



PATIENT

Coco Solimine

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

15 years

WEIGHT

7.13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chun

INVOICE

12917

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Lethargy, anorexia, V+, abdominal distension. Current meds: IVF, Cerenia

Abnormal PE/Chem/CBC/UA Results: wbc 35.1, neut 33.15, hct 47.6, plt 73, bun 92.9, creat 2.5, phos 9.4, TP 9, glob 5.6, glu 518, chol 323, alt 276

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was distended in size yet exhibited subjective normal tone. No overt neoplastic or inflammatory mural criteria was noted. The bladder contained primarily anechoic urine with mild to moderate dependent particulate sediment. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size, measuring 2.9 cm in length. Moderate to marked loss of corticomedullary border demarcation was present. Moderate hydronephrosis was present in the left kidney with primarily anechoic fluid exhibiting potential for a mild cellular component. The left ureter exhibited generalized dilation with moderate to significant proximal left ureter dilation measuring 1.5 cm in diameter. Regional retroperitoneal Inflammation around the left kidney and distended left ureter was present. Anechoic fluid was present in the moderate to significantly dilated proximal left ureter with potential for mild cellular component. The mid to distal left ureter exhibited mild fluid dilation measuring 0.23 cm in diameter extending caudally to the approximate level of the urinary bladder. Focal mineral was noted in the distal left ureter adjacent to the urinary bladder.

Normal size and asymmetrical contour were present in the right kidney. 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 present in the right kidney. No evidence of concurrent right ureter fluid dilation was noted. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. The left adrenal gland measured 0.63 cm width. The right adrenal gland measured 0.76 cm width. The prominent bilateral adrenal glands are of unclear clinical significance and may be a patient variant.

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/ Gallbladder

The liver exhibited mild generalized enlargement with regional areas of parenchyma heterogeneity. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal



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	<p>cortices with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.</p> <p>Gastrointestinal</p> <p>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.</p> <p>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.</p> <p>Normal visible colon wall layers were present with apparent formed feces in lumen.</p> <p>Pancreas</p> <p>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.</p> <p>Free Abdomen</p> <p>No overt lymphadenopathy or peritoneal effusion was present.</p> <p>ULTRASONOGRAPHIC FINDINGS</p> <p>Primary Findings</p> <ul style="list-style-type: none"> • Distended urinary bladder with primarily dependent particulate sediment, possible pyuria • Left kidney / ureter: subnormal left kidney size with obstructive left hydronephrosis and moderate hydronephrosis, potential for pyonephrosis / pyelonephritis or proximal left ureter abscess possible • Right kidney chronic renal changes with mild pyelectasia - no signs of concurrent right ureter obstruction • Echogenic liver exhibiting regional nonhomogeneous parenchyma - chronic hepatitis / cholangiohepatitis, vacuolar hepatopathy, lipidosis, with areas of parenchymal remodeling or fibrosis, potential for round cell hepatic neoplasia cannot be excluded • Mild gallbladder debris • Probable low-grade active or chronic active pancreatitis <p>Secondary Findings</p> <ul style="list-style-type: none"> • Bilateral prominent adrenal glands - nonspecific



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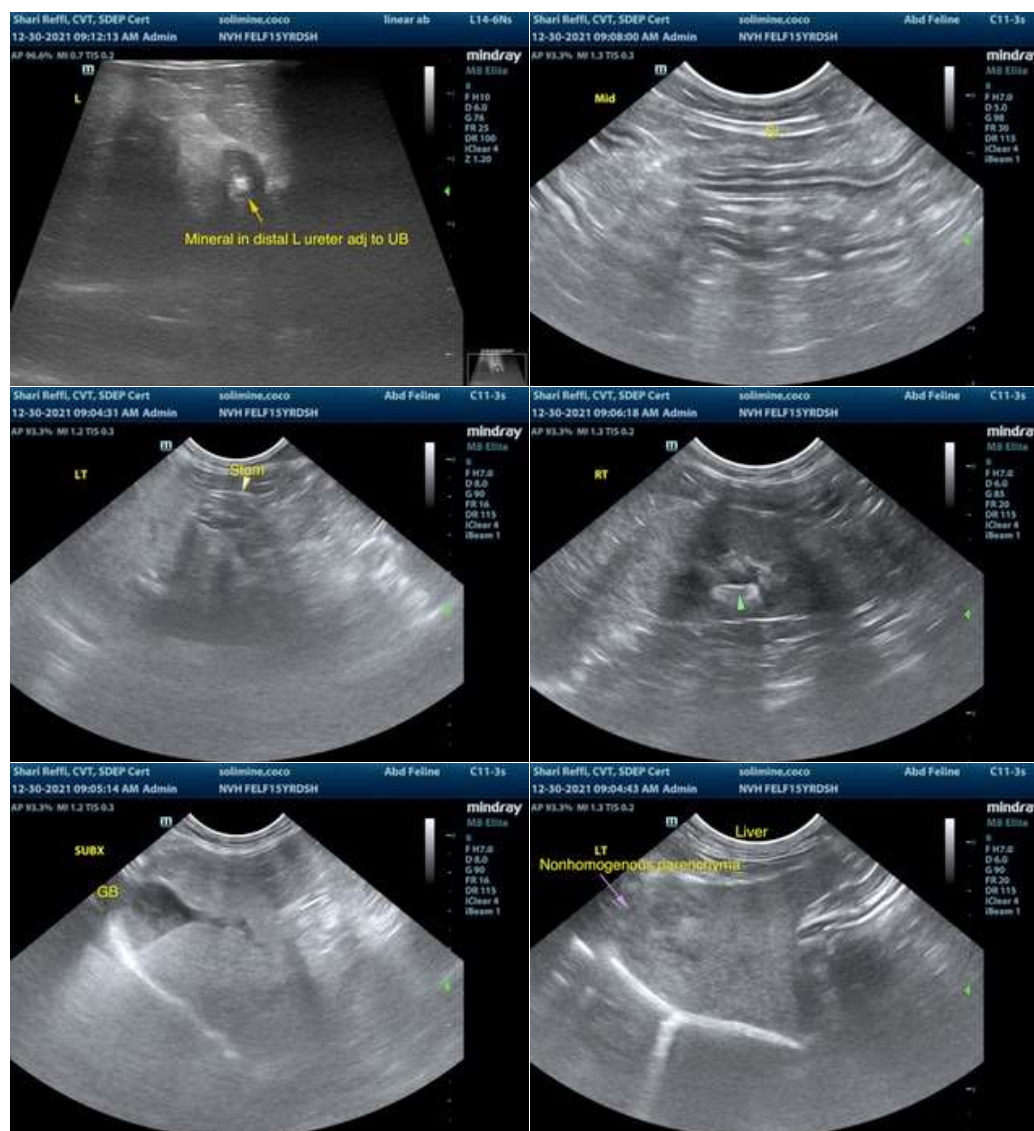
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on a sterile urine sample is recommended. The functionality of the left kidney is questionable at best.

