



PATIENT

Abby Falcone

PRESENTING CLINICAL SIGNS

Patient presents for chronic renal failure.

Current treatments: heat support, IVFs, unasyn, famotadine, sucralfate, azodyl, and epikatin.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chem: A/G ratio 0.99, BUN/creat. ratio. 9.257, glob. 3.5, CO2 6.9, T. bili 2.5, chol. 350.10, Ca 7.23, amylase 2157, trigs 446.94, creat. 12.9, uric acid < 10.00, lipase 170, CK 3542, BUN 119.42, Phos. > 18.60, bile acid 36.27, AST 95. CBC: Eos. 0.06, baso. 0.00, neut. %, 84.6, lym% 5.4, mon % 9.3, Eos % 0.7, Bas % 0.0, HGB 8.1, MCV 55.0, PDW-CW 12.4, PDW-SD 20.3.

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

AGE

9yr

Normal size and asymmetrical margination were present in the kidneys. Likely cortical microinfarctions present. A normal 1:3 cortex / medulla ratio and mild to moderate loss of corticomedullary definition was present. Mild to several medullary nephroliths were present along with mild bilateral pyelectasia. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

8.6lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

IMAGING PERFORMED BY

Kelly Vazquez

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 0.69 cm in width at the level of the hilus.

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

Liver/Gallbladder

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. A focal area of non-obstructive mineral in the mid common bile duct vs adjacent pancreatic duct was present measuring 0.62 cm in diameter.

REFERRING VET

Dr. Silver

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

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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.



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

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Pancreas

SPECIES

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.

Feline

Free Abdomen

BREED

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

Siamese

A solitary spherical to mildly irregular mineralized echo present in the cranial abdominal omentum adjacent to the liver yet not within the liver parenchyma. This mineralized echo measured ~ 1.1 cm in diameter.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Bilateral chronic nephropathy with medullary nephrolithiasis and pyelectasia
- Subjective cranial abdominal Bates body-benign
- Focal non-obstructive mid common bile duct vs pancreatic duct mineral
- Moderate non-shadowing gastric ingesta/chyme, possible metabolic gastric stasis

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The sonographic appearance of the kidneys is consistent with chronic nephropathy and possible end stage renal failure given the degree of azotemia. Correlation with full urinary workup including C/S and baseline UPC as well as assessment of systemic BP is recommended. Continued aggressive therapy for chronic renal failure with assessment of clinical and renal response would be reasonable. No overt evidence of post hepatic obstructive criteria is present.

8.6lb

INTERPRETED BY

As needed GI supportive care +/- prokinetic agents if evidence of persistent retained gastric ingesta recommended. An extremely guarded prognosis is indicated.

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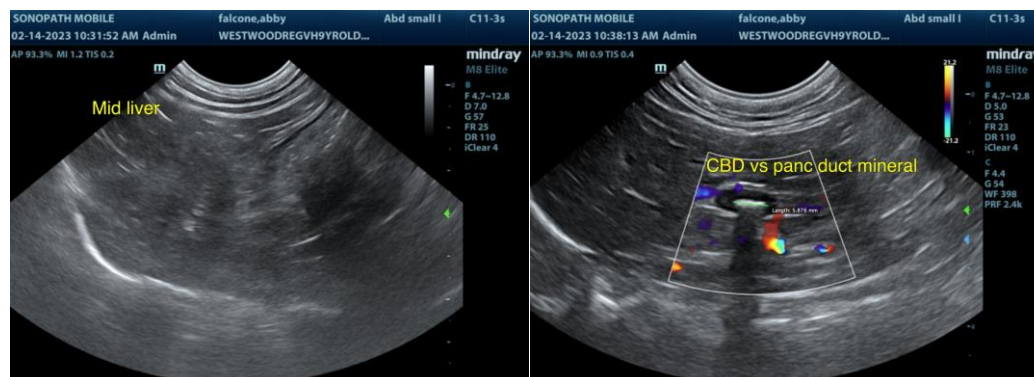
Dr. Silver

