



PATIENT

Huck Donner

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years

WEIGHT

8.24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantze

INVOICE

13925

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Huck has been declining over the past couple of days. Mom has noticed him not eating as much as he usually does and energy levels going down. Yesterday Mom noticed him walking funny and staggering around. He couldn't jump up or down. He did drink water but did vomit it up. No diarrhea, sneezing, or coughing. He has been whining more and very listless. He is indoor only and there are no known toxins or plants he got into. His sister is doing well.

Abnormal PE/Chem/CBC/UA Results: Heart murmur (2-3/6) on PE. Dehydrated. Lost 3 pounds since last visit in 6/29/21 and normal blood work results at the time. Mom didn't notice anything unusual until recently. Blood work run today 5/19/22 SDMA: >100 Crea: 37.7 BUN: >130 Phos: >16.1 TBIL: 1.7 Na: 146 K: 6.0 Cl: 102 UTI present on urinalysis.

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was moderately enlarged in size. Moderate hydronephrosis exhibited by replacement of discernable medullary parenchyma with anechoic fluid and only interdiverticula septa visible in the left kidney was present. Subjective cortical hypertrophy was also present. Potential areas of subjective nonobstructive mineral in the area of the pelvis were noted. Mild left retroperitoneal free fluid, as well as increased tissue echogenicity around the left kidney, were present. The left kidney measured 5.0 cm length.

The right kidney exhibited normal size and overall margination with subjective hyperechoic cortical hypertrophy with mild reduced medullary volume, decreased medullary echogenicity, and mild pyelectasia. No overt evidence of right retroperitoneal free fluid was noted. The right kidney measured 3.6 cm length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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/ Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or



PATIENT	nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Huck Donner	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present. The gastric body wall width measured 0.25 cm.
BREED	
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.
MN	<i>Pancreas</i>
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 were evident.
5 years	
WEIGHT	<i>Free Abdomen</i>
8.24 lbs.	No omental masses, lymphadenopathy or overt peritoneal free fluid was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Left renomegaly exhibited moderate hydronephrosis and evidence of left retroperitoneal free fluid / Inflammation • Right kidney nonspecific nephritis exhibiting mild hyperechoic cortical hypertrophy and hypoechoic medullary echogenicity • Sonographically unremarkable urinary bladder • Hypomotile stomach, potential mild uremic gastritis
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Mavis McCormick-Rantze	The left kidney may indicate acute on chronic pyelonephritis, obstructive hydronephrosis (although a definitive concurrent left hydroureter or overt evidence of left ureter obstruction was not visualized), while left kidney neoplastic criteria is possible. The right kidney may indicate concurrent interstitial nephritis, and pyelonephritis, with right kidney neoplastic criteria considered unlikely. Regardless, significant bilateral renal pathology is present.
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Dr. Mavis McCormick-Rantze	
INVOICE	Further assessment may include full urinary workup including urine culture sensitivity and baseline UPC on sterile urine sample with assessment of systemic BP. Advanced to contrast imaging is likely required to assess left ureter patency.
13925	
DATE	Empirically, hospitalization with appropriate diuresis protocol with monitoring of urine output, body weight, and renal response would be reasonable. However, given the bilateral renal presentation, a very guarded to unfavorable prognosis is likely indicated.
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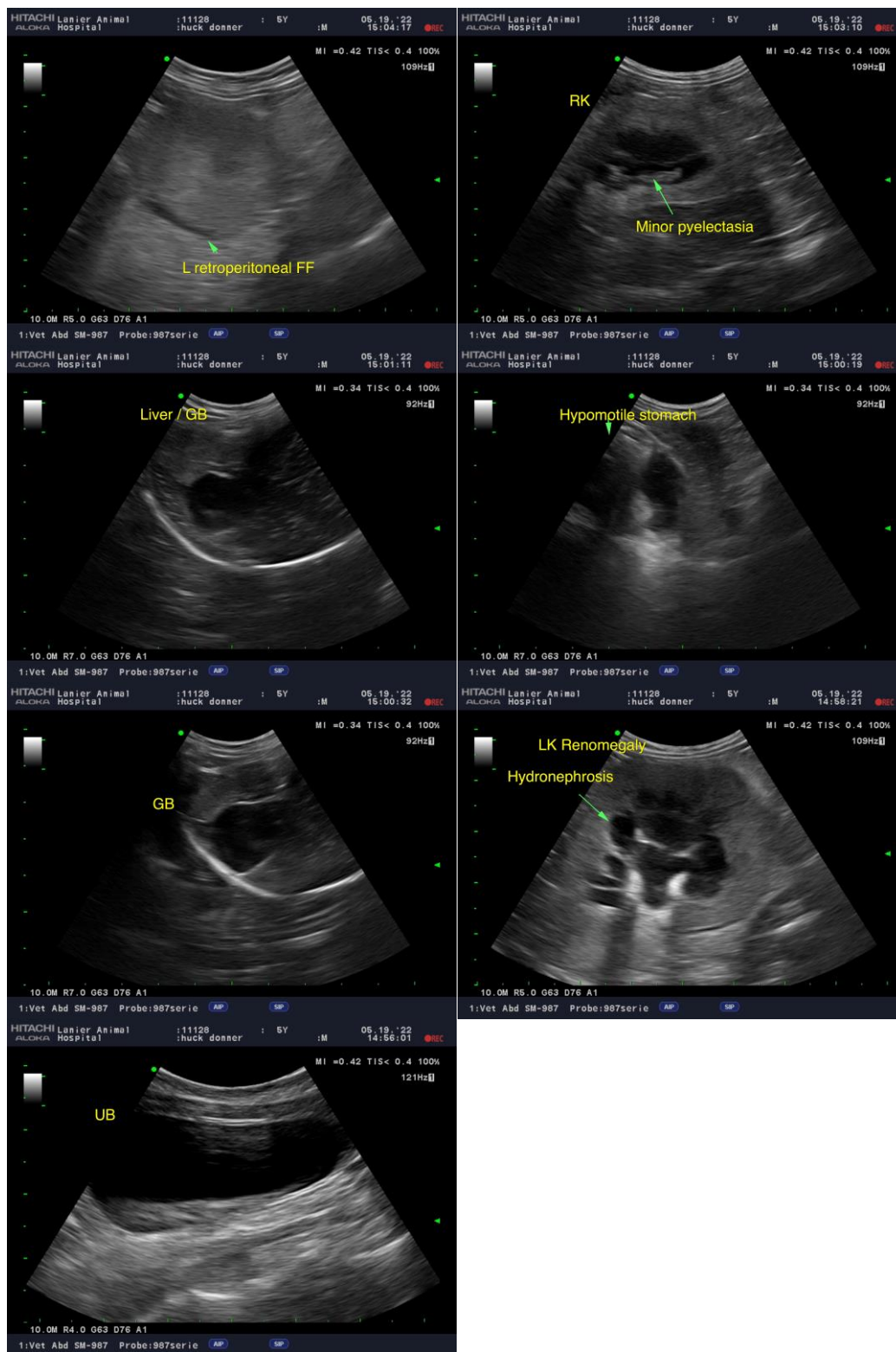
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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