



| | |
|--|--|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Sniffy Buckmire | 11/29 exam---- Reason for Visit: RECHECK BW/ URINE History: HERE TO RECHECK BW AND URINE. O STATES P HAS NOT BEEN DOING SO GOOD LATELY. P'S APPETITE HAS DECREASED. SHE HAD ONLY ONE MEAL YESTERDAY. P HAD VOMITING AND DIARRHEA ON SATURDAY MORNING. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; Oral Cavity: moderate dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Softmild discomfort with mid abdominal palpation, thickened small intestinal loops Uro/Perineum: N |
| Feline | Musculoskeletal: Normal ambulation, no lameness noted. BCS 4/9 Neurological: Appropriate CBC: HCT 21 (was 29) - r/o CRF, GI blood loss Neutrophilia 13,266 - r/o unresolved UTI, stress Chem: BUN 62 (was 59 on 11/22, 122 on 11/13) Creat 3.4 (was 4.3 on 11/22, 10.2 on 11/13) Phos WNL 4.3 (was 1.4 on 11/22, 13.5 on 11/13) UA : SG 1.012, RODS >100/hpf 12/4/21 Date: 12/4/2021 Time: 10:02 Notes: Spoke with mrs, just laying around, not eating, lethargic, had small BM last night and this am...not straining...came out soft. No more blood in stool Explained that this is all very concerning. Rec drop off for progress exam, PCV/TP (last HCT dropped to 21), Ab US to evaluate kidneys (concern for e. coli pyelonephritis), +/- B12 inj. |
| BREED | |
| DSH | |
| SEX | |
| SF | |
| AGE | |
| 16 years 9 months | |
| WEIGHT | |
| 10 lbs. | |
| INTERPRETED BY | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Urinary System |
| IMAGING PERFORMED BY | 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. |
| Michaleen | The area of the aortic trifurcation was free of pathology. |
| HOSPITAL NAME | Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. mild left kidney pyelectasia was noted without evidence of peri-pelvic inflammation. The left kidney measured 3.3 cm in length. |
| DPC VH | |
| REFERRING VET | Subnormal size with normal margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of right kidney pyelectasia was noted. The right kidney measured 2.5 cm in length. |
| Dr. Feldt | |
| INVOICE | |
| 12733 | |
| DATE | Adrenal Glands |
| 12/4/21 | The left and right adrenal glands were not definitively visualized. |



PATIENT

Sniffy Buckmire

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

16 years 9 months

WEIGHT

10 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

12733

DATE

12/4/21

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 exhibited subjective mild subnormal size, potentially owing to volume contraction, measuring 0.56 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Several Intraparenchymal thinly walled cysts were present. 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. The gastric body wall width measured 0.24 cm.

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 duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.24 cm.

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 were evident.

Free Abdomen

No overt omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral moderate chronic renal changes with subnormal right kidney size compared to the left and mild left kidney pyelectasia
- Intermittent hepatic intraparenchymal cysts - benign
- Sonographically unremarkable gastrointestinal tract



PATIENT

Sniffy Buckmire

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

16 years 9 months

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

12733

DATE

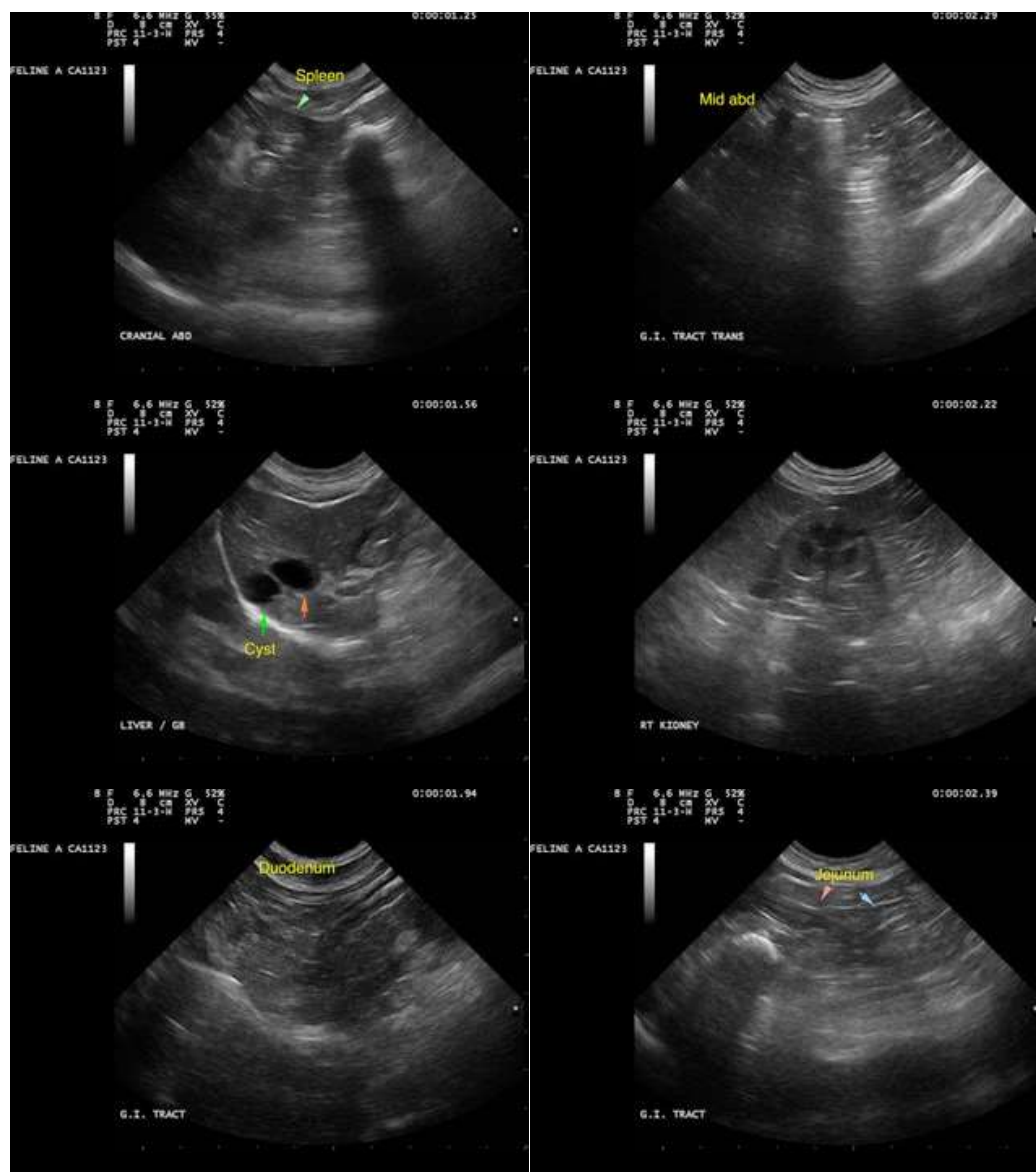
12/4/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

The potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis may be present yet ultrasonographically normal. Hospitalization with 24-48 hour IV fluid and gastrointestinal support, given the azotemia, may prove beneficial. Further assessment of occult disease may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology.





PATIENT

Sniffy Buckmire

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

16 years 9 months

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

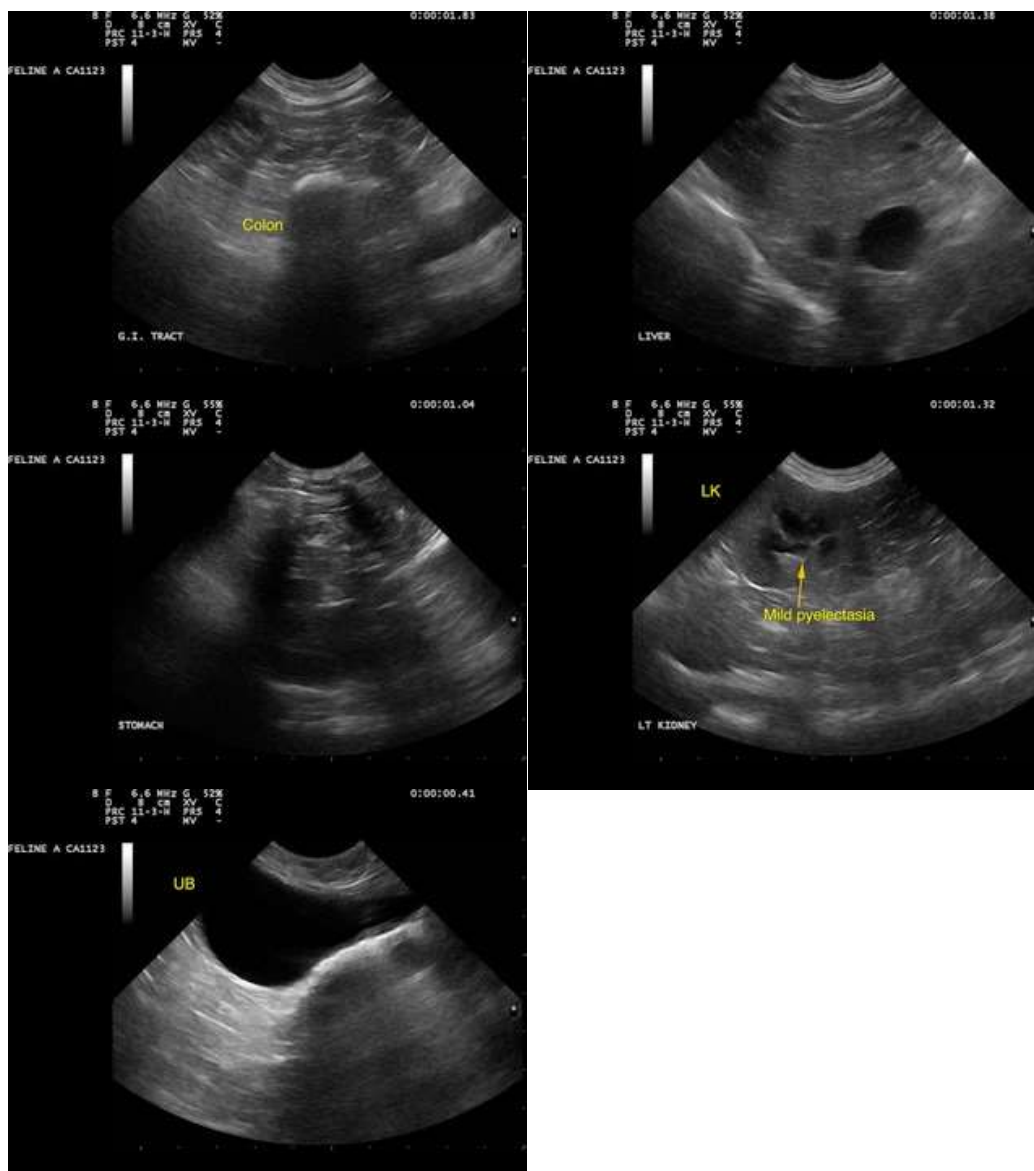
Dr. Feldt

INVOICE

12733

DATE

12/4/21



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