



PATIENT

Baby Scneeloch

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

HOSPITAL NAME

Byrnes Veterinary
Relief Services

REFERRING VET

Dr. Kathleen Byrnes

INVOICE

46513

DATE

4/8/23

PRESENTING CLINICAL SIGNS

Presented on 4/7 for anorexia and no BM for 2 days. Drinking normally, no vomiting. X-rays on 4/7 showed material in stomach, mild gas distension of small intestines, interstitial to alveolar pattern in R middle lung lobe. P transferred to ER and started on LRS and Unasyn. Repeat rads on 4/8am showed empty stomach and stool in colon, some gas still present in small intestines, no obstructive pattern

Abnormal PE/Chem/CBC/UA Results: CBC Mono 0.87 (0.06-0.67) Chem17 - wnl Lytes- wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 calculi or overt obstructive pathology at the level of the ureteral papillae. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 and normal corticomedullary definition were maintained. Mild to possibly emerging moderate left kidney hydronephrosis present. Concurrent proximal left hydroureter, which was not definitively visualized extending to the level of the urinary bladder. Proximal left ureter dilation measured 0.40 cm. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm with minor pyelectasia.

Adrenal Glands

The adrenal glands were mildly prominent in size, which is non-specific, likely patient variant or possible mild bilateral stress hyperplasia. No overt suspicion of adrenal neoplastic criteria. The left adrenal gland measured 0.49 cm. The right adrenal gland measured 0.55 cm.

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.

Liver

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.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. Minor gastric ingesta/chyme noted. No evidence of gastric ingestion with significant retained ingesta, fluid, or evidence of foreign material.

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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. No evidence of pathology at the level of the ileocolic junction.

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

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The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with minor gastric ingesta – no evidence of obstructive pattern or ileus.
- Mild heterogeneous pancreas
- Mild to emerging moderate left kidney hydronephrosis with concurrent proximal left hydroureter and right kidney pyelectasia.
- Sonographically unremarkable urinary bladder
- Transdiaphragmatic comet tail artifact

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitively visualized evidence of obstructive pathology in the left ureter was not obvious, yet some concern for non-visualized obstructive pathology with some contribution to the mild to emerging left kidney hydronephrosis and minor right kidney pyelectasia owing to IV fluid therapy, pelvic scarring, with potential for pyelonephritis possible. Renal function appears to be adequate, given no evidence of azotemia. Sonographically, the kidneys did not appear to be end stage. Definitive diagnosis would require contrast imaging such as excretory urography or abdominal CT.

Potential low-grade to resolving pancreatitis may be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation. Correlation with a spec fPL could be considered. Empirically as-needed gastrointestinal support suggested.



