



PATIENT PRESENTING CLINICAL SIGNS

Grey Runewicz History of PU surgery, not currently blocked, azotemic.
 Medication: Prazocin, Gabapentin, Convenia, Cerenia

SPECIES Abnormal PE/Chem/CBC/UA Results: BUN 98 CREAT 6.4 SDMA 30.8 Na:K 25 K 6.2 WBC 17.4 HCT 26
 Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder was markedly distended in size. Generalized mild symmetrically prominent bladder walls were present. The area of the trigone and bladder neck were free of obstructive pathology.
SEX Anechoic urine was present in the lumen with non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The visible pelvic urethra to a depth of 3 cm exhibited concurrent marked to variable dilation with the urethral lumen measuring up to 1.2 cm in diameter containing anechoic urine. Regional pericyclic hyperechoic omentum and mild pericyclic free fluid were present.
 MN

AGE Bilateral prominent size was present. Moderate bilateral hydronephrosis with evidence of concurrent proximal mild hydroureter. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 5.3 cm in length. The right kidney measured 5.5 cm in length.
 2016

WEIGHT 9.8
 The area of the aortic trifurcation was free of pathology.

INTERPRETED BY *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

IMAGING PERFORMED BY 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.
 Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Pennsylvania Mobile

Liver/Gallbladder

REFERRING VET 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 with mild non-organized sludge. The cystic and common bile ducts were normal.
 Bandekar

INVOICE *Gastrointestinal*

13719ag 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.

DATE 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.
 05/05/2023



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

Grey Runewicz **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 was evident.

SPECIES

Feline

Free Abdomen

BREED

No omental masses or overt lymphadenopathy was present.

DSH

Regional pericystic hyperechoic omentum and mild pericystic free fluid were present.

ULTRASONOGRAPHIC FINDINGS

SEX

- Markedly distended urinary bladder and visible proximal urethra to a depth of 3 cm.
- Pericystic inflammation and scant to mild free fluid.
- Bilateral hydronephrosis with proximal left/right hydroureter.
-

MN

AGE

Secondary

2016

- Gallbladder debris (non-mucocele)-nonspecific given lack of hepatic enzyme elevation/cholestasis.

WEIGHT

9.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for chronic post urinary bladder obstruction given the degree of urinary bladder and proximal urethra distention with concurrent secondary hydronephrosis is warranted. No overt evidence of visualized obstructive pathology i.e., mass, calculi etc. in the visualized urinary bladder, proximal urethra or the area of the ureteral papilla.

INTERPRETED BY

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

Under sedation/anesthesia, passage of a urinary catheter to assess urethral patency is indicated.

Secondary significant bladder atony owing to cystitis, previous chronic obstruction or neurological condition is also possible.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Urine C/S on a sterile urine sample suggested to rule out underlying infection.

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PATIENT

Grey Runewicz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2016

WEIGHT

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REFERRING VET

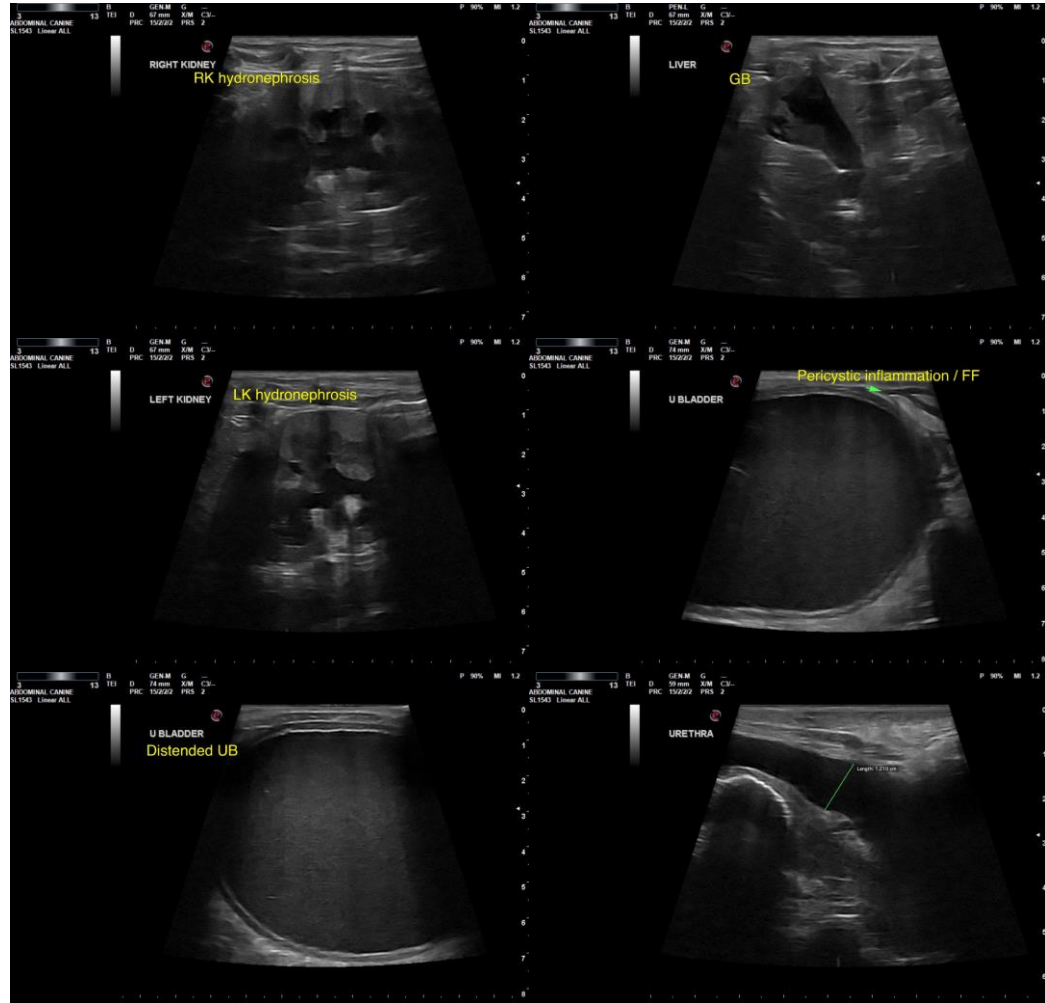
Bandekar

INVOICE

13719ag

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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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