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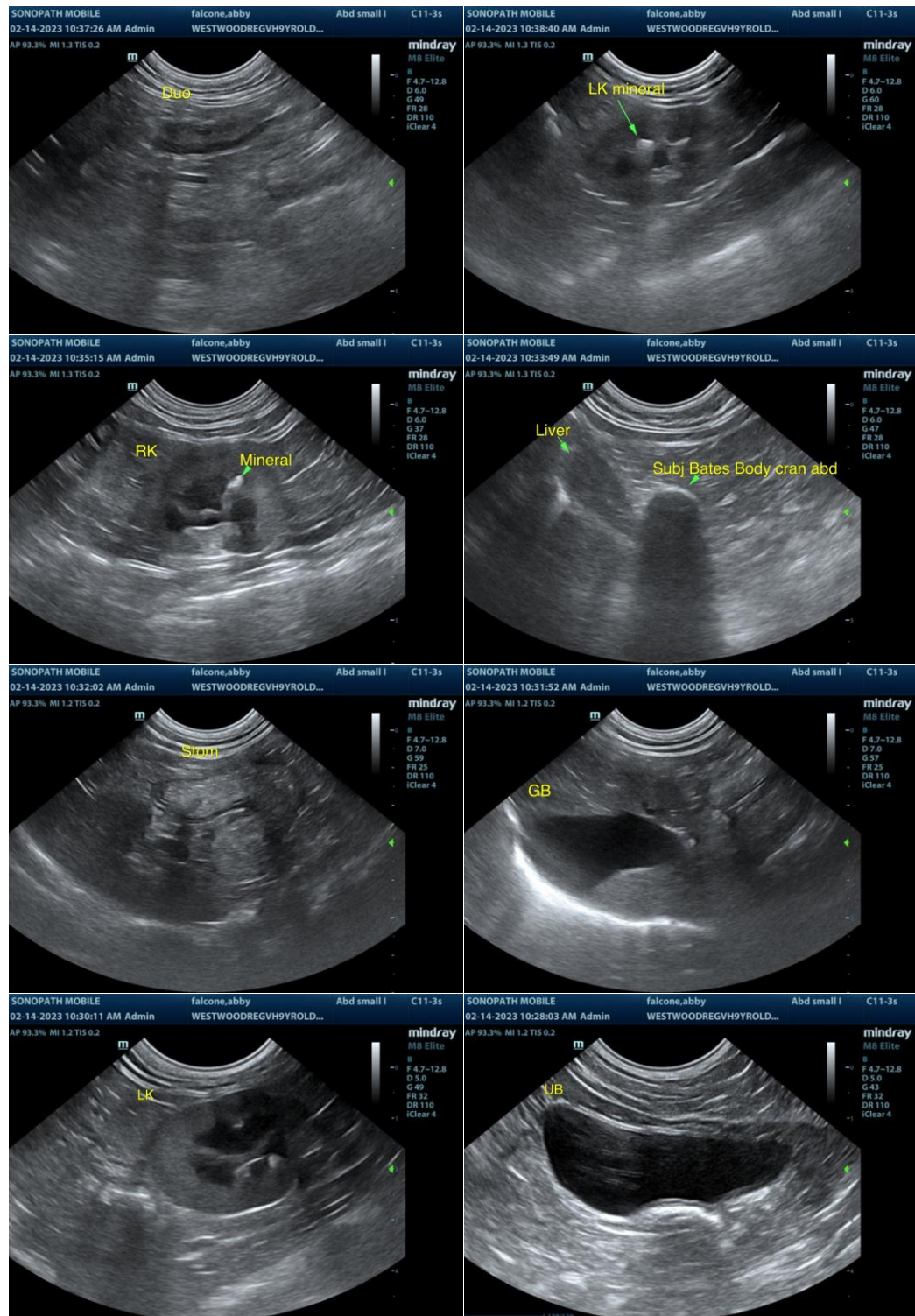
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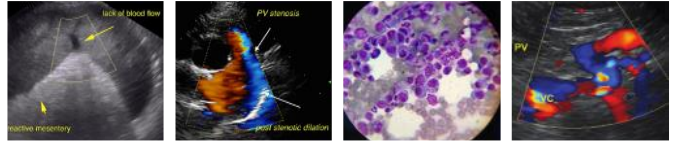
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com

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