



PATIENT PRESENTING CLINICAL SIGNS

Oliver Simmons History: Weight loss, acute onset lethargy, poliakiuria, inappetance. Azotemia: DDX: acute on chronic renal failure secondary to pyelonephritis or other; CRF Leukocytosis: DDX: nephritis, pyelo, other

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Full evaluation of urinary bladder walls was limited owing to lack of urine distention, yet no evidence of neoplastic criteria was observed. Potential for concurrent low-grade cystitis cannot be definitively excluded.

DSH

The area of the aortic trifurcation was free of pathology.

SEX

Neutered male

Both kidneys were mildly enlarged in size compared to normal size for felines. A normal 1:3 cortex / medulla ratio and a mild to moderate loss of corticomedullary demarcation was observed. Both kidneys exhibited mild to variable pyelectasia with evidence of pinpoint medullary and pelvic mineral. Increased echogenicity of the right renal sinus and proximal right ureter was present. Suspect potential focal retroperitoneal free fluid adjacent to the medial aspect of the right kidney. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

AGE

15 years

Adrenal Glands

WEIGHT

5.2 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/ Gallbladder

HOSPITAL NAME

New England Animal
 Emergency Center

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. Pinpoint areas of incidental biliary tree mineral were present.

REFERRING VET

Dr. Fernandez

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor congealed debris in the gallbladder neck. 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 a mild amount of retained anechoic fluid in the antrum and pylorus with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.20 cm in width.

DATE

04/04/2022

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 jejunum wall measured 0.21 cm in width.

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



PATIENT

Pancreas

Oliver Simmons

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.

SPECIES

Free Abdomen

Feline

No overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

Primary Findings

SEX

- Acute on chronic nephritis pattern exhibiting bilateral mild pyelectasia and suspect mild right proximal urethritis-potential for right to bilateral pyelonephritis.
- Hypomotile stomach, sonographically unremarkable small bowel-gastric hypomotility likely metabolic in nature suspected to be secondary to uremia.
- Subnormal urinary bladder size owing to lack of urine distention.

Neutered male

AGE

Secondary Findings

15 years

- Incidental biliary tree mineral.
- Mild congealed gallbladder debris-incident.

WEIGHT

5.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S and baseline UPC given the relatively quiet urinary bladder sediment is suggested. Subjectively the kidneys did not appear to be overtly end stage however acute on chronic renal failure depending on degree of azotemia could be present. The prognosis is likely dependent upon renal response to diuresis protocol as well as further renal diagnostics. Monitoring of urine output and body weight during diuresis protocol is recommended. Assessment of BP is advised. Aside from probable metabolic gastric hypomotility, no concurrent evidence of GI structural pathology or active pancreatitis as potential contributing factors to the patient's weight loss.

INTERPRETED BY

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 Feline)

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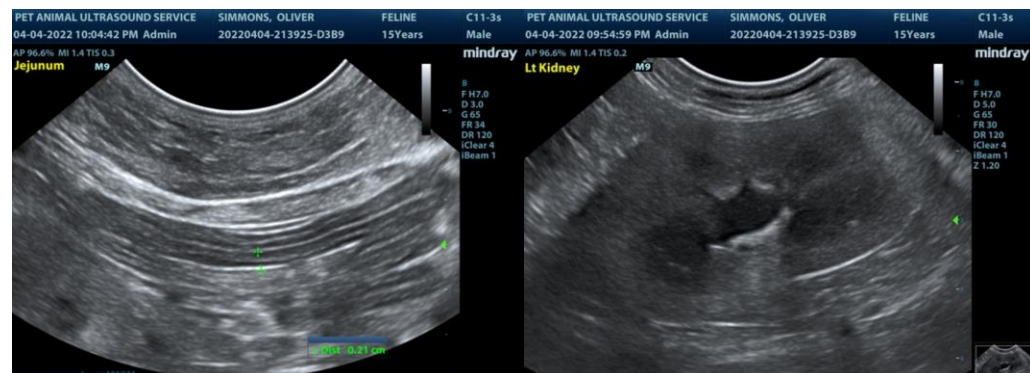
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PATIENT