Ultrasound-guided FNA of the liver, specifically in the areas of parenchyma heterogeneity, assuming normal clotting status, could be considered for screening cytology. Fructosamine level could be considered, given the hyperglycemia. Left nephrectomy could be considered in this case, yet likely dependent upon hepatic cytology to rule out the potential for neoplasia, as well as renal response to IV fluid therapy. A guarded prognosis is warranted.





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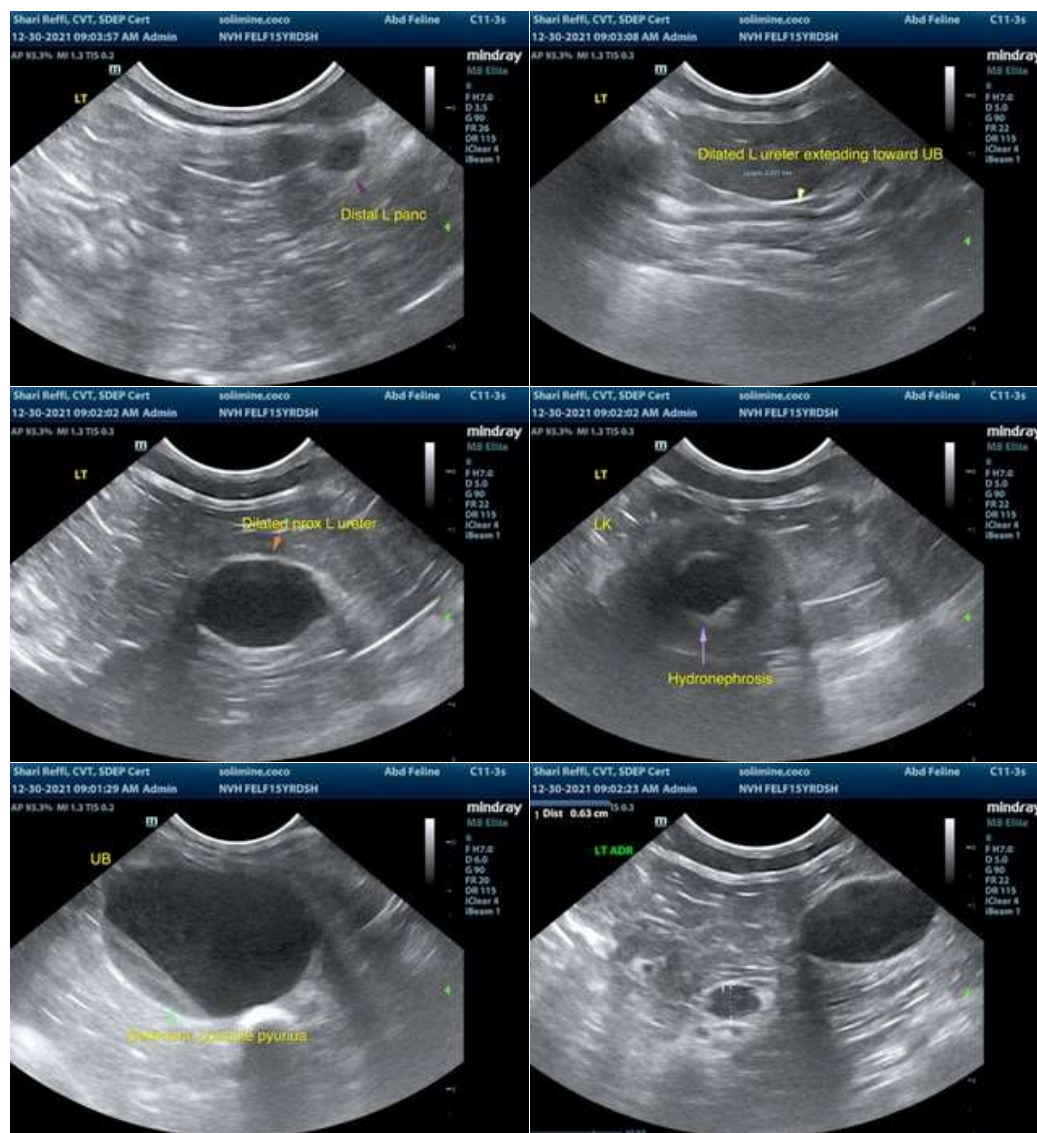
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com