



PATIENT	PRESENTING CLINICAL SIGNS
Bonnie Johnson	<p>Presenting for inappropriate urination and defecation, seen 1/22 for defecating soft stool with some blood, few firm stools found around the house on the 19th and aggressively licking genitoretal area. 3 weeks ago urinated in front of the litter box as well as this morning but appeared normal. Howling going to the bathroom night before presentation, unsure if urination or defecation. Has had occasional vomiting, O have tried different foods, ate a ribbon at christmas but vomited it up. O has given hairball medications. PE - Moderate amount of feces in colon, doesn't palpate as painful or overtly firm, bladder comfortable, left kidney surface is undulated, right palpates normal but can only palpate caudal aspect. UTI found from BW and radiographs taken - see attached rads. Started with GI protectants and convenia injection. Current Medications convenia injection, fortiflora, gabapentin, cerenia inj,</p> <p>Abnormal PE/Chem/CBC/UA Results: Labs - Rod bacterial with WBC/RBC in urine, Chem - BUN elevation, hypercholesterolemia and amylase elevation, CBC - neutrophilia Radiographs taken on 1/22 then again on 1/24 Radiographic Findings Stomach is distended with food, radiodensities present in what looks like the pylorus which extends caudally, cannot rule out mineralization of tissue. There is moderate gas distension in the GI tract and subjectively the GI appears thickened. The colon is mildly distended with firm feces. The kidneys appear enlarged width wise especially at the cranial aspect and there are mineralizations present in both kidneys as well. The left kidney's lateral surface does have an undulating surface. The spleen appears of normal shape and size and the skeletal system appears normal as does what is visible of the thorax. There is suspect for constipation along with potential gastroenteritis. Cannot rule out dietary indiscretion or FB. There are renoliths present and undulating appearance of the kidney could be consistent with neoplasia such as renal lymphoma vs renal cysts or infarctation due to nephroliths. Chronic renal disease is also a potential rule out.</p>
SPECIES	
Feline	
BREED	
DSH	
SEX	
FS	
AGE	
14.5 lbs.	
WEIGHT	
7.9 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 proximal urethra to a depth of 2.0 cm exhibited normal structure and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria was noted.
Jenna Walsh, CVT	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	The kidneys exhibited normal size with asymmetrical margination. Marked chronic degenerative corticomedullary parenchyma changes with multifocal, variably sized corticomedullary cysts containing anechoic to mildly cellular fluid were present. Areas of mineralization were noted within the left and right renal medulla along with bilateral mild pyelectasia. The left kidney measured 4.1 cm. The right kidney measured 4.6 cm. No overt evidence of retroperitoneal free fluid or obvious inflammation.
Ark AH	
REFERRING VET	
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13302	
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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

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 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.3 cm width.

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 0.25 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 small intestinal wall width measured 0.24 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. No overt evidence of colonic distention with feces suggestive of constipation. Overt evidence of mural pathology in the visualized colon was not present.

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 lymphadenopathy or peritoneal effusion was present.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic degenerative to polycystic kidneys with nonobstructive medullary renoliths and minor pyelectasia
- Sonographically unremarkable urinary bladder and visualized proximal urethra
- Overtly normal gastrointestinal tract / colon

Secondary Findings

- Minor hepatic parenchymal remodeling with mild nonobstructive proximal common bile duct dilation - may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted, no overt signs of post hepatic obstruction

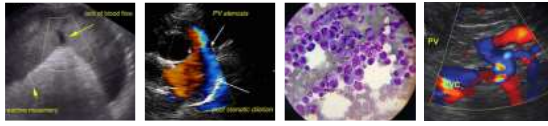
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys may indicate advanced chronic renal changes with concurrent polycystic component, while the possibility of chronic nonspecific nephritis such as interstitial nephritis / pyelonephritis with less likely renal neoplasia are possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Overt evidence of lower urinary tract Inflammatory or neoplastic criteria, as well as distal colon or colorectal mural pathology, was not definitively evident as an obvious cause of the patient's clinical signs. Rectal palpation, if possible, could be considered.

If clinically indicated, as-needed gastrointestinal support and conservative therapy for constipation may be considered. Recheck sonogram for a reassessment of the kidneys is suggested if progressive evidence of azotemia is noted.