Oliver Simmons

SPECIES

Feline

BREED

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Neutered male

AGE

15 years

WEIGHT

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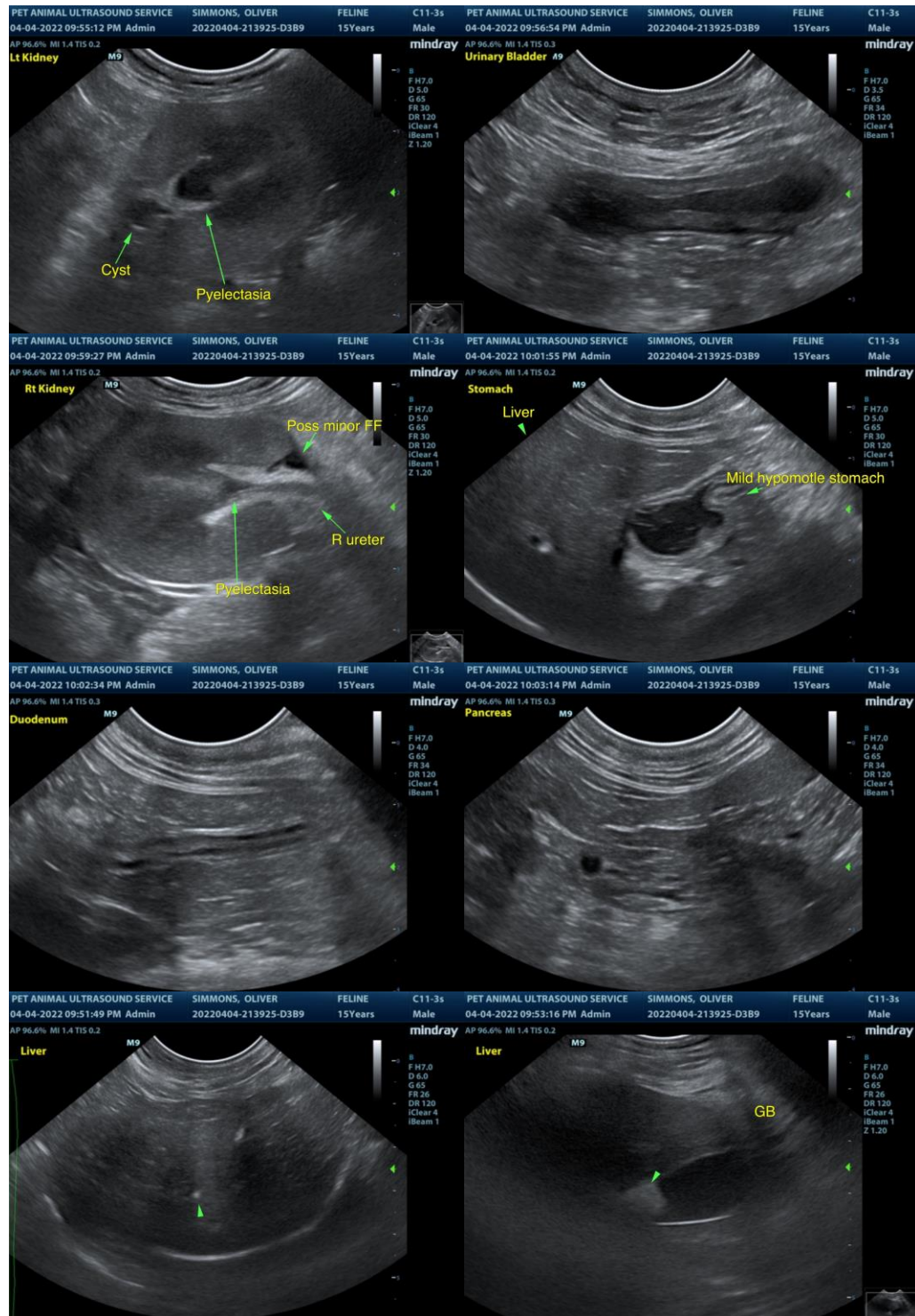
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Oliver Simmons

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.

SPECIES

Feline

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BREED

DSH

SEX

Neutered male

AGE

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WEIGHT

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