

PATIENT PRESENTING CLINICAL SIGNS

Penny Pearce History: Azotemia, anemia, kidney disease. Medication: renal diet, epakitin, azodyl
Labs: WBC 17.4, Hematocrit 22, BUN 107, Creat 4.3, Phosphorus 9.2, Amylase 2198, Precision PSL 11, USG 1.024, 3+ proteinuria, 2+ blood, negative glucose.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 were noted.

SEX

Spayed Female

Normal renal size with asymmetrical margination was present in both kidneys. 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. No evidence of pyelectasia. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

AGE

2014

Adrenal Glands

WEIGHT

6.4

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

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

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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 0.68 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Minor nonobstructive common bile duct dilation was noted, which is nonspecific, potential patient variant, minor bile duct dilation secondary to fasting or low-grade cholangitis possible.

REFERRING VET

Dr. Bandekar

Gastrointestinal

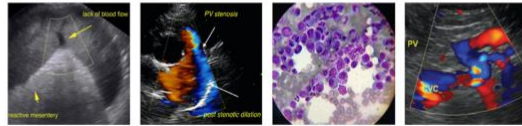
The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid. NO evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction. The gastric body wall measured 0.28 cm.

INVOICE

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DATE

12/14/22



PATIENT

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental ileus and nonshadowing chyme was noted. The jejunum wall measured 0.25 cm. The duodenum wall measured 0.25 cm. The ileocolic wall measured 0.30 cm.

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

Pancreas

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The pancreas was normal in size with subtle capsule asymmetry and heterogenous parenchyma. Minor pancreatic duct dilation was noted.

Free Abdomen

SEX

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Bilateral nonspecific chronic nephropathy- CRD, nonspecific nephritis, such as interstitial nephritis, glomerulonephritis or other is possible

WEIGHT

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- Mild gastroenteritis pattern with minor gastric and segmental intestinal ileus, possible mild uremic gastroenteritis
- Heterogenous pancreas, likely patient variant, potential for low grade concurrent chronic inflammation is possible

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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. Assessment and monitoring of systemic BP is recommended. As needed hospitalization with diuresis protocol, monitoring of body weight, urine output and renal response may be indicated. As needed gastroprotectants and GI support are suggested given potential for mold to emerging uremic gastroenteritis. Guarded long term prognosis is likely indicated given renal sonographic appearance and degree of azotemia.

