



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Oliver Lee
SPECIES
Feline

History: Presents as a transfer from rDVM, was seen there on wednesday for inappetance for 5 days. Rechecked today, pt has a grade III/VI systolic heart murmur, enlarged left kidney on palpation, painful. Blood work demonstrated azotemia. cardiac proBNB sent to Idexx was normal.

Abnormal PE/Chem/CBC/UA Results: creatinine >13.6, BUN >130, Phosphorus 12.5 CBC WNL Left kidney enlarged on x-rays unknown if any other findings, x-rays were not provided by rDVM

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The urinary bladder presented mildly distended in size yet with subjective normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. No evidence of macro calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

3 years

The left kidney presented enlarged in size and maintained symmetrical capsule contour. Increased corticomedullary echogenicity with mild cortical hypertrophy and loss of corticomedullary border distinction were observed. Mild hydronephrosis was present in the left kidney with mild anechoic fluid dilation extending from the pelvis into the lateral diverticuli. Concurrent left ureter dilation exiting the left kidney extending caudally was present. Left ureter dilation measured 0.28 cm. The ureter contained primarily anechoic urine with focal area of nonshadowing suspected sediment or mucus. Overt evidence of left ureter calculi or definitive obstructive pathology was not obviously visualized.

WEIGHT

10.7 pounds

INTERPRETED BY

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

The right kidney presented normal size and capsule margination. Mild cortical hypertrophy exhibiting uniform cortex echogenicity was observed. Subtle reduced medullary volume with mild loss of corticomedullary border demarcation and mild pyelectasia was present. No evidence of concurrent right ureter dilation. No evidence of left or right retroperitoneal inflammation was noted.

IMAGING

PERFORMED BY

Amanda Crook

The left kidney measured 5.3 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

HOSPITAL NAME

Rivers Edge Pet Medical

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was mildly prominent in size yet without overt evidence of pathology or neoplastic criteria measuring 0.6 cm in width. Potential for stress hyperplasia or patient variant likely.

REFERRING VET

Dr. Cora Hollomon

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.

INVOICE

10316ag

DATE

04/08/2022



PATIENT *Liver*

Oliver Lee 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Feline *Gastrointestinal*

BREED

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.

DSH

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.

SEX

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

Neutered male

Pancreas

AGE

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 was evident.

3 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

10.7 pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Mild urinary bladder sediment-suspect cellular debris/protein, potential for mild crystalline debris or mucus.
- Left kidney mild renomegaly with increased corticomedullary echogenicity, loss of border distinction and mild hydronephrosis. Concurrent mild left hydroureter with suspect focal nonshadowing left ureter sediment/mucus.
- Right kidney normal size exhibiting increased cortical echogenicity/hypertrophy with mild pyelectasia.

IMAGING PERFORMED BY
Amanda Crook

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rivers Edge Pet Medical

The renal presentation in this patient is consistent with bilateral nonspecific acute on chronic nephritis with considerations including interstitial nephritis, pyelonephritis, glomerulonephritis or other. No overt evidence renal neoplastic criteria which is thought less likely. Possible concurrent left urethritis, although possible emerging left ureter obstruction could be present, however definitive left ureter calculus, stricture or other obstructive pathology was not obvious. Correlation with full urinary work up including urine C/S as well as assessment of systemic BP is recommended. Empirically hospitalization with diuresis protocol and monitoring of renal response and sonographic monitoring of the left kidney and left ureter for evidence of progressive hydronephrosis and hydroureter is recommended. A guarded prognosis given the degree of azotemia.

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REFERRING VET

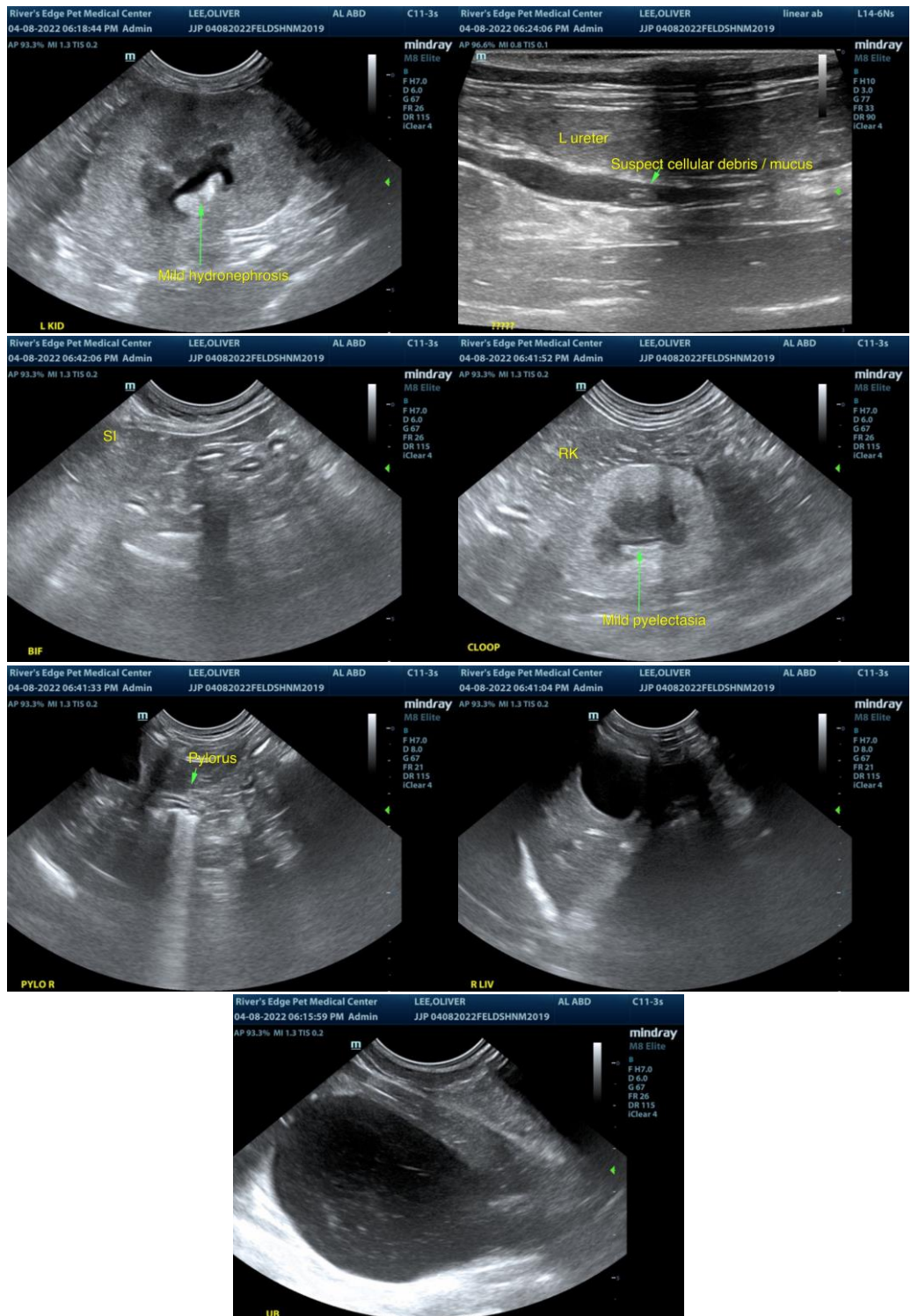
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PATIENT

Oliver Lee

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.

SPECIES

Feline

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)

BREED

DSH

info@SonoPath.com

SEX

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AGE

3 years

WEIGHT

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