



PATIENT PRESENTING CLINICAL SIGNS

Puddles Moroz

Presented for abnormal vocalization, esp at night. Grade 2/6 heart murmur sternal, tachycardia and history of allergic skin disease. Also has Osteoarthritis. IRIS stage 2 CKD, non proteinuric, normotensive renal disease. Has been on Solensia, gabapentin. HR 200 RR 16 BP 160.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC WNL, biochem SDMA 17, creatinine 213, Phos 1.2 Glucose normal. U/A WNL with quiet sediment. USG 1.014. T4 43.5 (was 36.2 a month ago) free T4 WNL, fPL elevated.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

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.

AGE

17yr

Mild subnormal bilateral kidney size and minor asymmetrical contour was present. A normal 1:3 cortex / medulla ratio and moderate loss of corticomedullary definition was present. Mild bilateral pyelectasia was present. The right kidney was borderline subnormal in size. The left kidney measured 2.6 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT

3.61kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
Hamilton

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.

REFERRING VET

Dr. Hall

Gastrointestinal

INVOICE

14151ag

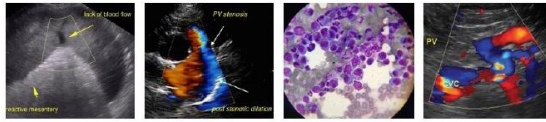
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

DATE

06/19/2023

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



PATIENT *Pancreas*

Puddles Moroz The left pancreatic limb was normal in size with mild capsule asymmetry and isoechoic heterogenous parenchyma. Pancreatic duct dilation was present.

SPECIES *Free Abdomen*

Feline No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

BREED

- Moderate chronic renal changes with mild bilateral pyelectasia.
- Chronic pancreatitis.

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FS

Largely a mild geriatric abdomen with no overt evidence of significant abdominal visceral pathology. The pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation or clinical signs which may allude to low grade/chronic pancreatitis is recommended.

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WEIGHT

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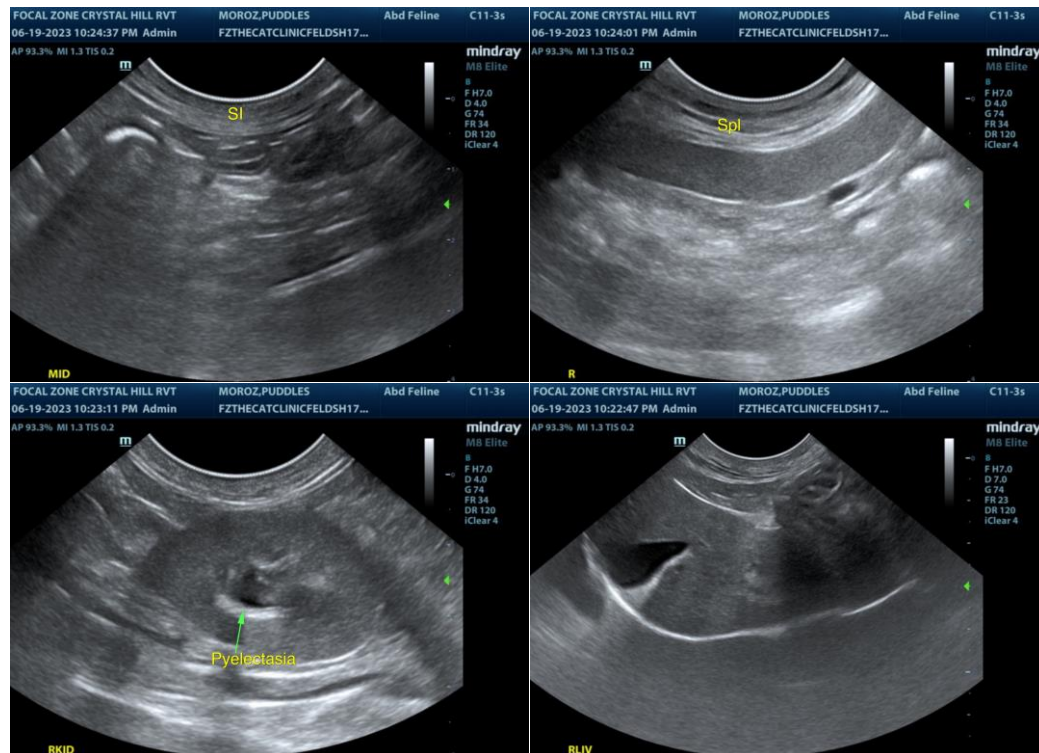
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PATIENT

Puddles Moroz

SPECIES

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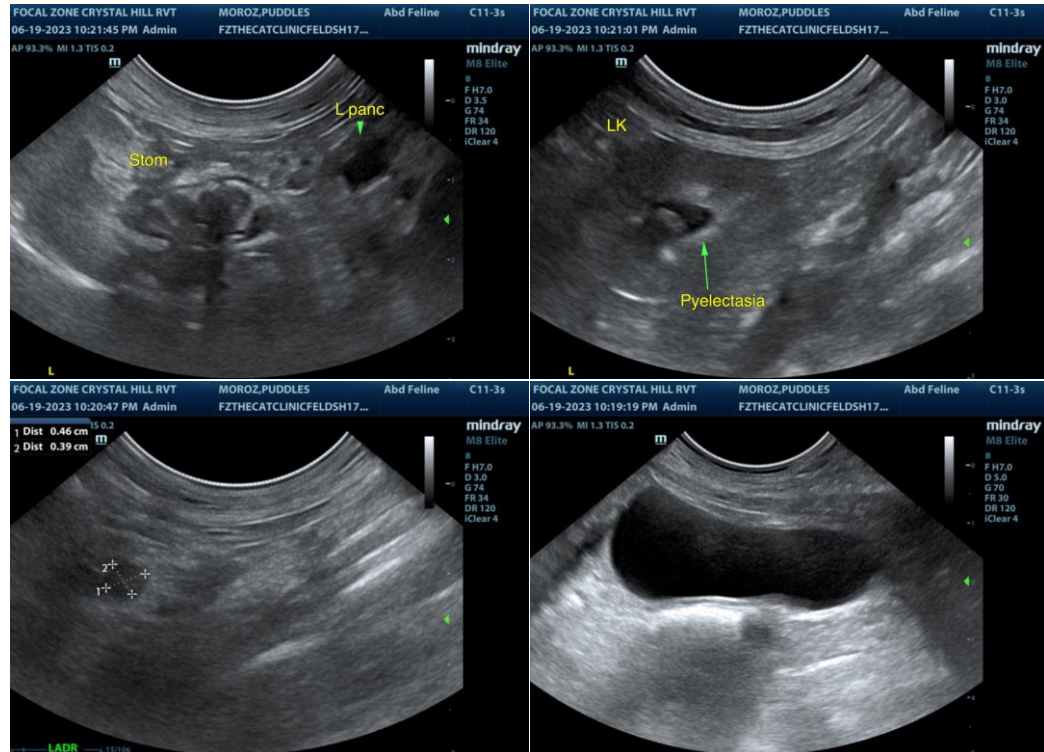
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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