



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Johnny Granstrem	Geriatric patients Stage I CKD Weight loss, muscle wasting Cranial abdominal mass mainly in the right Lethargy
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC–within normal limits Chemistry–mild azotemia
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.
<b>SEX</b>	
M/N	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
18	Normal renal size with asymmetrical margination was present in left kidney with mild hydronephrosis. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced.
<b>WEIGHT</b>	
5.2	The right kidney was enlarged in size primarily owing to severe hydronephrosis with no discernable remaining medullary parenchyma. Mild discernable intact cortex with interdiverticular septa were present. The right kidney measured 5.7 cm in diameter. The fluid within the right kidney was primarily anechoic with mild echogenic debris. No overt evidence of left or right hydroureter or obstructive criteria at the level of the urinary bladder.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Sharkaway	The left and right adrenal glands were not definitively visualized.
	<b>Spleen</b>
<b>HOSPITAL NAME</b>	The spleen was not definitively visualized potentially owing to splenic displacement or volume contraction.
Kew Gardens AH	
<b>REFERRING VET</b>	<b>Liver/ Gallbladder</b>
Dr. Sharkaway	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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild echogenic nonorganized gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
16440	
<b>DATE</b>	<b>Gastrointestinal</b>
3/22/23	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.



## PATIENT

Johnny Granstrem

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.

## SPECIES

Feline

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

## BREED

DSH

## Pancreas

The pancreas exhibited mild prominent variable to increased size with capsule asymmetry and nonhomogeneous pancreatic parenchyma.

## SEX

M/N

## Free Abdomen

No omental masses or visualized omental lymphadenopathy were present. Intermittent scant pocket of peritoneal free fluid was noted.

## AGE

18

## ULTRASONOGRAPHIC FINDINGS

- Right kidney severe hydronephrosis, potential for pyonephrosis possible
- Left kidney chronic interstitial nephrosis pattern with mild hydronephrosis
- Prominent to remodeled pancreas - age variant, benign parenchymal remodeling, potential for low-grade / chronic pancreatitis
- Minor hepatic parenchymal remodeling with mild gallbladder debris
- Overtly normal gastrointestinal tract
- Intermittent scant pocket of peritoneal free fluid

## WEIGHT

5.2

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## IMAGING PERFORMED BY

Dr. Sharkaway

Full urinary work up including screening C/S and baseline UPC level if evidence of proteinuria is suggested. Right kidney pyonephrosis is thought less likely, given the lack of inflammatory leukogram. No overt suspicion of intrabdominal neoplastic criteria.

## HOSPITAL NAME

Kew Gardens AH

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease as a contributing factor to the patient's weight loss is warranted. Three-view chest radiographs are suggested if not recently done.

## REFERRING VET

Dr. Sharkaway

## INVOICE

16440

## DATE

3/22/23





**PATIENT**

Johnny Granstrem

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

18

**WEIGHT**

5.2

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

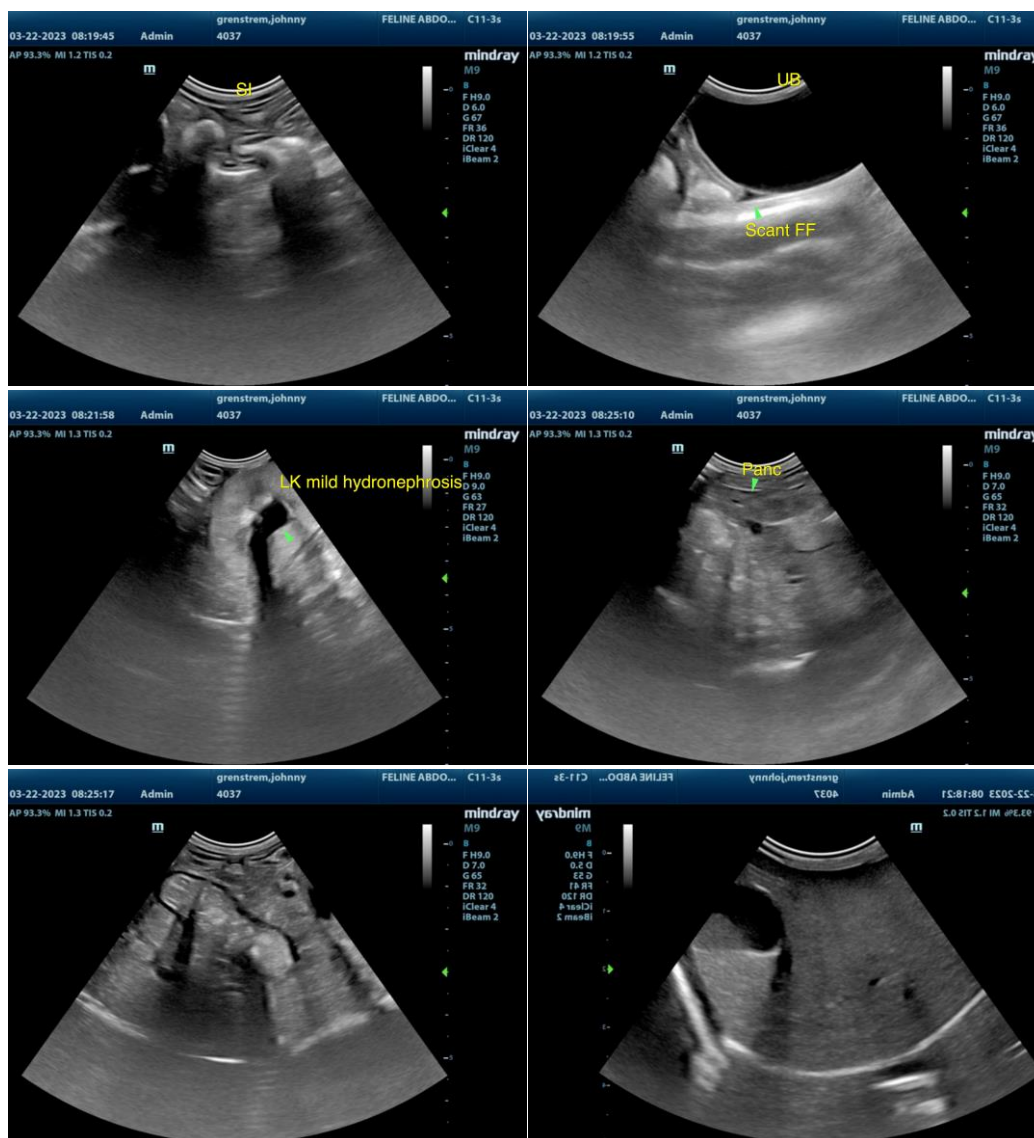
Dr. Sharkaway

**INVOICE**

16440

**DATE**

3/22/23



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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