



PATIENT

PRESENTING CLINICAL SIGNS

Zoey Dean

History: Diagnosed pyelonephritis 12/20. Now 1 week no appetite, 35K WBC (neutrophilia), moderate azotemia, urine SG 1.025 and WBC present

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

The left kidney appeared subnormal in size with asymmetrical margination and areas of nonuniform to focally hyperechoic cortex consistent with cortical infarcts. Reduced medullary volume with medullary renolithiasis and mild pyelectasia was present. The left kidney measured 2.4 cm in length.

FS

AGE

The right kidney appeared normal in size with mild asymmetrical contour, moderate loss of corticomedullary border demarcation with nonobstructive areas of medullary and pelvic mineral. No pyelectasia was present. The right kidney measured 4.0 cm in length.

9y 8m

The area of the aortic trifurcation was free of pathology.

WEIGHT

Adrenal Glands

7LB

The left and right adrenal glands were not definitively visualized.

Spleen

INTERPRETED BY

No overt pathology in the area of the spleen which was indistinctly visualized potentially owing to volume contraction.

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

Liver

IMAGING PERFORMED BY

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 minor debris likely secondary to fasting and not considered clinically significant. The cystic and common bile ducts were normal.

Katie Buss

HOSPITAL NAME

Gastrointestinal

Kings Veterinary
Hospital

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 gastric body wall measured 0.25 cm in width.

REFERRING VET

Katie Buss

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.

INVOICE

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

10997ag

Pancreas

DATE

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.

06/27/2022



PATIENT

Free Abdomen

Zoey Dean

No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9y 8m

WEIGHT

7LB

ULTRASONOGRAPHIC FINDINGS

- Left kidney- moderate chronic degenerative renal changes with cortical infarcts, medullary renolithiasis and subnormal size
- Right kidney- moderate chronic renal changes with nonobstructive pelvic and medullary mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both of the kidneys exhibited chronic renal changes more significant in the left kidney than the right kidney. No overt evidence of pyelonephritis given lack of left or right retroperitoneal inflammation yet potential for low grade pyelonephritis cannot be definitively excluded. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Overtly normal GI tract with potential for inappetence secondary to renal disease. Continued GI support, hospitalization with IVF therapy and monitoring of clinical and renal response to IVF is recommended.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Katie Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Katie Buss

INVOICE

10997ag

DATE

06/27/2022



PATIENT

Zoey Dean

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9y 8m

WEIGHT

7LB

INTERPRETED BY

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

IMAGING PERFORMED BY

Katie Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

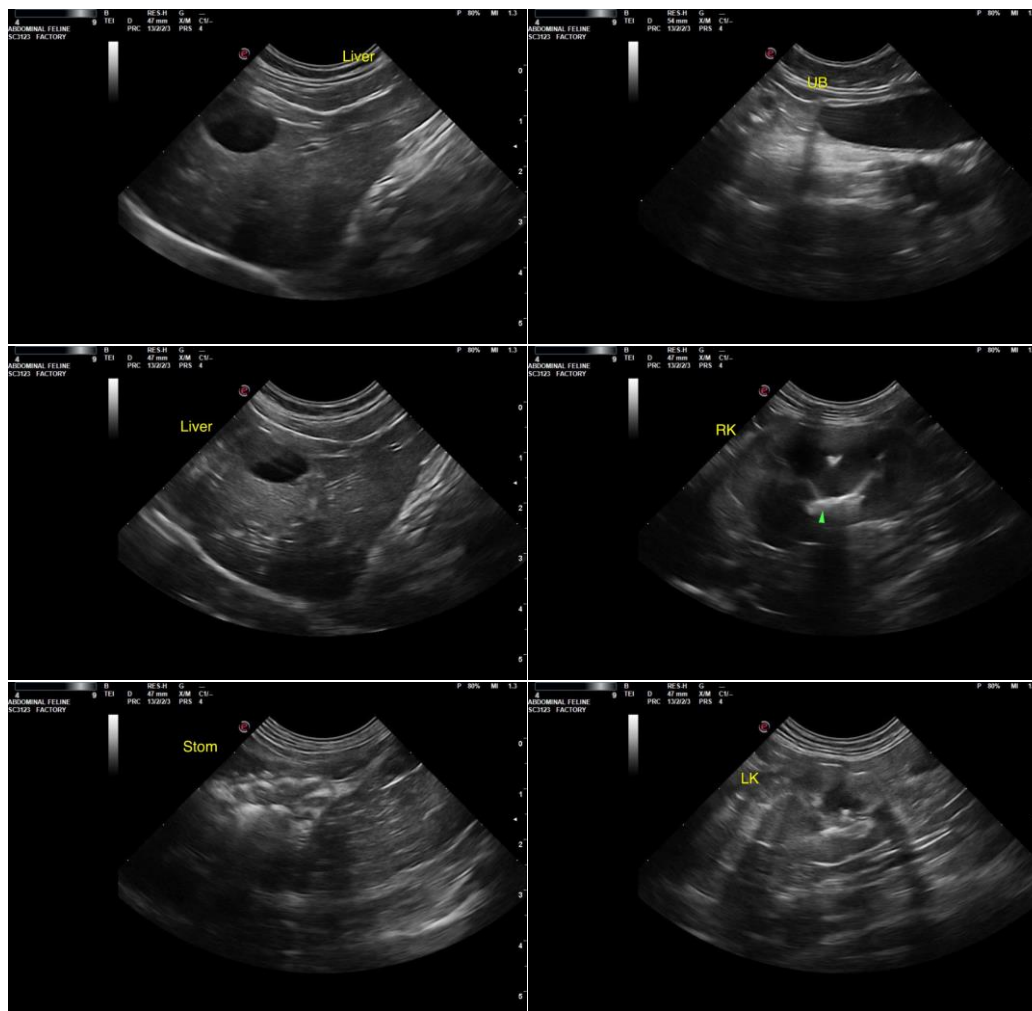
Katie Buss

INVOICE

10997ag

DATE

06/27/2022



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)

info@SonoPath.com