



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Stanley Kourakos	ongoing urinary issues, bruising on retinas, anemic, please see attached Dr's notes. Labs: hematocrit 0.24, WBC 25.1 with neutrophilia and monocytosis, BUN 17.5, creat 2.49, SDMA 16, unremarkable liver and pancreatic parameters, urine specific gravity 1.014, 2+ protein, neg glucose, WBC >50 per high powered field, 4+ blood.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
Scottish Fold	
<b>SEX</b>	
MN	
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	
7 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Kelly Reschny	
<b>HOSPITAL NAME</b>	
East Credit VH	
<b>REFERRING VET</b>	
Dr. Webster	
<b>INVOICE</b>	
15249	
<b>DATE</b>	
5/18/22	

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was mildly distended in size yet subjective normal tone. Sectorial areas of mildly prominent yet homogeneous urinary bladder walls. An example of urinary bladder wall width measured 0.32 cm. Anechoic urine was present with moderate nondependent particulate sediment, which may indicate cellular debris/protein, crystalline debris or mucus. The urethra was overtly normal in structure and tone to a depth of 2.0 cm. Potential subtle evidence of reactive mesentery noted around the urinary bladder. No overt evidence of masses or obvious neoplastic criteria.

The area of the aortic trifurcation was free of pathology.

Normal renal size was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Evidence of scant left and potential right retroperitoneal free fluid noted adjacent to the left and right kidneys. The left kidney was mildly rounded in appearance with maintained symmetrical capsule contour in both kidneys. No evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm.

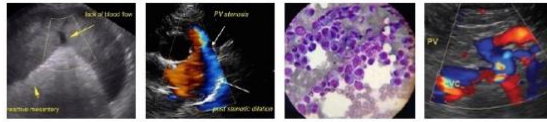
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 cm.

### *Spleen*

The spleen was normal to potential mild subnormal size, possibly owing to volume contraction with no evidence of neoplastic criteria. The spleen measured 0.55 cm in width. 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.

### *Liver/ Gallbladder*

The liver was normal in size and contour. Generalized mild increased hepatic parenchyma echogenicity, exhibiting uniform mildly coarse echotexture. Previously noted, subtle nondisruptive hypoechoic nodule was noted adjacent to the gallbladder, measuring 0.91 cm in diameter. The nodule did not appear to disrupt the adjacent hepatic parenchyma.



