PATIENT

Radar Reiss

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

10 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Adam White

INVOICE

13463

DATE

3/9/22

PRESENTING CLINICAL SIGNS

Patient appeared jaundice at drop off for routine dental cleaning.
Abnormal PE/Chem/CBC/UA Results: EOS 6.61, RETIC 56.6 all other CBC values WNL CHEM 17 TBIL 2.3 all other values WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild hydronephrosis with concurrent mild proximal right hydroureter was present in the right kidney. A focal area of indistinct mineral is suspected in the proximal right ureter, measuring 0.33 cm in diameter. Subjectively, the right ureter distal to the area of suspected mineral was sonographically unremarkable. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild to discrete, non-expansive, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen was normal in size measuring 0.75 cm width at the level of the hilus.

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 mild gallbladder debris. The gallbladder and common bile duct exhibited hyperechoic yet non-thickened walls. The proximal to mid common bile duct was mildly dilated and tortuous without overt

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post hepatic obstruction. The common bile duct measured 0.30 cm diameter. No overt evidence of common bile duct calculi, mucus, or obstructive pathology was noted.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.42 cm.

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 were evident.

Free Abdomen

No evidence of concurrent or significant mesenteric lymphadenopathy was noted. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild right kidney hydronephrosis with concurrent mild proximal right hydroureter, suspect focal mineral and proximal right ureter likely obstructive
- Mild gallbladder debris with mild proximal to mid nonobstructive common bile duct dilation - suspect cholangitis without overt evidence of post-hepatic obstruction
- IBD intestinal pattern, less likely potential for neoplastic infiltrative enteropathy with round cells such as lymphoma or other, which may present in a similar sonographic manner
- Mild urinary bladder sediment - likely mild cellular or crystalline debris

Secondary Findings

- Benign splenic nodules - consistent with probable myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Given the lack of reported gastrointestinal signs or weight loss in this patient, the gastrointestinal presentation consistent with IBD may be incidental. However, continued monitoring for evidence of IBD signs and / or weight loss with further assessment including a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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Referral for further assessment of the suspected right proximal ureter mineral and secondary mild right kidney hydronephrosis with potential for therapeutic options, in order to salvage right kidney functionality, is likely in this patient's best interest.

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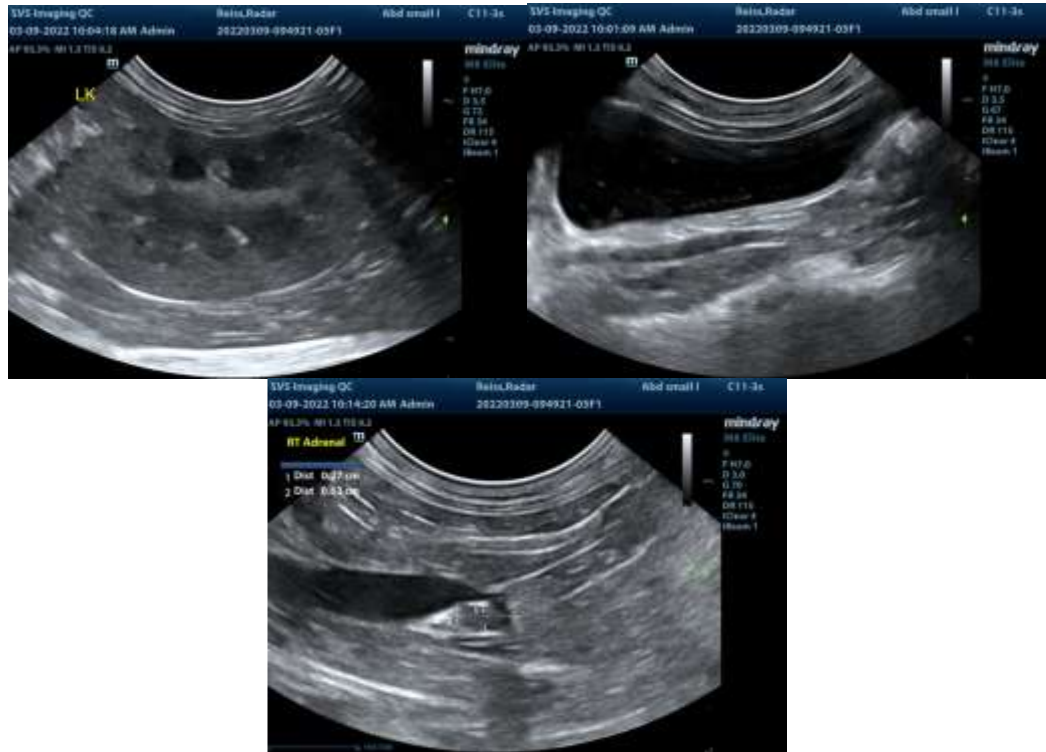

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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