

**PATIENT**

Ellie Lockhart

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

9.3lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Carlson

INVOICE

12373ag

DATE

12/05/2022

PRESENTING CLINICAL SIGNS

Intermittent hematuria with normal rads and normal recent u/a after tx for UTI. Urinated right before scan and it was foul smelling, but no noticeable hematuria (did not process this urine sample - it was on the floor).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was empty due to urination directly preceding the ultrasound study. Full evaluation of the bladder walls was limited due to lack of urine distention. No overt evidence of luminal masses or calculi. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length.

The right kidney was subnormal in size with asymmetrical margination. Marked loss of corticomedullary border demarcation was present with pinpoint areas of dystrophic medullary mineral. No evidence of right kidney pyelectasia. The right kidney measured 2.5 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Suspect a small omental cyst of cystic lymph node adjacent to the area of the left adrenal gland measuring 1.0 cm in diameter. The suspected cyst did not pick up blood flow on color Doppler and appeared to contain anechoic fluid.

Spleen

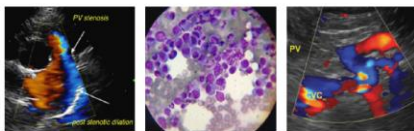
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.79 cm in width at the level of the hilus.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 measured 0.25 cm in width.

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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. The jejunum wall measured 0.22 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Empty urinary bladder
- Dystrophic right kidney with pinpoint to focal medullary mineral
- Left kidney mild compensatory hypertrophy
- Heterogeneous pancreas-patient/age related variant, potential for low-grade pancreatitis
- Suspect small omental cyst or cystic lymph nodes adjacent to the area of the left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally sonographic reassessment of a full urinary bladder is suggested if possible. A recheck urine C/S on sterile urine sample if off antibiotic for 7 days. Empirically conservative therapy for idiopathic cystitis may prove beneficial. Potential hematuria associated with the dystrophic right kidney cannot be definitively excluded.

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Assessment and monitoring of renal parameters recommended. Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

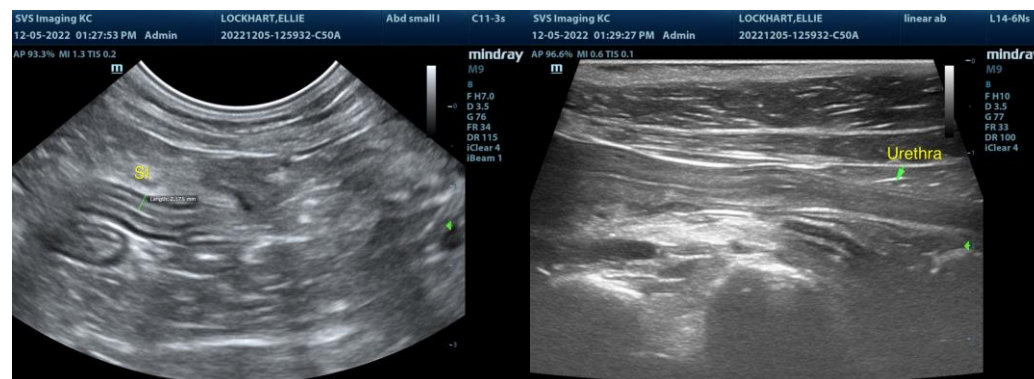
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A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Assessment of potassium level is recommended given the suspected cyst/cystic lymph node in the area of the left adrenal gland.

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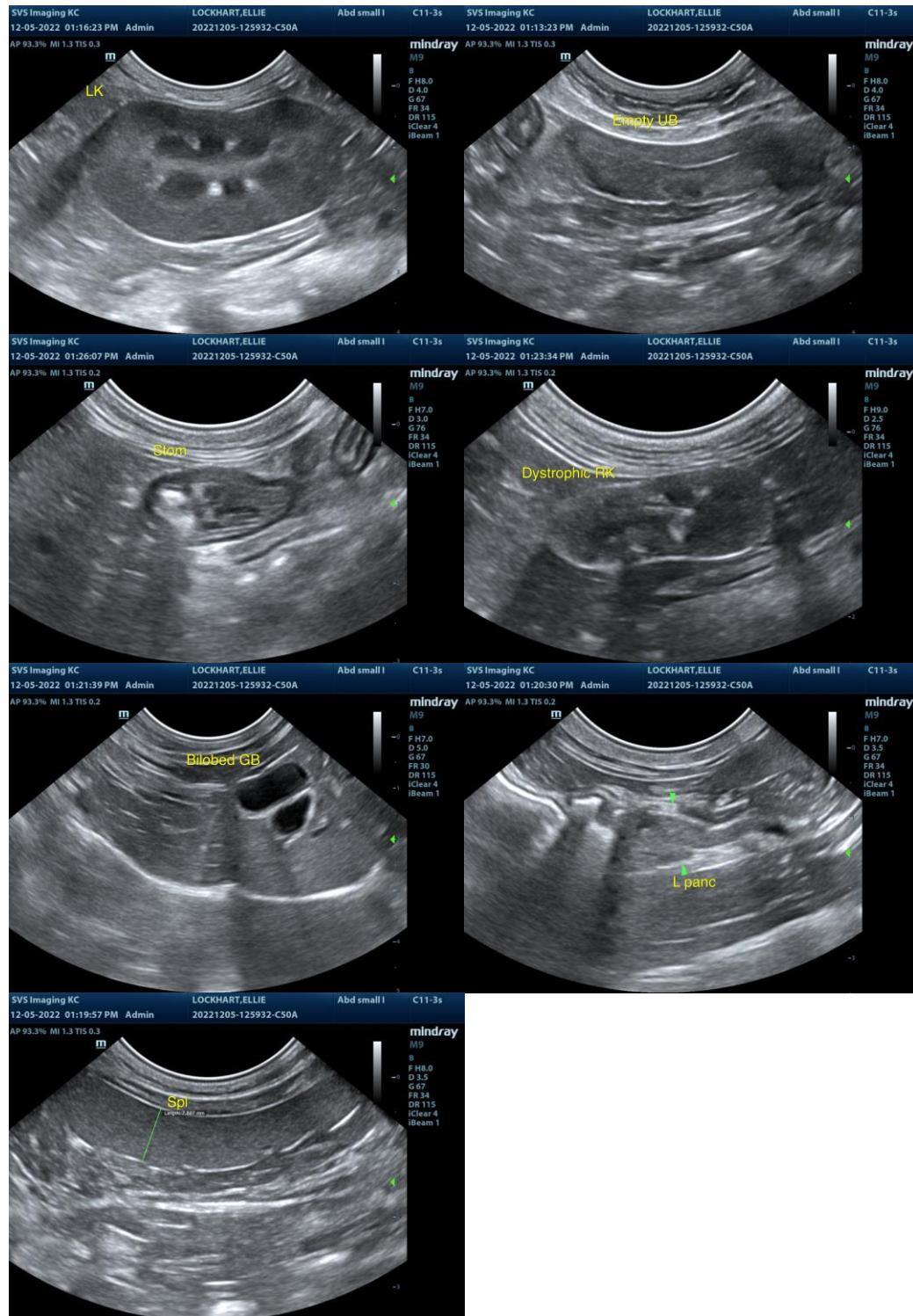
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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