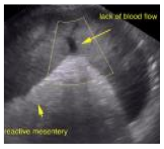
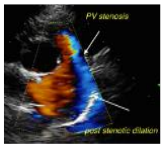
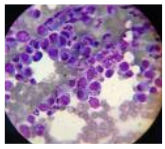
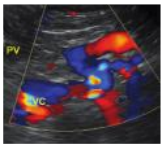
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Nibbler Jess

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook- SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16108

DATE

6/16/22

PRESENTING CLINICAL SIGNS

History: Presented last night with straining to urinate but small bladder Hills s/d perfect weight and hairball control. Represented today fully blocked -- history of urinary obstruction
Abnormal PE/Chem/CBC/UA Results: UA - infection/inflammation struvite crystals rod/bacteria, elevated BUN/CREA see attached lab work

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder was moderate to significantly distended in size, though urinary bladder walls were overtly normal. Anechoic urine was present with moderate nondependent particulate to hyperechoic sediment, along with mild nondependent mineral. The visualized proximal urethral to a depth of 1-2 cm exhibited concurrent mild dilation. Overt evidence of proximal urethral mineral was not obviously evident. The proximal urethral dilation measured approximately 0.18 cm.

Both kidneys were normal in size with mild areas of asymmetrical left and right renal margination were present. Both kidneys exhibited subtle cortical hypertrophy with primarily uniform increased cortex echogenicity and mild to moderate loss of corticomedullary border demarcation. Subjective mild reduced medullary volume was present with focal areas of medullary mineral. Mild hydronephrosis, exhibited by urine dilation of the pelvis, extending mildly into the lateral diverticuli was present in both kidneys. Both kidneys measured 4.3 cm. Mild concurrent retroperitoneal fluid, along with increased retroperitoneal echogenicity noted around both kidneys. The left and right ureters, exiting the left and right kidney, respectively, exhibited mild dilation with urine, along with pinpoint to focal areas of minor mineral definitively visualized within the left ureter lumen. The possibility of mineral in the left, right or bilateral distal ureters, at the level of the urinary bladder, is possible. Left ureter dilation measured 0.13 cm- up to 0.4 cm in the left proximal ureter. Right ureter dilation measured 0.14 cm in diameter.

The visualized left adrenal gland was normal, measuring 0.55 cm.

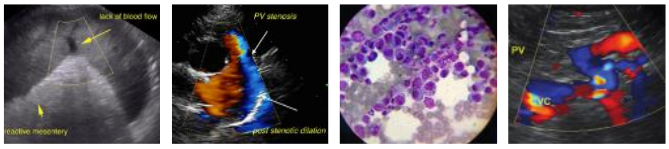
No overt pathology was present in the area of the right adrenal gland.

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder, exhibiting mild dependent mineral and moderate nondependent sediment
- Mildly dilated proximal urethra to a depth of 2.0 cm- no obvious visualized evidence of proximal urethral mineral
- Bilateral, subjectively chronic, nephropathy, exhibiting areas of medullary mineralization and mild bilateral hydronephrosis
- Bilateral, generalized, mild left and right hydroureter to the level of the urinary bladder, focal areas of left ureteral mineral
- Left and right peritoneal inflammation and free fluid- associated retroperitonitis, potential for uroretroperitoneum cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be intermittently or potentially consistently passing mineral from the kidneys into the urinary bladder, resulting in recurrent obstruction and with the possibility of possible emerging distal bilateral or unilateral ureteral obstruction at the level of the urinary bladder. This may potentially be



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

PATIENT

Nibbler Jess

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook- SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

