



PATIENT PRESENTING CLINICAL SIGNS

Skunky Kelhart Vomiting after eating

SPECIES Unremarkable CBC, Chemistry Panel- BUN 72, Creatinine 4.6, SDMA 31, Phosphorus 7.4, Calcium 11.4, Spec fPL 14.2, T4 1.5

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH 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. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE The area of the aortic trifurcation was free of pathology.

2011 Both kidneys exhibited moderate hyperechoic cortex hypertrophy with enhanced yet indistinct irregular corticomedullary border, reduced medullary volume, and very minor bilateral pyelectasia. Subtle evidence of increased left and right retroperitoneal tissue echogenicity was noted with potential for very scant left and right retroperitoneal free fluid. The left kidney was borderline subnormal in size compared to normal feline renal size compared to the right kidney measuring 3.0 cm in length. The right kidney was normal in size and measured 3.9 cm in length.

WEIGHT

8.3

INTERPRETED BY *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) No overt pathology was noted in the area of the left and right adrenal glands.

Spleen

IMAGING PERFORMED BY 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 0.73 cm width at the level of the hilus.

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME *Liver/ Gallbladder*

Creeview VH

REFERRING VET 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 mildly subnormal, likely owing to the presence of gastric ingesta / chyme. No evidence of inflammatory or obstructive criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without signs of obstruction or foreign material. No



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evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.27 cm. The stomach was otherwise normal.

SPECIES

Feline

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 measured 0.23 cm width. The jejunum wall measured 0.23 cm width.

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

BREED

Pancreas

DSH

The pancreas was normal in size and contour with heterogeneous isoechoic parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2011

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific subjectively chronic nephritis
- Mild urinary bladder sediment
- Heterogeneous pancreas
- Structurally normal gastrointestinal tract with mild gastric ingesta / chyme

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The bilateral kidneys were sonographically suggestive of chronic nephritis which may include interstitial nephritis, glomerulonephritis, or other. Given the lack of renomegaly, neoplastic renal criteria is considered less likely yet cannot be definitively excluded. Full urinary workup including urinalysis, screening C/S, and baseline UPC level with an assessment of systemic BP is recommended.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Assuming normal clotting status, renal cortex FNA cytology could be considered with an assessment of renal response to empirical CRD and as-needed fluid therapy.

HOSPITAL NAME

Creeview VH

Low-grade chronic to chronic active pancreatitis is possible and may be indicated if evidence of cranial abdominal or subxiphoid discomfort on palpation and correlation with elevated fPL.

A hydrolyzed diet trial with as-needed gastroprotectants may prove beneficial.

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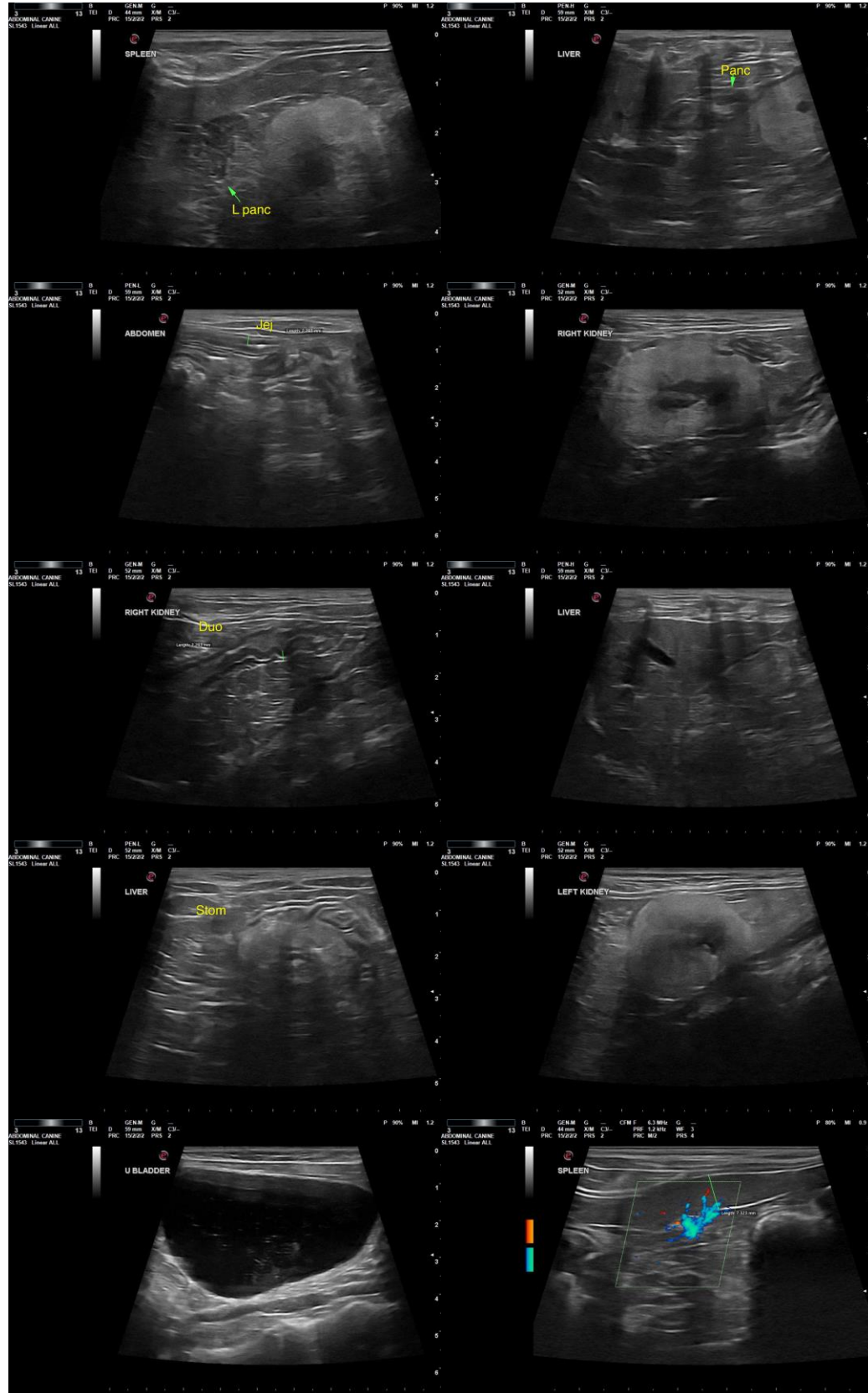
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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