



**PATIENT PRESENTING CLINICAL SIGNS**

Wussy Samsel Recurrent UTI's.

**SPECIES** Medication: Convenia

Feline BUN 77, Glucose 181

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH *Urinary System***

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. No evidence of mineral or calculi was noted. No evidence of cystitis criteria was noted. No urinary bladder tumors were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX** The area of the aortic trifurcation was free of pathology.

**AGE** 2008  
 Bilateral moderate to marked chronic degenerative renal changes were present. Subtle prominent size and mild asymmetrical capsule contour were noted 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 moderate loss of corticomedullary border demarcation expected for the age of the patient. Mild variable cortical hypertrophy was noted. Both kidneys exhibited mild to moderate pyelectasia with concurrent minor proximal left ureter dilation and subtle echogenic debris noted in the dilated left kidney pelvis. Small peri-pelvic nephrolith was present in the left kidney. No evidence of left or right retroperitoneal inflammation or effusion was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length.

**WEIGHT** 6.7

**INTERPRETED BY**

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

***Adrenal Glands***

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology was noted in the area of the right adrenal gland.

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BrodheadsVille VC

***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.

**REFERRING VET**

Dr. McAleer

***Liver/ Gallbladder***

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 to benign parenchymal remodeling. 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 proximal common bile duct was dilated and tortuous without overt

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post hepatic obstruction which is likely an age-related common bile duct change. No evidence of post hepatic obstruction was noted.

***Gastrointestinal***

**SPECIES**

Feline

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 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.

**BREED**

DSH

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

**SEX**

FS

***Pancreas***

The pancreas was subtly prominent in size with mild asymmetrical capsule contour exhibiting mild hypoechoic parenchyma compared to adjacent omentum with generalized pancreatic duct dilation.

**AGE**

2008

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.7

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Moderate to marked bilateral chronic degenerative kidneys with bilateral pyelectasia, small left kidney pelvic nephrolith
- Chronic / chronic active pancreatitis pattern

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal neoplastic criteria was noted.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The bilateral pyelectasia may be secondary to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, with potential for mild chronic left kidney pyelonephritis. If not recently done, recheck urine C/S on a sterile urine sample is recommended. Ideally based on C/S results if positive, pyelonephritis protocol with monitoring of urine C/S may be considered.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to suspected mild chronic to chronic active pancreatitis is suggested especially if previous or future clinical signs suggestive of pancreatitis are noted.

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Empirical CKD therapy with monitoring of renal parameters and systemic BP going forward is suggested.

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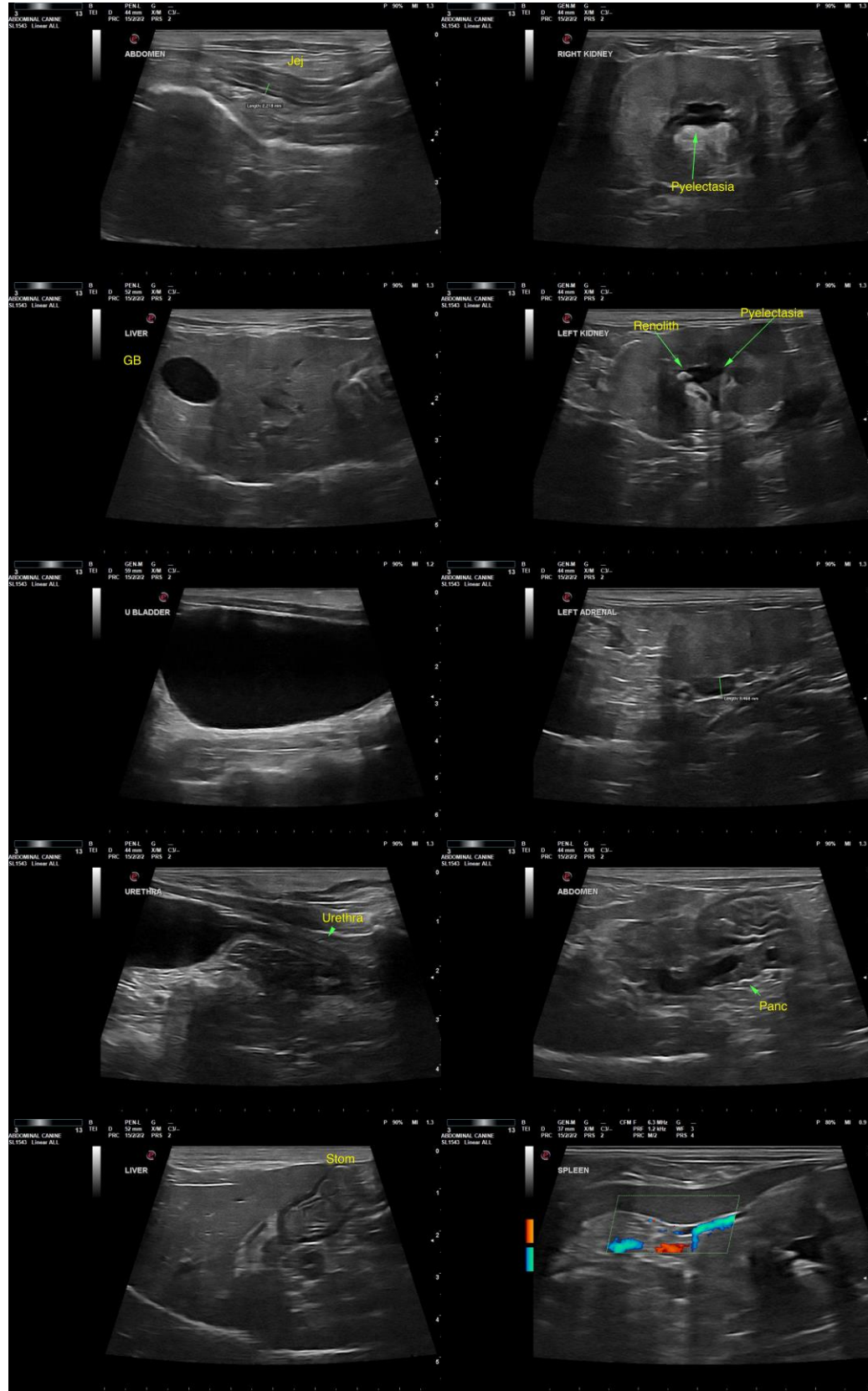
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**BREED**

DSH

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.

**SEX**

FS

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