



PATIENT

Rocky Kawakami

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5

WEIGHT

11.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

45551

DATE

2/27/23

PRESENTING CLINICAL SIGNS

The patient keeps humping.
Abnormal PE/Chem/CBC/UA Results: Physical exam-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent particulate sediment was present without evidence of calculus formation, which may indicate cellular debris/protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The left kidney was low-normal in size with asymmetrical margination. Mild irregular cortex hypertrophy noted with increased cortex echogenicity including lateral cortical infarcts. Mild loss of corticomedullary border demarcation. Pinpoint dystrophic medullary mineral noted. No evidence of peripheral or left retroperitoneal inflammation. The left kidney measured 3.3 cm.

The right kidney is mildly prominent in size with mild uniform hyperechoic cortex hypertrophy and adequate corticomedullary border demarcation. No pyelectasia. The right kidney measured 4.6 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

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

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. 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 contained mild nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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 was evident.



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Free Abdomen

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No omental masses, lymphadenopathy, or evidence of peritoneal free fluid.

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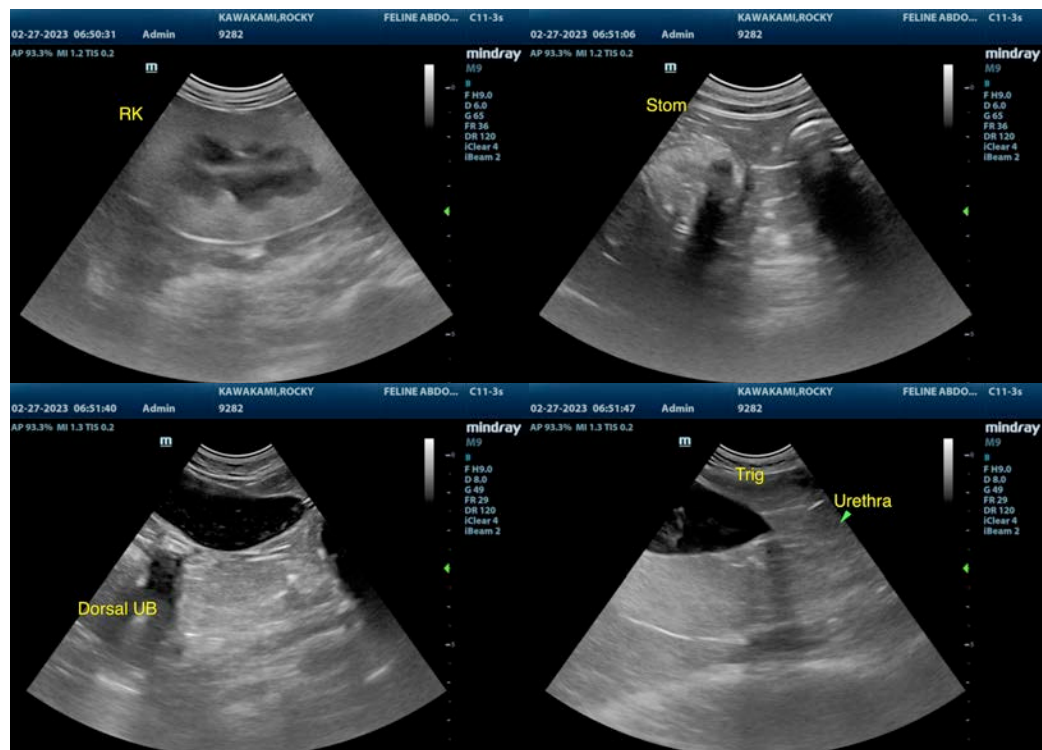
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Borderline subnormal left kidney size exhibiting asymmetrical margination, irregular cortical hypertrophy with lateral cortical infarct.
- Subjective right kidney compensatory hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive retained testicle within the abdominal cavity was not visualized, yet retained testicles in cats tend to be small, and may be difficult to localize sonographically. Given the presenting complaint in this patient, sedation with gross inspection of the penis for evidence of persistent penile spines is suggested. If penile spines are present, thorough inguinal examination under sedation for potential palpation of retained testicle is recommended. Exploratory laparotomy for potential gross identification and resection of a retained testicle may be indicated.

