



PATIENT

Midnight VanZandt

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

14.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

15405

DATE

11/5/22

PRESENTING CLINICAL SIGNS

Anorexia for about 3-5 days, wt loss, dehydrated. P started on Orbax, Clavamox, Gabapentin and SQF were administered. P ate very small amount last night.

Abnormal PE/Chem/CBC/UA Results: See attached rads: Some loss of detail in abdomen See attached labs: chemistry panel is okay slightly low calcium slightly high BUN CBC shows high white cell count (30.18 K/uL) neutrophils (19.96 K/uL) monocytes (4.96 K/uL), the patient is also anemic with 30% packed cell with a mildly regenerative response Urinalysis shows urinary tract infection

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.

Intermittent, uniform mildly hypoechoic, medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.5 cm x 0.63 cm. No evidence of perilymphatic reactive omentum. These lymph nodes were not sonographically suggestive of neoplastic criteria.

Normal size and asymmetrical margination were present in the left kidney. Marked loss of corticomedullary border demarcation was present with decreased corticomedullary border echogenicity. Moderate left kidney pyelectasia was present without evidence of post renal obstructive criteria. Regional left retroperitoneal hyperechoic tissue with mild left retroperitoneal free fluid was noted.

The right kidney was mildly enlarged in size compared to the left with symmetrical renal margination. Mild loss of corticomedullary border demarcation was present with decreased corticomedullary border echogenicity. No evidence of right kidney pyelectasia. Mild right retroperitoneal increased tissue echogenicity without evidence of retroperitoneal effusion was present.

Adrenal Glands

The left and right adrenals were not definitively visualized owing to periadrenal artifact.

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 0.83 cm width at the level of the hilus.



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Liver/ Gallbladder

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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.

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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 gastric body wall width measured 0.25 cm.

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The small intestine presented intact wall layering with segmental subtle prominent jejunal muscularis layer without evidence of loss of intestinal wall layering or mural hypertrophy. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstruction, or foreign material.

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

WEIGHT

Pancreas

14.4 lbs.

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

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nephritis pattern, more prominent in the left kidney with left kidney moderate pyelectasia to emerging hydronephrosis, bilateral retroperitoneal inflammation with mild left retroperitoneal effusion
- Sonographically unremarkable gastrointestinal tract, possible segmental mild enteritis
- Nonspecific yet subjective benign / reactive mild medial iliac lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for acute on chronic nephritis, specifically left kidney moderate pyelonephritis with emerging left/right renal neoplastic criteria considered a less likely differential diagnosis. Correlation with urine C/S on a sterile urine sample, as well as assessment of systemic BP is recommended. No other evidence of additional visceral pathology as an obvious contributing factor to the patient's clinical signs.

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A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs +/- CBC pathology review could be considered to assess for occult disease as a contributing factor to the patient's weight loss. Hospitalization with pyelonephritis protocol with monitoring or renal parameters and CBC abnormalities going forward is warranted. Potential guarded to very guarded prognosis is indicated.



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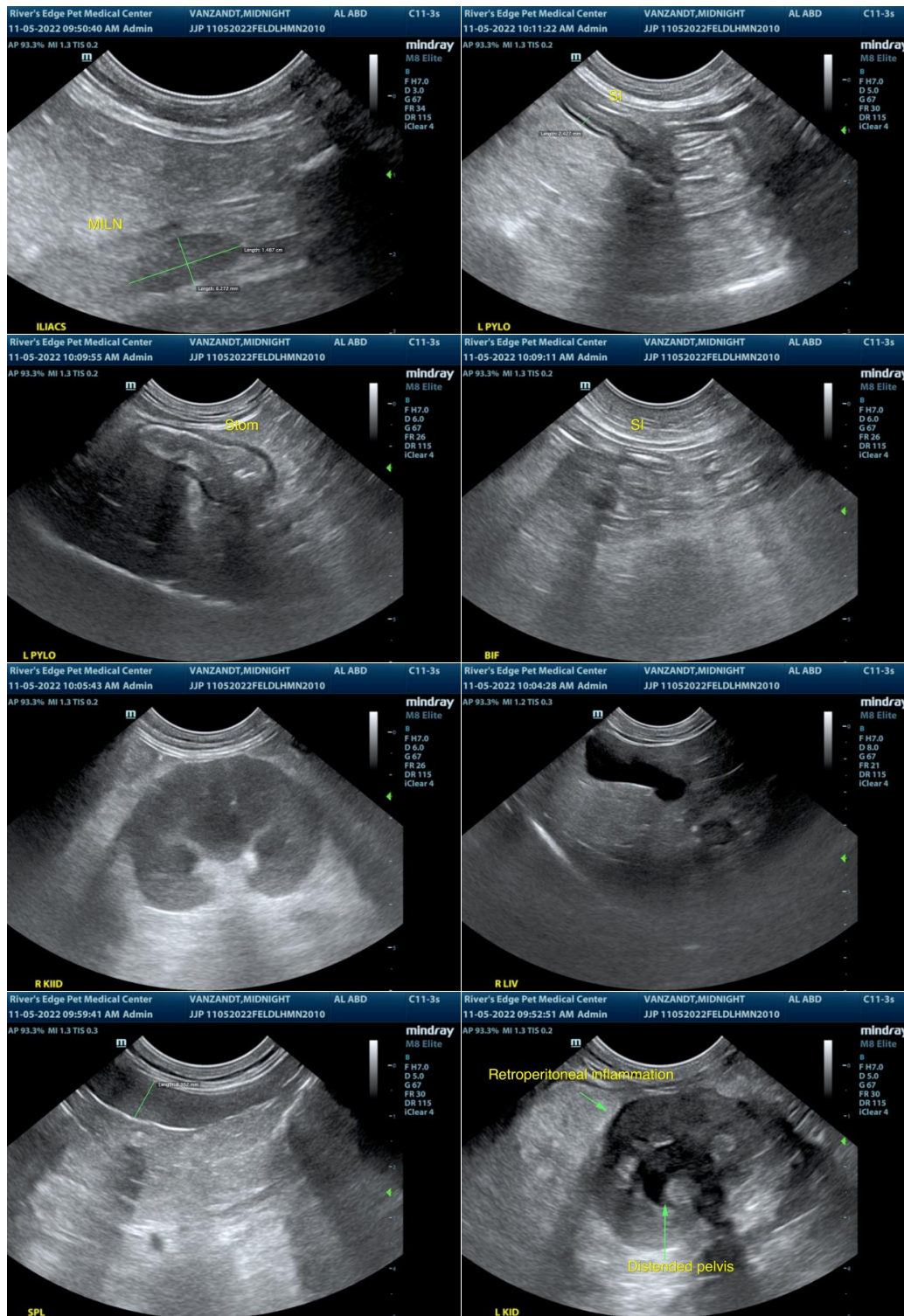
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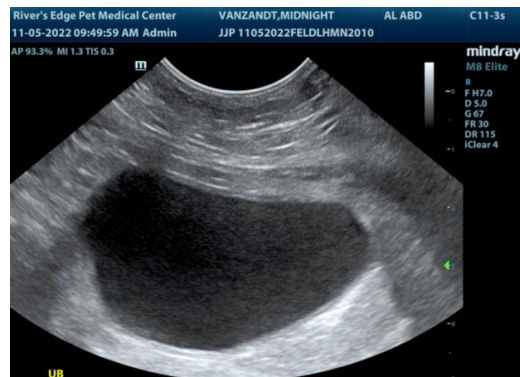
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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