<b>PATIENT</b>	The gallbladder was non distended in size with primarily anechoic content and mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.
Stanley Kourakos	
	<b><i>Gastrointestinal</i></b>
<b>SPECIES</b>	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 gastric body wall measured 0.25 cm.
Feline	
<b>BREED</b>	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 small intestinal wall measured 0.22 cm.
Scottish Fold	
	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The left pancreatic limb exhibited normal size with subjective subtle hypoechoic parenchyma compared to adjacent peripancreatic omentum.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
13 years	No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
7 lbs.	<ul style="list-style-type: none"> <li>• Nonspecific chronic renal changes with evidence of scant left and potential right retroperitoneal free fluid.</li> <li>• Moderate nondependent urinary bladder sediment, suspect regional cystitis</li> <li>• Echogenic liver with previously noted subjective static intraparenchymal nodule</li> <li>• Sonographically unremarkable gastrointestinal tract</li> <li>• Possible, although not definitive low-grade left pancreatitis</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	The bilateral kidneys were nonspecific and may indicate chronic renal changes/CRD. Potential for bilateral nonspecific nephritis, such as interstitial nephritis, pyelonephritis or other possible given the evidence of scant left and potential right retroperitoneal free fluid/inflammation. Correlation with pending culture and sensitivity recommended.
<b>IMAGING PERFORMED BY</b>	
Kelly Reschny	
<b>HOSPITAL NAME</b>	
East Credit VH	
<b>REFERRING VET</b>	Given the patients weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, a thorough neurological and musculoskeletal examination, three-view chest radiographs to rule out occult thoracic pathology, as well as assuming normal clotting status, screening hepatic parenchymal and nodule FNA (if accessible) and using a 25-gauge needle, is warranted. CBC pathology review and as needed continued gastrointestinal support pending additional diagnostics is recommended.
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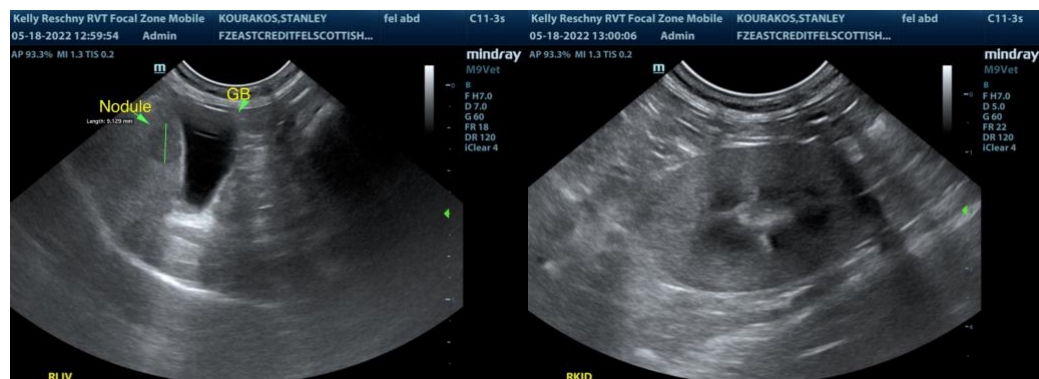
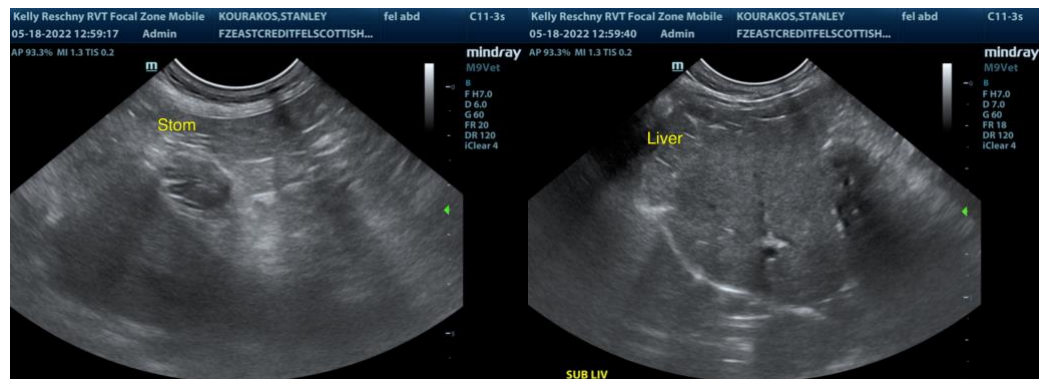
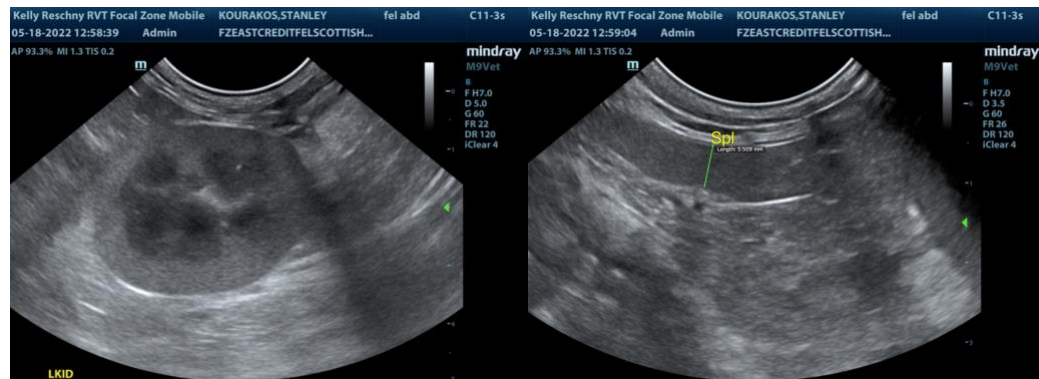
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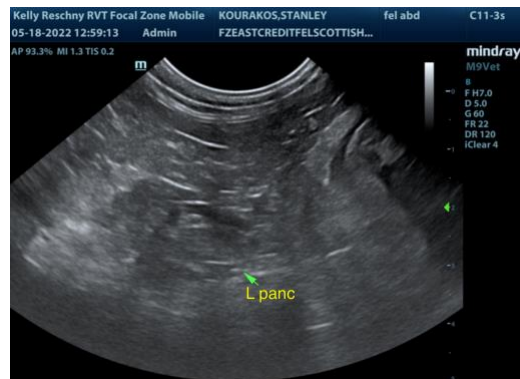
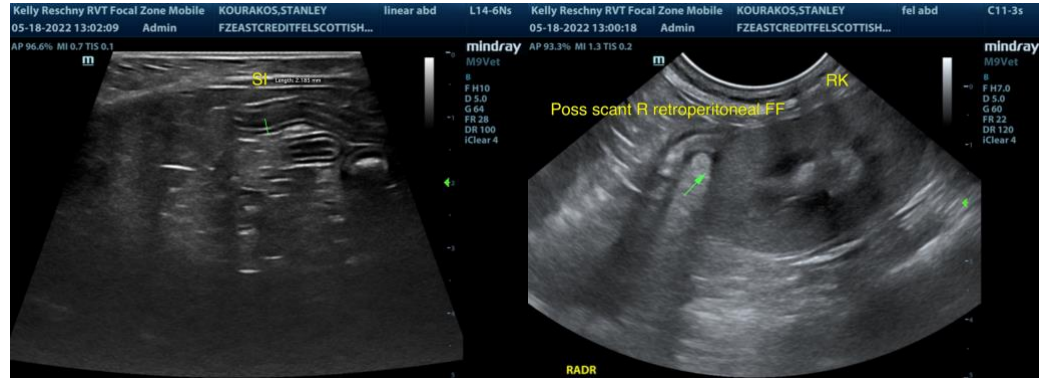
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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