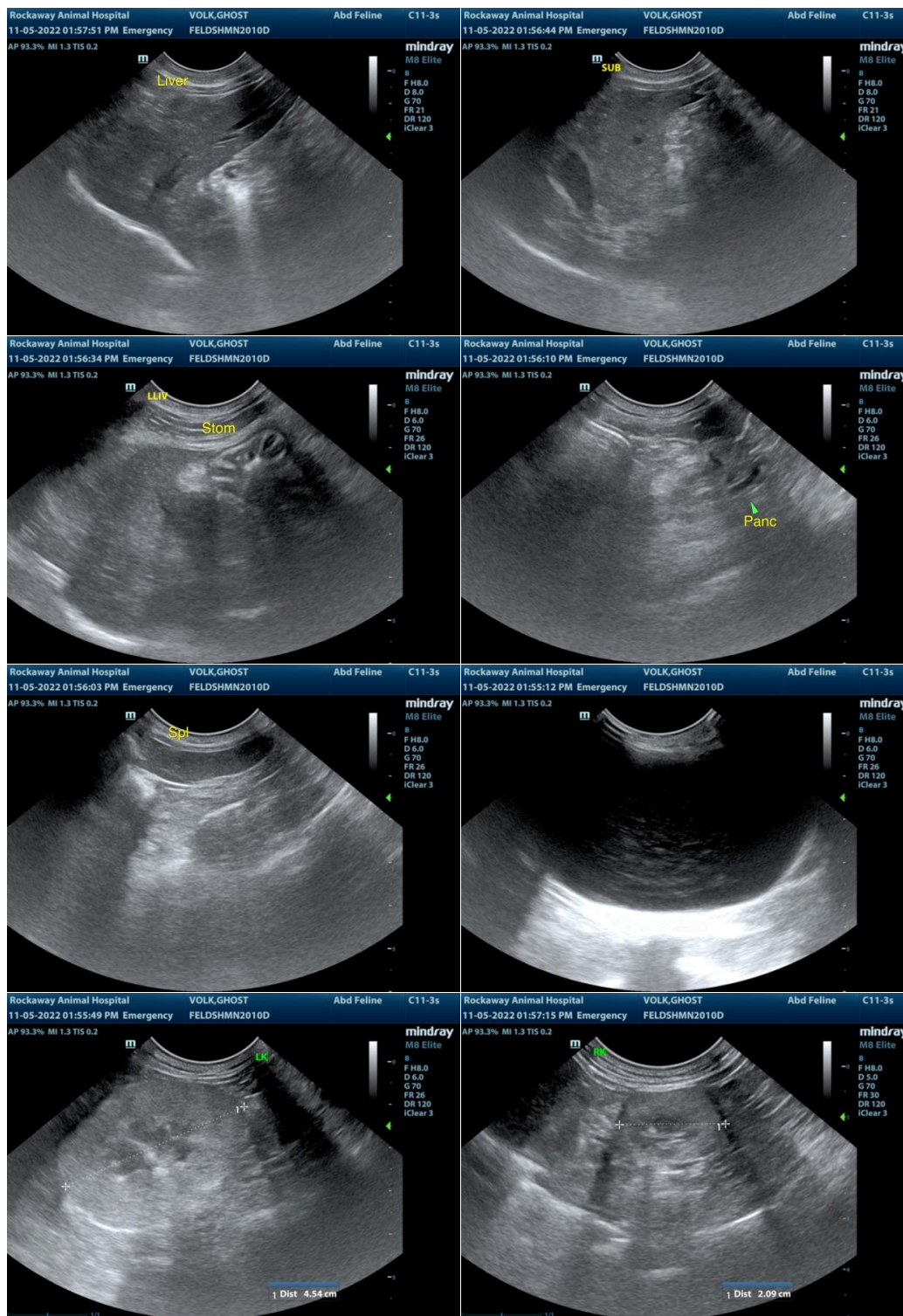
Dr. Maniar

**INVOICE**

15406

**DATE**

11/5/22



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.



**PATIENT**

Ghost Volk

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**BREED**

DSH

**SEX**

MN

**AGE**

12

**WEIGHT**

9.4

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

15406

**DATE**

11/5/22