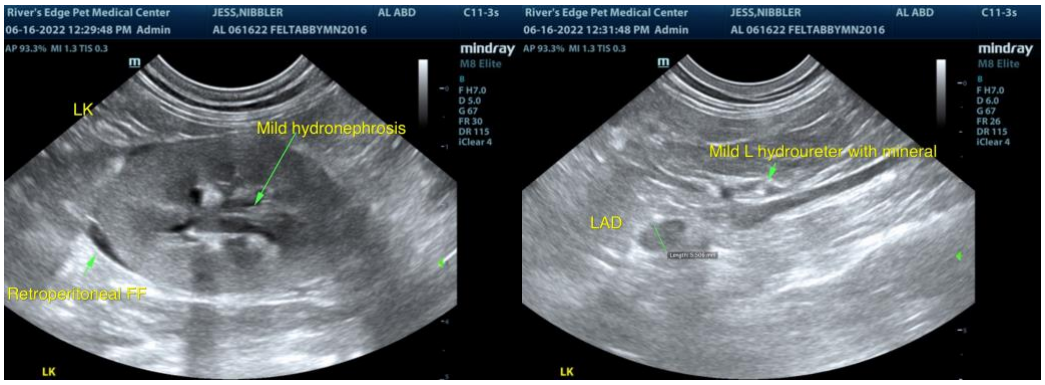
16108

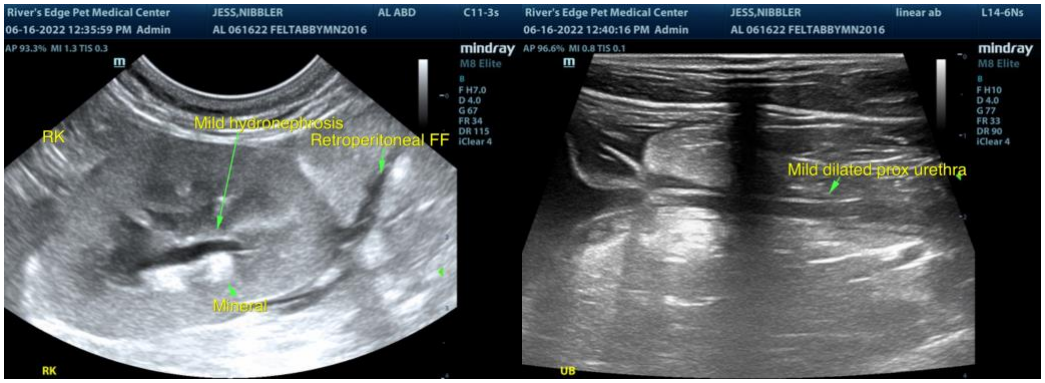
DATE

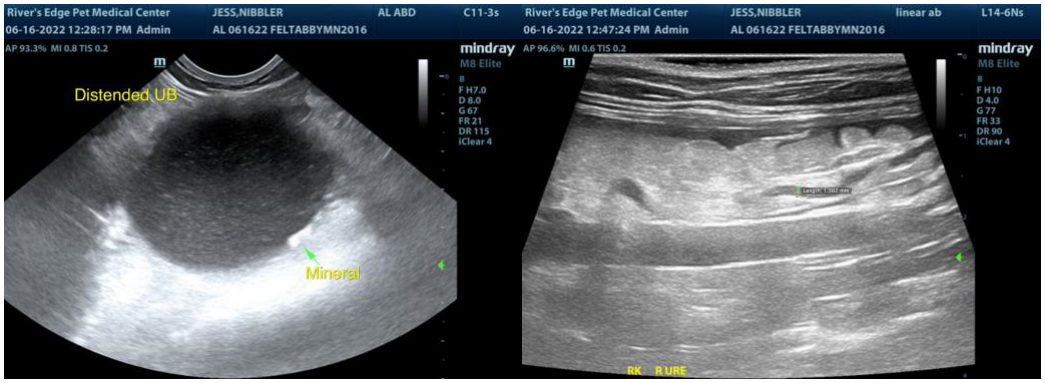
6/16/22

also resulting in pelvic scarring and secondary ureteritis. Potential for underlying infection, i.e., pyelonephritis, cannot be definitively excluded. If unable to pass a urinary catheter, high suspicion for non-visualized urethral mineral with the potential for urethral stricture or other abnormality, given the patient history of recurrent urinary obstruction, could be possible.

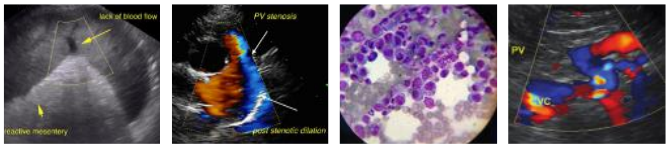
Urine culture and sensitivity on sterile urine sample is recommended, if not done. A referral may be in this patients best interest to achieve adequate and consistent urine out flow, salvage renal functionality and with potential for additional interventional procedures.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nibbler Jess

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook- SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

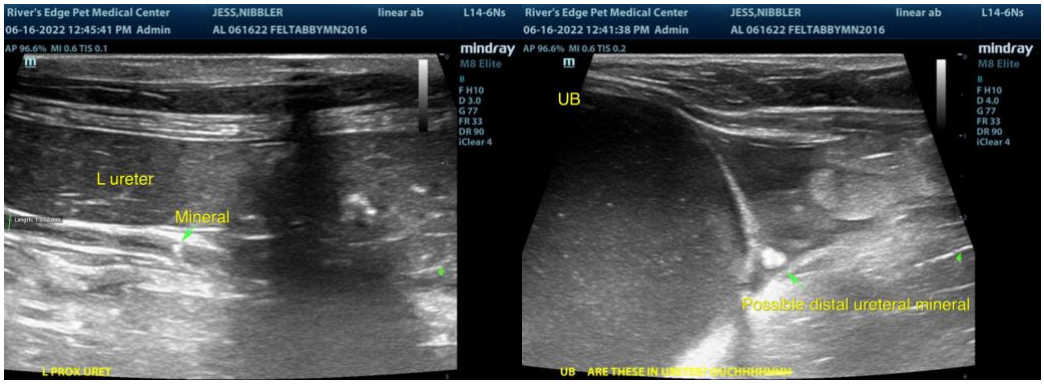
Dr. David Gray

INVOICE

16108

DATE

6/16/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com