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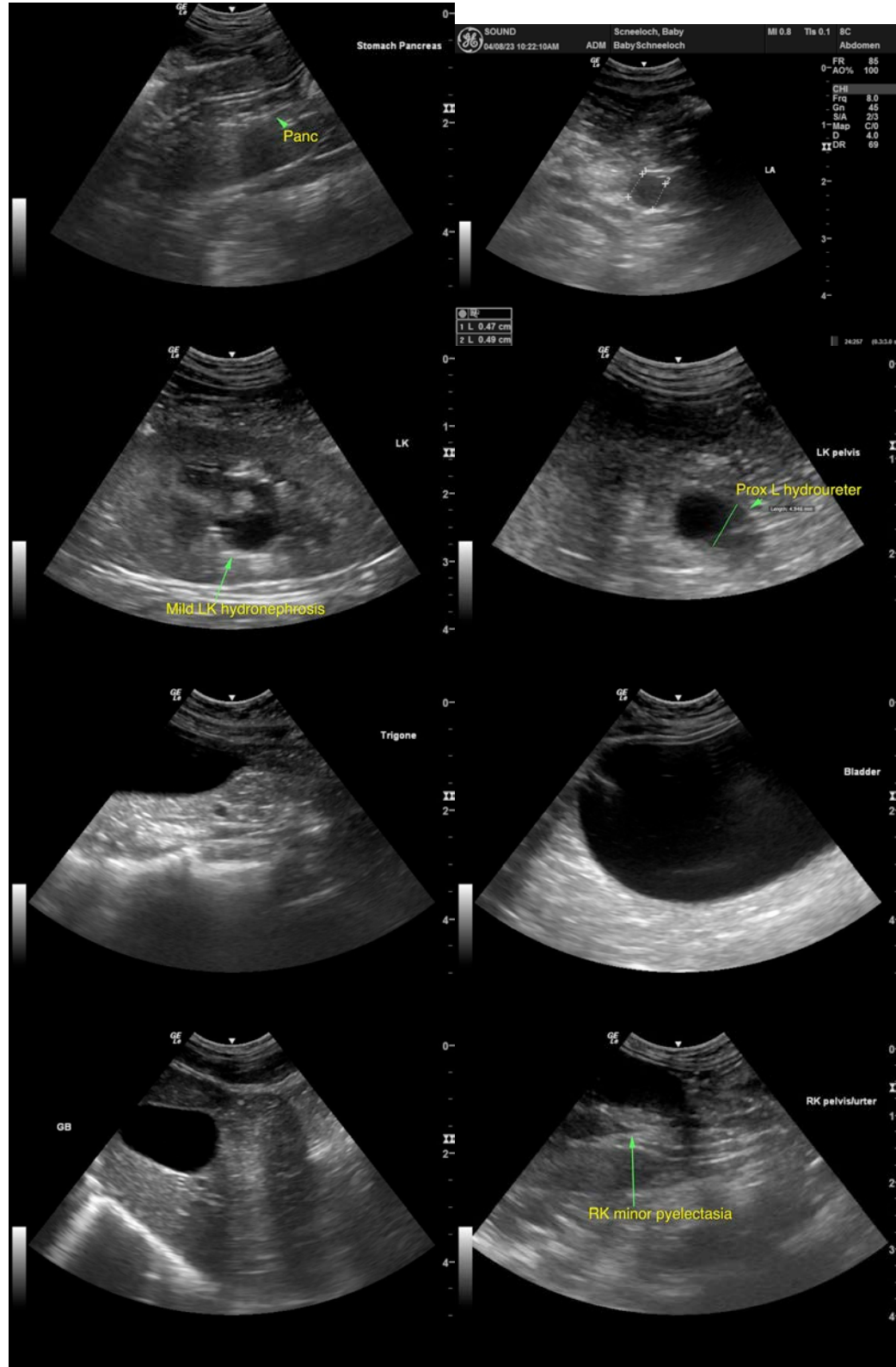
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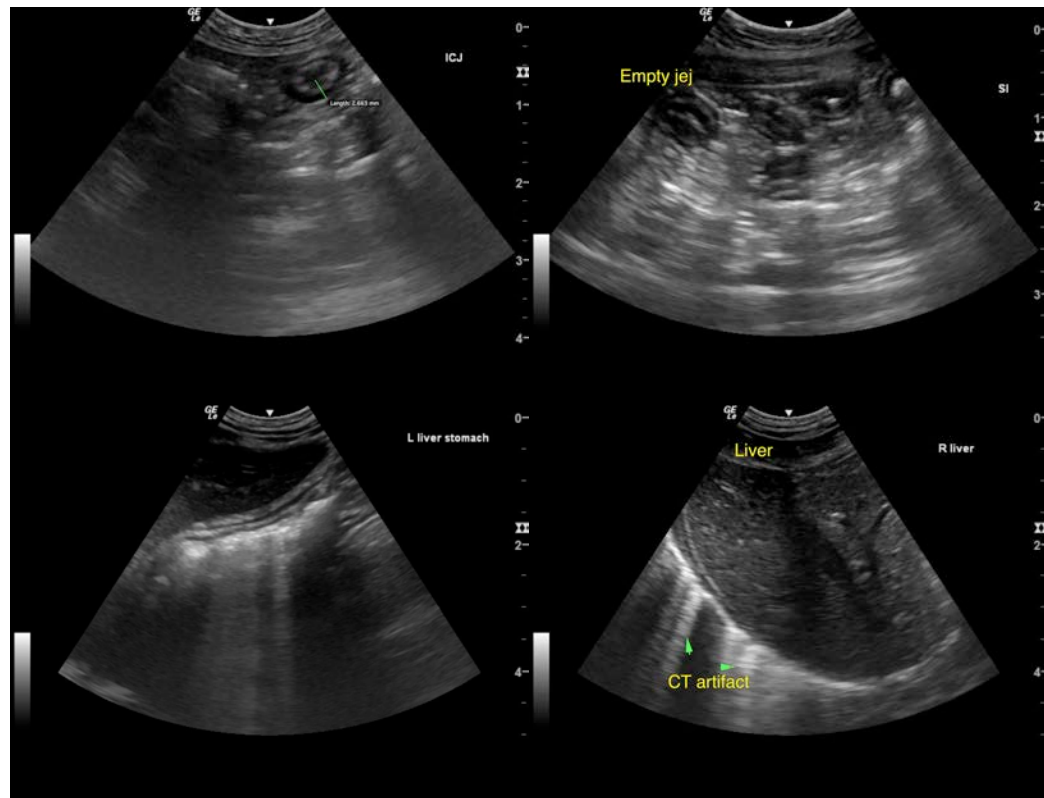
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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