



PATIENT

Ashley Hirtle

PRESENTING CLINICAL SIGNS

Kidney disease; clinically doing well. BUN 48; creat 2.0; ALT 113.

SPECIES

Feline

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.

BREED

Siamese

The area of the aortic trifurcation was free of pathology.

SEX

FS

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney, measuring 0.15 cm. Moderate pyelectasia was noted in the right kidney. The area of pelvic fluid dilation in the right kidney measured 0.66 cm. No evidence of concurrent left or right ureter dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

AGE

16 years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

WEIGHT

3.94 kg

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (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 0.72 cm width.

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

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. Subtle generalized parenchymal remodeling was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Wignall AH

REFERRING VET

Acelyn Colella, DVM

Gastrointestinal

INVOICE

12705

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.

DATE

12/3/21

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 jejunum wall width measured 0.20 cm.



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Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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Pancreas

SPECIES

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Minor pancreatic duct dilation was present.

Feline

BREED

Free Abdomen

Siamese

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

FS

- Chronic renal changes with bilateral pyelectasia, pyelectasia more prominent in the right kidney
- Low-grade hepatopathy with subtle parenchymal remodeling - suspect low-grade Inflammatory or potential reactive hepatopathy, given the mild ALT elevation
- Potential mild chronic active pancreatitis

AGE

16 years

WEIGHT

3.94 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Potential for bilateral pyelectasia is considered less likely given the lack of inflammatory renal or retroperitoneal criteria, yet cannot be definitively excluded. Urine C/S and protein: creatinine ratio and baseline UPC on sterile urine sample is suggested. Screening blood pressure is recommended.

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 DABVP (Canine and
 Feline)

IMAGING

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Pamela Harrigan, RDMS

Correlation of the pancreas with a Spec fPL and assessment for cranial abdominal or subxiphoid discomfort on palpation is suggested.

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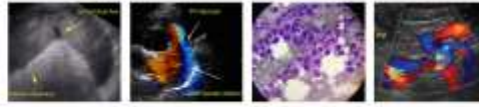
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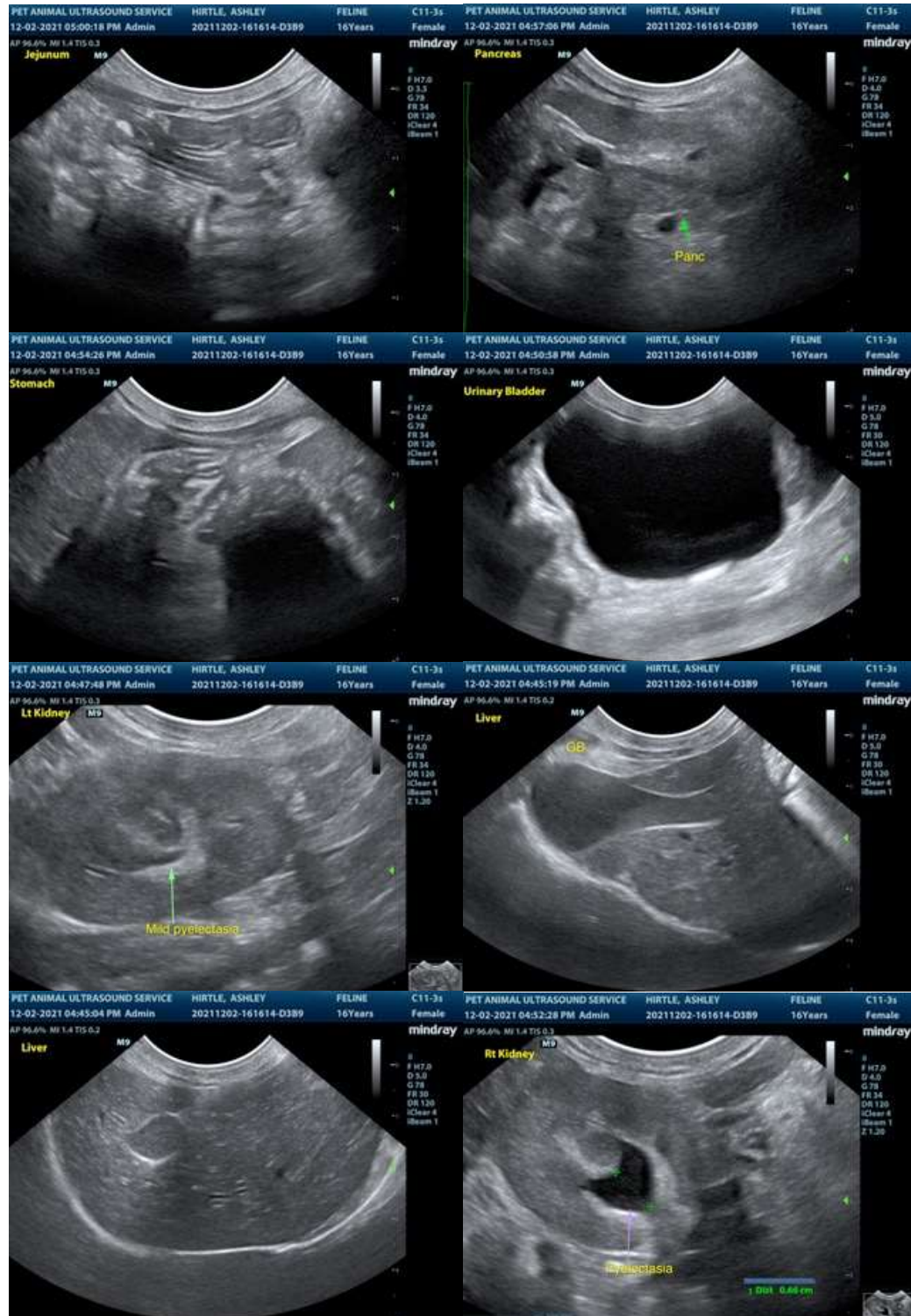
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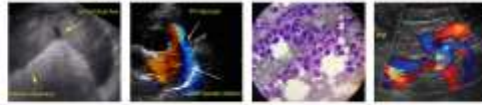
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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

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info@SonoPath.com

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