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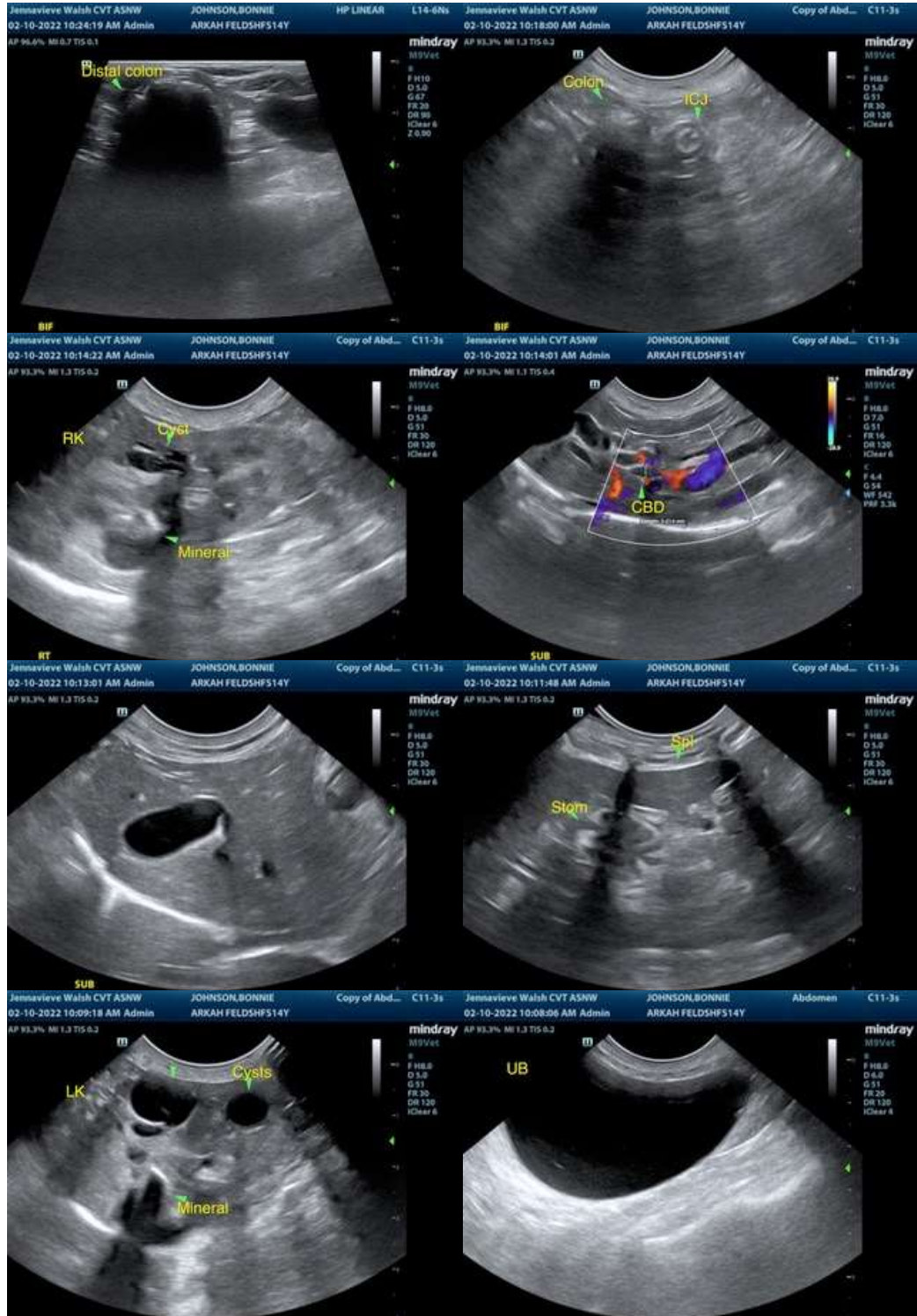
Dr. Jackson

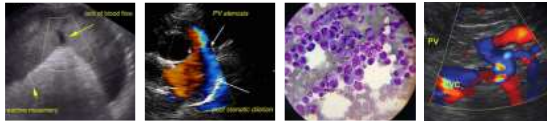
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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info@SonoPath.com

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