



**PATIENT**

Leo Hoffman

**PRESENTING CLINICAL SIGNS**

re check bladder and liver

**SPECIES**

Feline

**ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN (LIVER AND BLADDER)**

**Urinary System**

The urinary bladder was mildly distended in size with normal tone. The urinary bladder walls were overtly normal. Anechoic urine was present in the lumen with mild nondependent particulate sediment along with areas of mild dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. The proximal urethra exhibited mild dilation to a depth of 2 cm. Concurrent small calculi (estimate 2-3) present in the visible proximal urethral lumen an example measuring 0.52 cm in diameter.

**BREED**

DSH

**SEX**

MN

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia to mild hydronephrosis was present. Areas of minor medullary mineral were present bilaterally. The left kidney measured 4.8 cm in length. The right kidney measured 4.5 cm in length.

**AGE**

9

Subtle evidence of left retroperitoneal inflammatory changes around the left kidney. No evidence of retroperitoneal free fluid.

**WEIGHT**

11.7

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**INTERPRETED BY**

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

**Liver**

The liver was subjectively normal in size and contour with mild increased parenchyma echogenicity compared to the spleen with a mild to moderate coarse echotexture. No masses or nodules were noted. Potential for a very scant pocket of free fluid between the cranial liver and diaphragm, this may be physiologic if no evidence of hepatic enzyme elevations.

**IMAGING PERFORMED BY**

Jenn

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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**Free Abdomen**

No overt lymphadenopathy was present.

**REFERRING VET**

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**ULTRASONOGRAPHIC FINDINGS**

- Mildly distended urinary bladder with mild dependent mineral
- Mild proximal urethral dilation with urethral calculi-possible emerging urethral obstruction
- Bilateral mild chronic renal changes with pyelectasia/mild hydronephrosis
- Mildly echogenic normal sized liver-nonspecific, subjectively benign

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of ureteral mineral or ureteral obstruction however this patient may be passing small amounts of mineral from the kidneys into the urinary bladder and the possibility of nonobstructive ureteral mineral to small calculi cannot be excluded. Assessment of hepatic and renal enzymes is suggested. If anesthesia is not contraindicated, passage of a urinary catheter with flush of

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proximal urethral calculi back into the bladder is warranted. Potential cystostomy with UB flush may be indicated as potential for obstruction in the future is elevated. Correlation with clinical signs and assessment of possible stranguria, dysuria or similar. Continued sonographic monitoring pending assessment or renal and hepatic enzymes would be a more conservative approach.

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**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

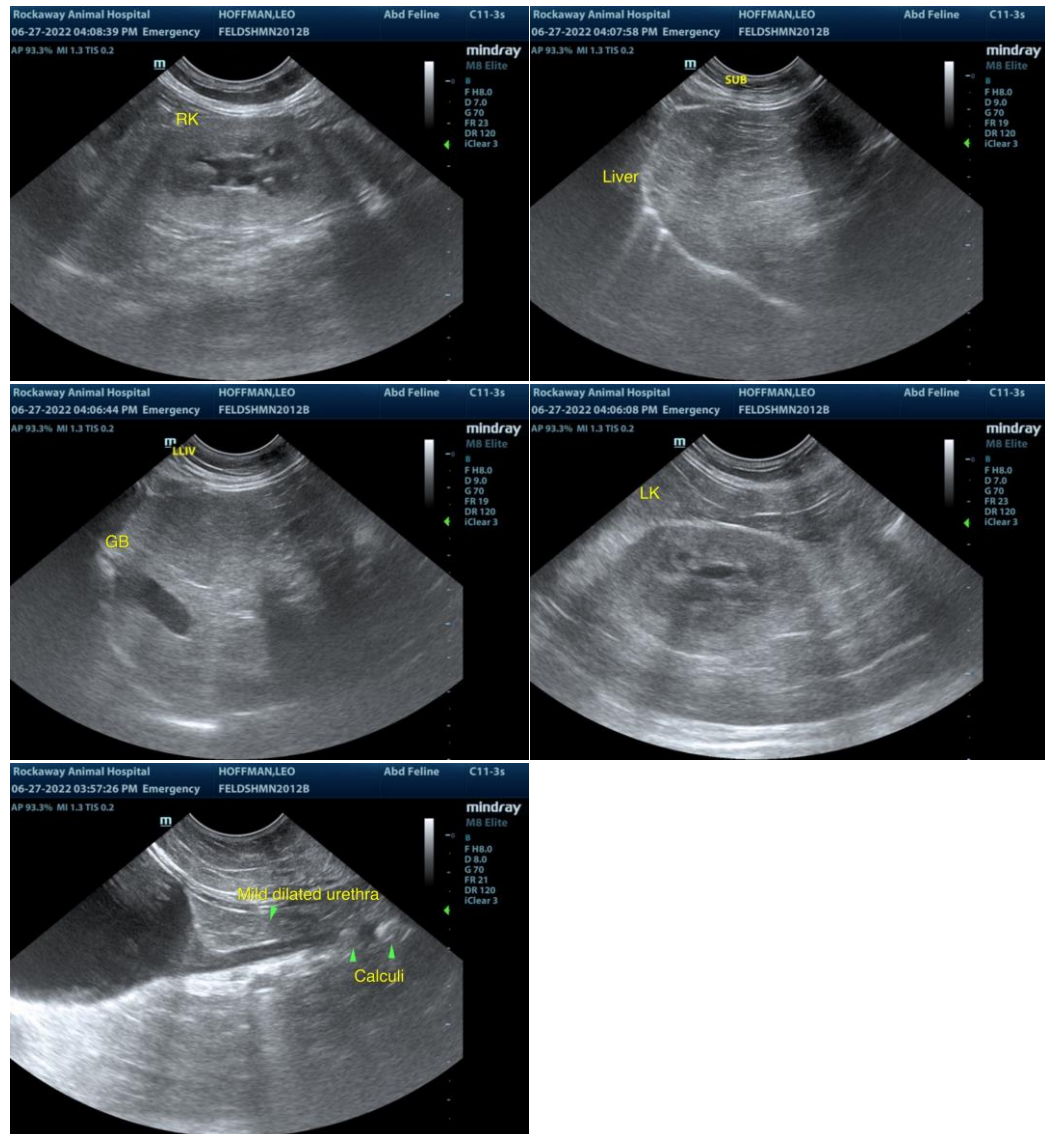
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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