



PATIENT

Thunder Meeker

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

26.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Tiffany Pow

INVOICE

33224

DATE

12/3/21

PRESENTING CLINICAL SIGNS

Meeker has had calcium oxalate crystals in the past and a PU earlier this year and is on a urinary diet and potassium citrate. Recently he has been vomiting frequently and hyporexia. We obtained x-rays today which shows at least 2 stones in bladder, multiple stones in both kidneys and suspected stone in a ureter.

Abnormal PE/Chem/CBC/UA Results: Creat: 9.8, bun 85, electrolytes normal, cbc normal.

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. Mild dependent sand to mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was mildly prominent in size with subjective mild uniform cortical hypertrophy. Mild hydronephrosis with mild fluid dilation extending into the lateral diverticuli of the left kidney. Multiple small nephroliths were present primarily in the lateral diverticuli of the left kidney. Overt evidence of proximal left ureter dilation exiting the left kidney was not definitively evident. Mild retroperitoneal inflammation present around the left kidney without effusion.

The right kidney was normal in size and margination. Moderate to severe hydronephrosis was present, replacing the majority of the discernable medullary parenchyma and extending into the lateral diverticuli. Focal lateral diverticuli renolith present in the right kidney with retroperitoneal inflammation. No evidence of right retroperitoneal effusion. Overt evidence of dilated right ureter exiting the right kidney was not definitively evident. Suspected segmental hydroureter noted in the mid to caudal abdomen, potentially approaching the urinary bladder. The suspected area of hydroureter measuring 0.3 cm in diameter. Overt evidence of ureteral calculi was not definitively evident in this study, yet suspected.

Adrenal Glands

The adrenal glands were not definitively visualized.

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. Gastric body wall measured 0.24 cm.



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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. Jejunum wall measured 0.20 cm.

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

Pancreas

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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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Left kidney mild hydronephrosis with medullary renolithiasis
- Right kidney moderate to severe hydronephrosis with loss of discernable medullary parenchyma and focal lateral diverticuli renolith
- Suspect segmental hydroureter – unclear if left or right ureter
- Mild urinary bladder mineral/sand

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

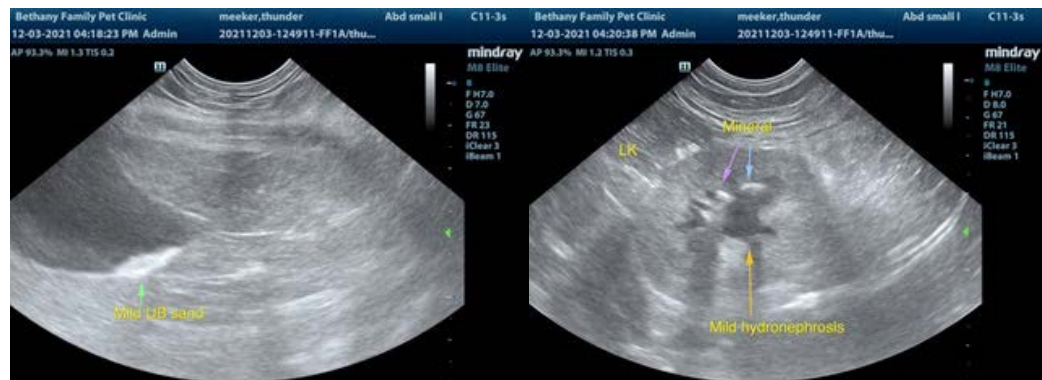
Functionality of the right kidney is highly questionable. Given the degree of azotemia, potential decreased functionality of the left kidney may also be possible. Referral in this case for further assessment and therapy in an attempt to potentially salvage function of the left kidney is likely in this patient's best interest. Urine culture and sensitivity recommended to rule out underlying infection and/or pyelonephritis. If referral is not an option, hospitalization with appropriate IV fluid therapy, analgesic, Prazosin +/- low dose Dexamethasone with radiographic monitoring of the likely ureteral calculi is recommended. Guarded prognosis.

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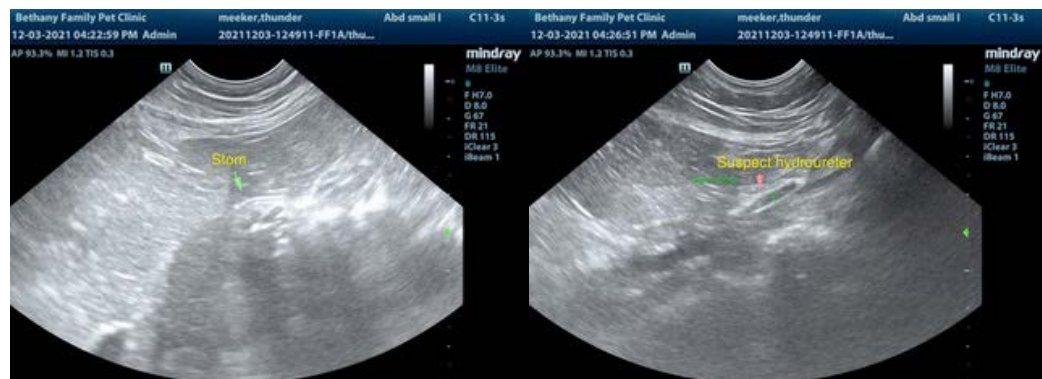
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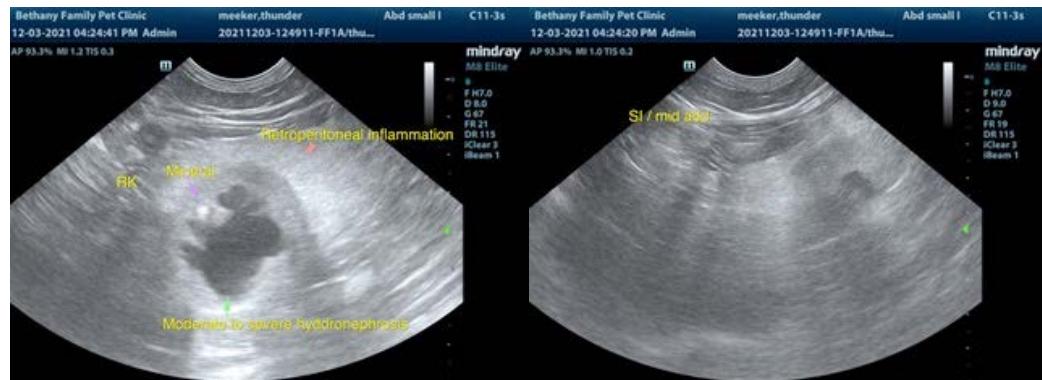
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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