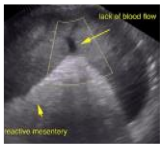
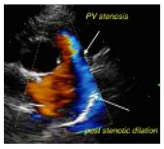
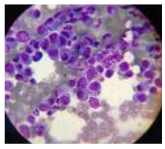
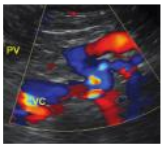
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eddie Schmitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

N/M

AGE

5

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

16721

DATE

5/3/23

PRESENTING CLINICAL SIGNS

transfer for continued hospitalization. p was taken to RDVM yesterday due to lethargy, not eating for few days, excessive thirst, and continued weightloss. weightloss noticed at annual exam last month, o monitored and p has lost 2lbs in 4 weeks. no toxins around the house, only cat safe plants. p is indoor only. urinating normally. no v/d. p tested felv/fiv negative at rdvm as well as in the past

Abnormal PE/Chem/CBC/UA Results: BUN greater than 120, Creatine was greater than 15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size and contour were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. Bilateral cortical hypertrophy was present. Mild loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. No pyelectasia was noted. No evidence of renal neoplastic criteria was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

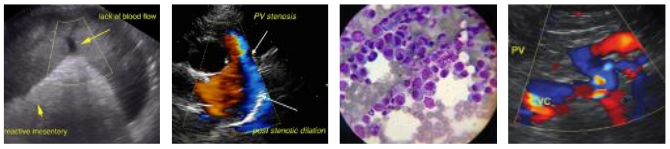
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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.

Gastrointestinal

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.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eddie Schmitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

N/M

AGE

5

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

16721

DATE

5/3/23

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic nephropathy
- Urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract

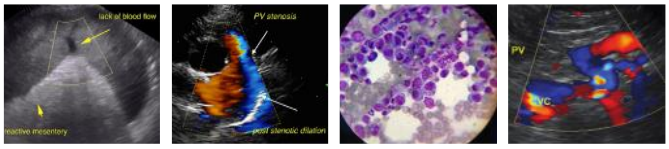
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may indicate cellular debris / protein, crystalline debris, or mucus. Sonographically, the bilateral kidneys were consistent with chronic nephropathy / renal disease as opposed to acute nephropathy, although the possibility of acute renal insult on top of chronic renal disease cannot be definitively excluded. Possible nonspecific nephritis such as interstitial nephritis or other are possible.

Full urinalysis including screening C/S and baseline UPC level, if evidence of inflammatory sediment or proteinuria, is suggested. Diuresis protocol with as-needed gastrointestinal support, and monitoring of renal response, body weight, and urinary output is recommended. Potential for chronic renal failure is suspected.

The prognosis is extremely guarded, given the current degree of azotemia and pending further urinary workup yet likely dependent upon renal response to therapy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eddie Schmitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

N/M

AGE

5

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

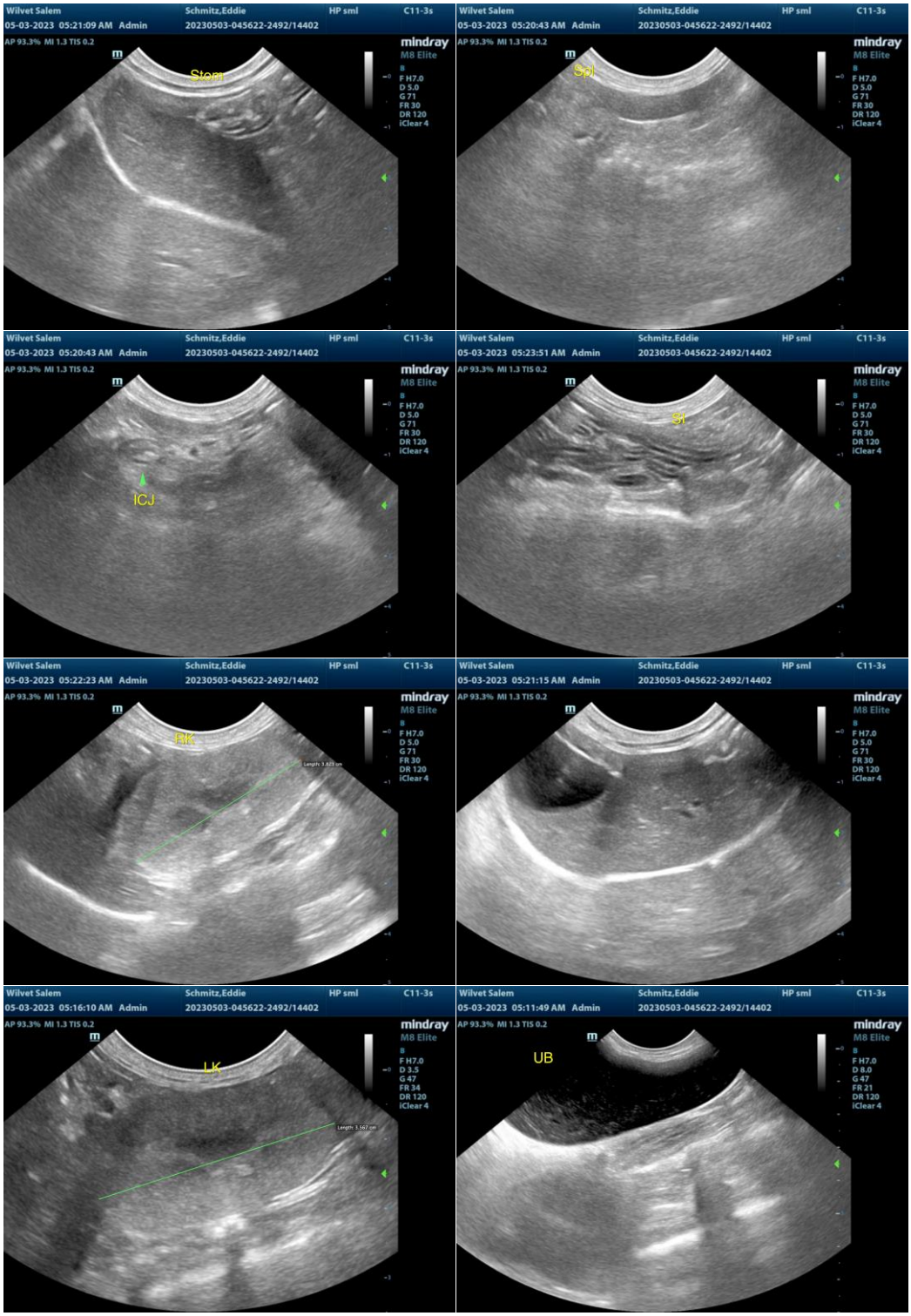
Dr. Peterson

INVOICE

16721

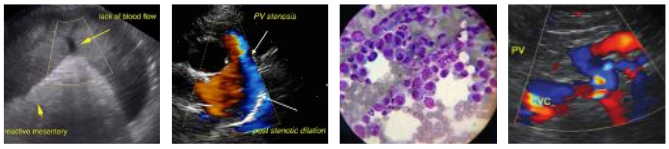
DATE

5/3/23



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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eddie Schmitz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

N/M

AGE

5

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

16721

DATE

5/3/23

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)
mac.daniel@sonopath.com