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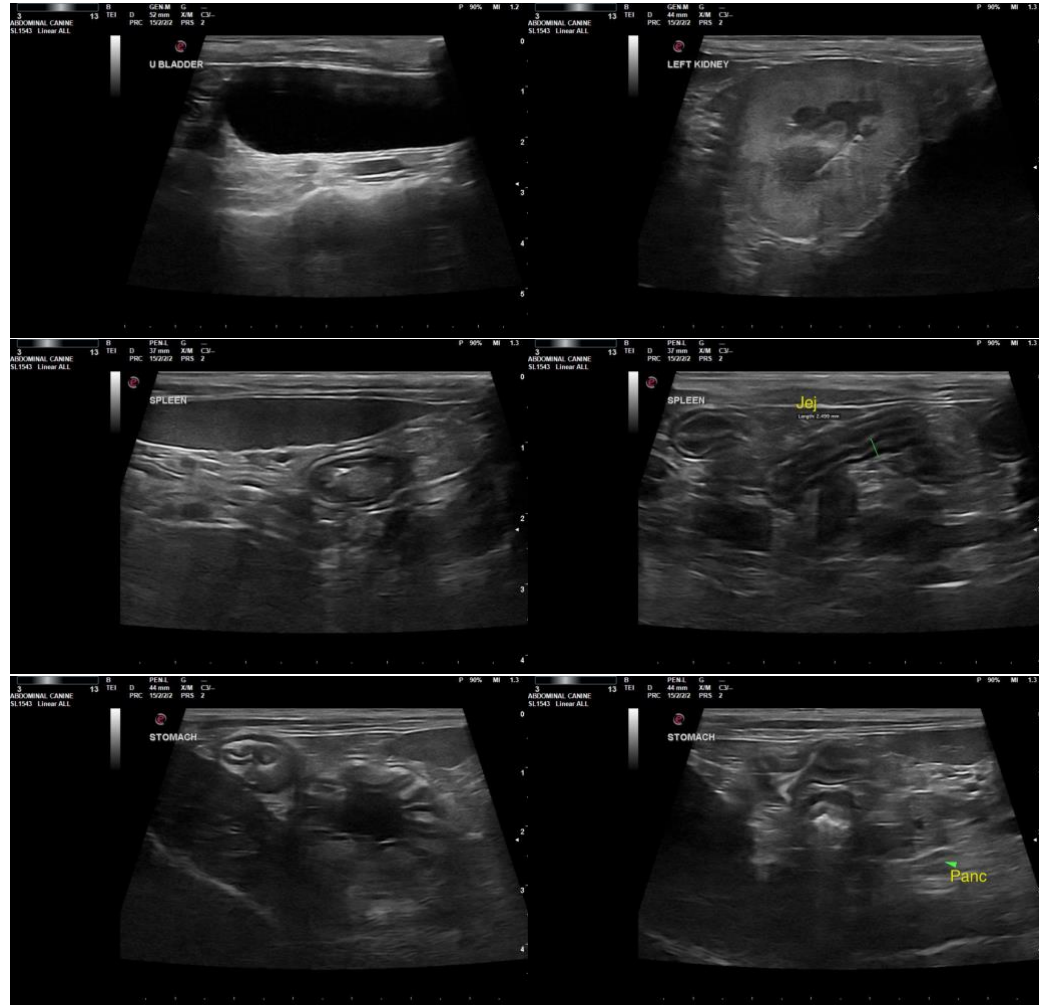
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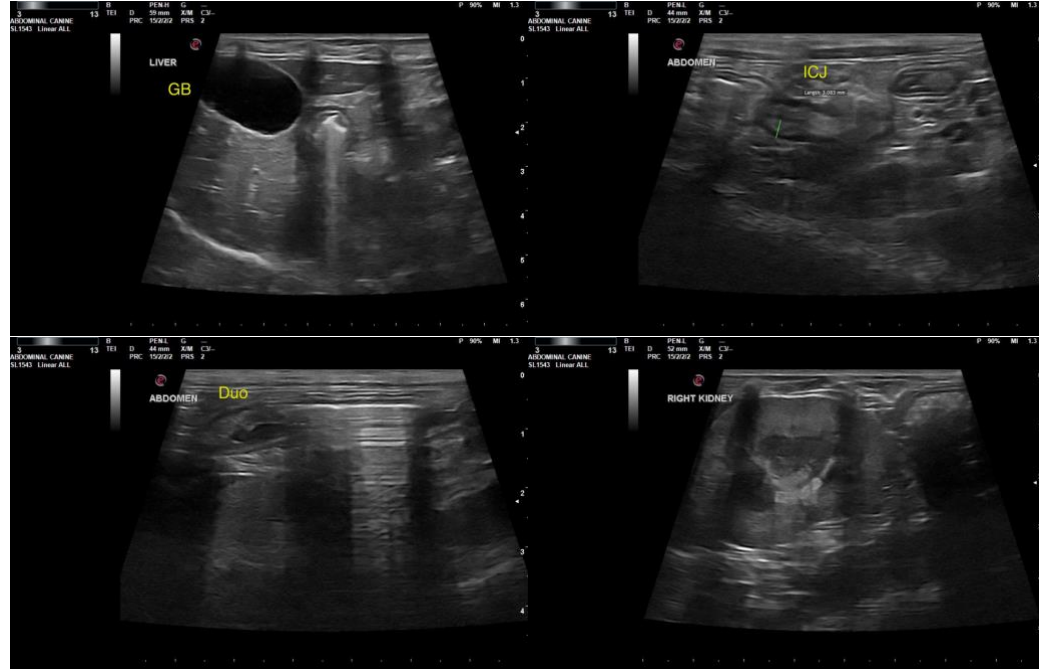
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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