



PATIENT PRESENTING CLINICAL SIGNS

Storm Iachetta History: CHRONIC KIDNEY DISEASE MILD ANOREXIA PU/PD LETHARGY

Abnormal PE/Chem/CBC/UA Results: AZOTEMIA MILD DEHYDRATION 5-7%

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

DSH

SEX Normal size and margination were present in the kidneys. Both kidneys exhibited mild uniform cortical hypertrophy. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with minor pyelectasia present in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.3 cm in length.

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AGE

16 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm. No overt pathology in the area of the left adrenal gland.

5

Spleen

INTERPRETED 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.

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

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Dr. Sharkaway

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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta with no signs of ileus, obstruction or foreign material.

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The small intestine exhibited 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 jejunum wall measured 0.2 cm in length.

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

Pancreas

DATE

06/14/2022



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Storm Iachetta

The left lobe of the pancreas exhibited normal size and margination with parenchyma hypoechoic 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

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes exhibiting mild cortical hypertrophy, increased medullary echogenicity and minor left kidney pyelectasia-chronic kidney disease likely, potential for nonspecific nephritis i.e. interstitial nephritis possible. No evidence of renal neoplastic criteria
- Variably echogenic gastric ingesta, overtly normal small bowel
- Mildly hypoechoic left pancreas-nonspecific, patient variant, potential for low grade inflammation possible

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

WEIGHT

5

The pyelectasia in the left kidney may be owing to chronic renal changes, pelvic scarring or IVF therapy if applicable.

A spec fPL could be considered if clinical concern for pancreatitis or for further assessment.

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CKD therapy is recommended, with potential for 24 hour hospitalization, dehydration correction and pending further renal workup.

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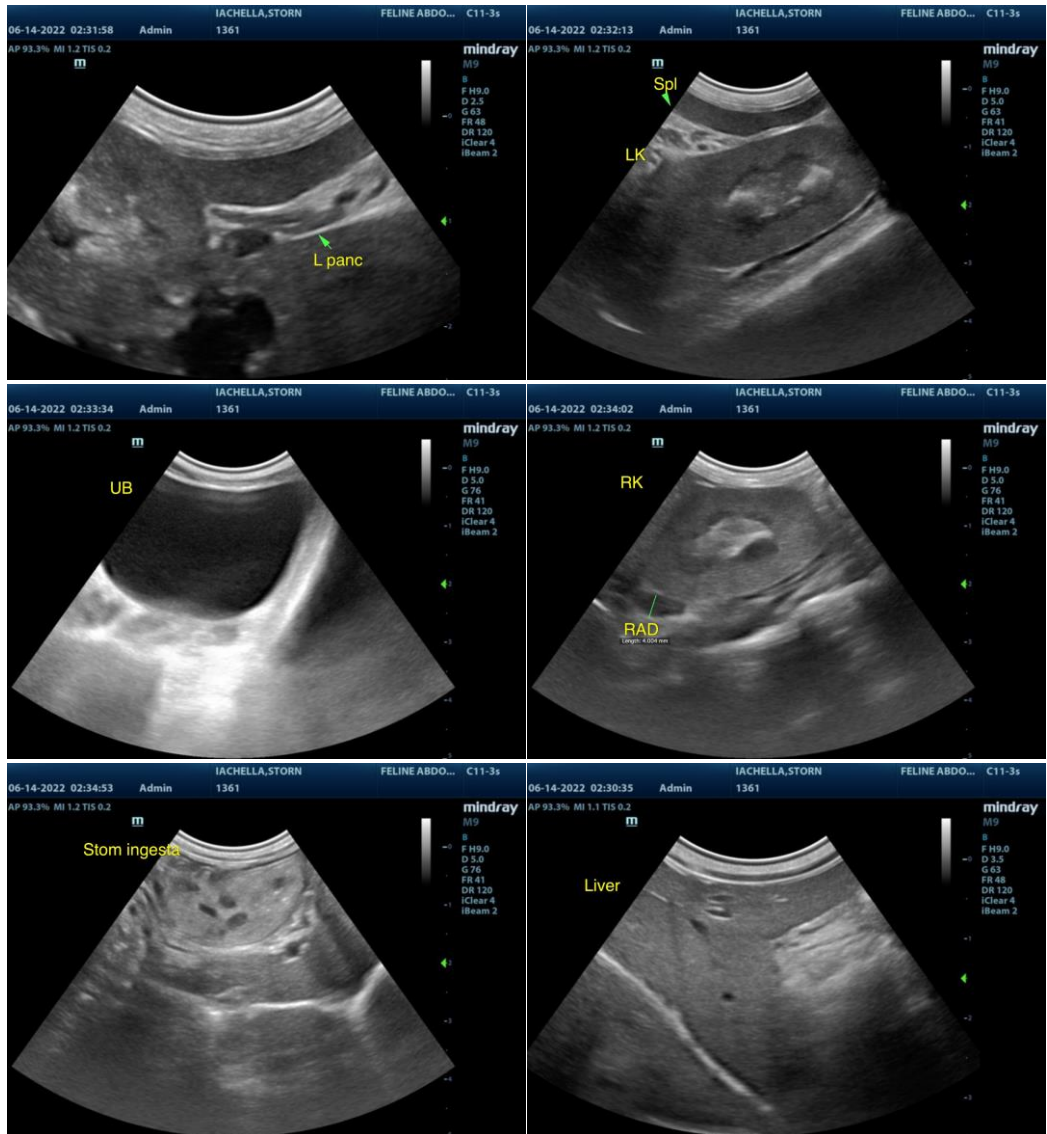
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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