The left kidney is non-specific and may indicate possible non-specific nephritis or mild dysplasia. Full urinary workup including screening culture and sensitivity (especially if evidence of inflammatory cells) +/- UPC is recommended.





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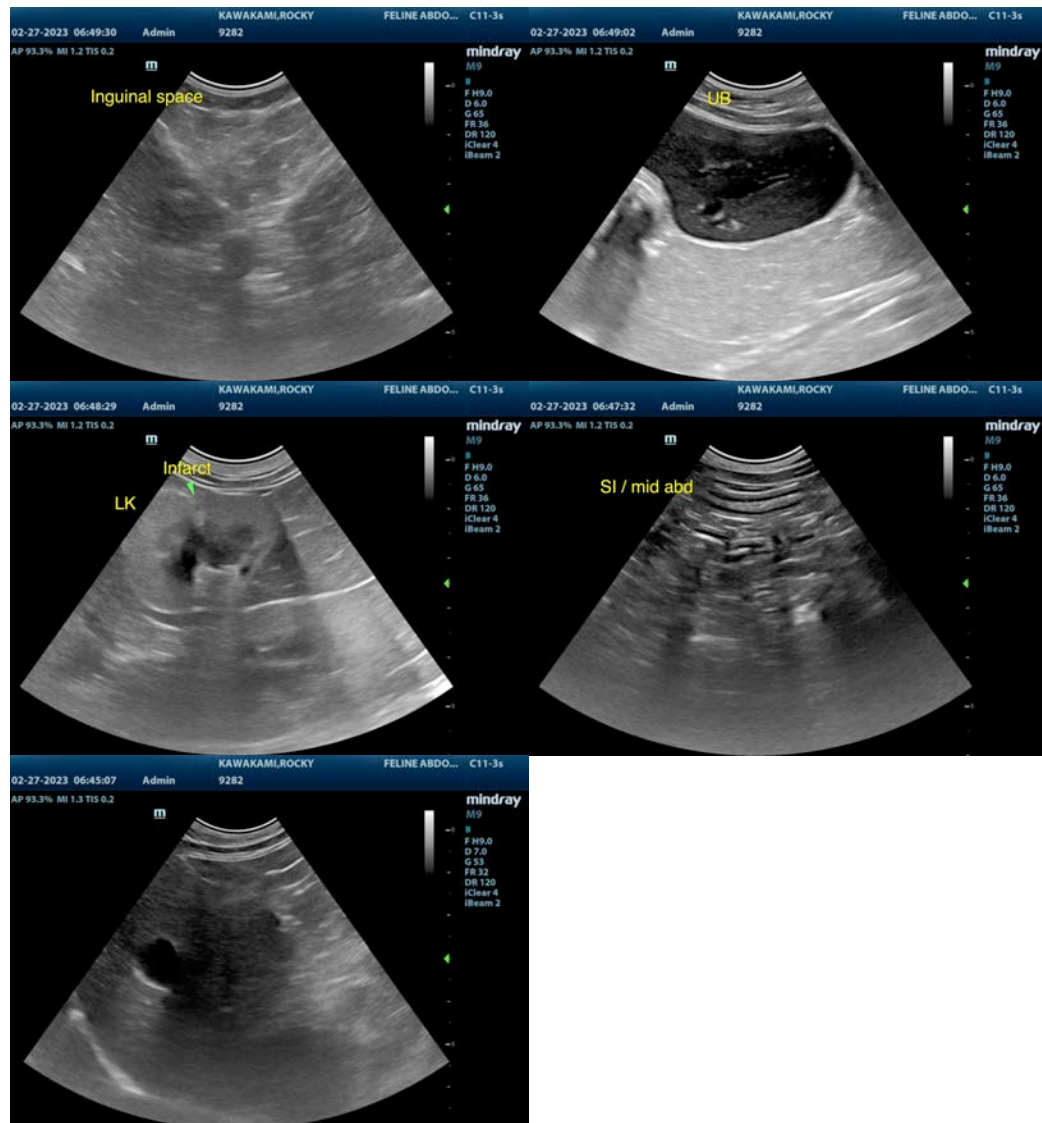
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com