



PATIENT

Molly Peck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

4.53 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

Dr. Hall

INVOICE

17207

DATE

6/29/23

PRESENTING CLINICAL SIGNS

PE has been normal but noted UTI on PE in December. Dec 2022 had UTI with Staph Felis that responded well to Ab's. Concerns for early renal disease. Bloodwork for renal values WNL. May 2023 recheck panel and urine found another UTI with E. Coli and mid to high renal values. June 2023 Mild increase in renal values with normal urine. Quick scan in house showed small, irregular left kidney and possible dilation of the ureter. Bladder wall appeared thickened, right kidney has some loss of medullary cortical junction or possible infarct. Has been on Gabapentin and Fluoxetine. Abnormal PE/Chem/CBC/UA Results: Normal values until most recent BW - mild increase HCT and SDMA and Creatinine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen primarily with minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and capsule asymmetry were present in the kidneys. Mild variably echogenic cortex with cortical infarcts were noted primarily in the right kidney. A maintained 1:3 cortex / medulla ratio was present with mild to moderate loss of corticomedullary border demarcation. No pyelectasia was noted in either kidney. Pinpoint areas of medullary mineral were present. No evidence of left or right retroperitoneal inflammatory criteria was noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

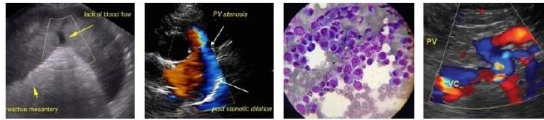
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.47 cm width.

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.

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.



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Gastrointestinal

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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.

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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.

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

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DSH

Pancreas

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 were evident.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with pinpoint medullary mineral and cortical infarcts
- Normal urinary bladder with minor urine sediment

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4.53 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S on a sterile urine sample, as well as additional baseline renal staging to include UPC level, is suggested especially if minor inflammatory sediment or proteinuria on urinalysis. No overt sonographic evidence of pyelonephritis or intrabdominal neoplastic criteria. Early CKD therapy is recommended with monitoring of renal values going forward and potential sonographic reassessment of the bilateral kidneys and bladder, if progressive azotemia or recurrent UTI.

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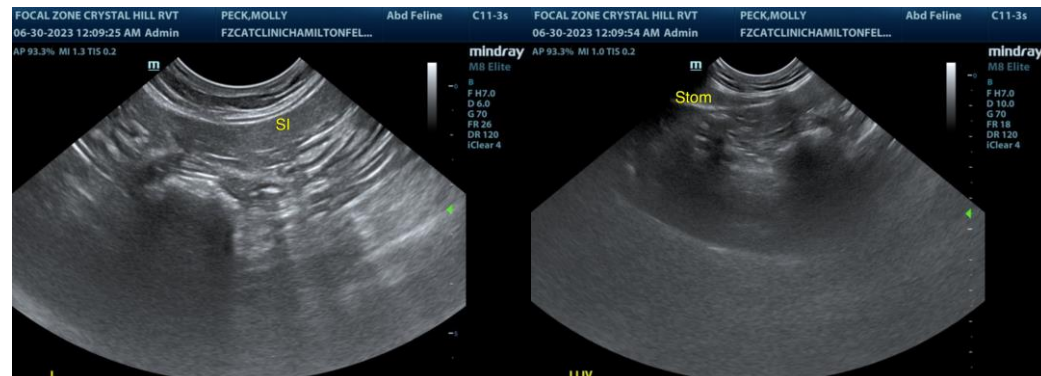
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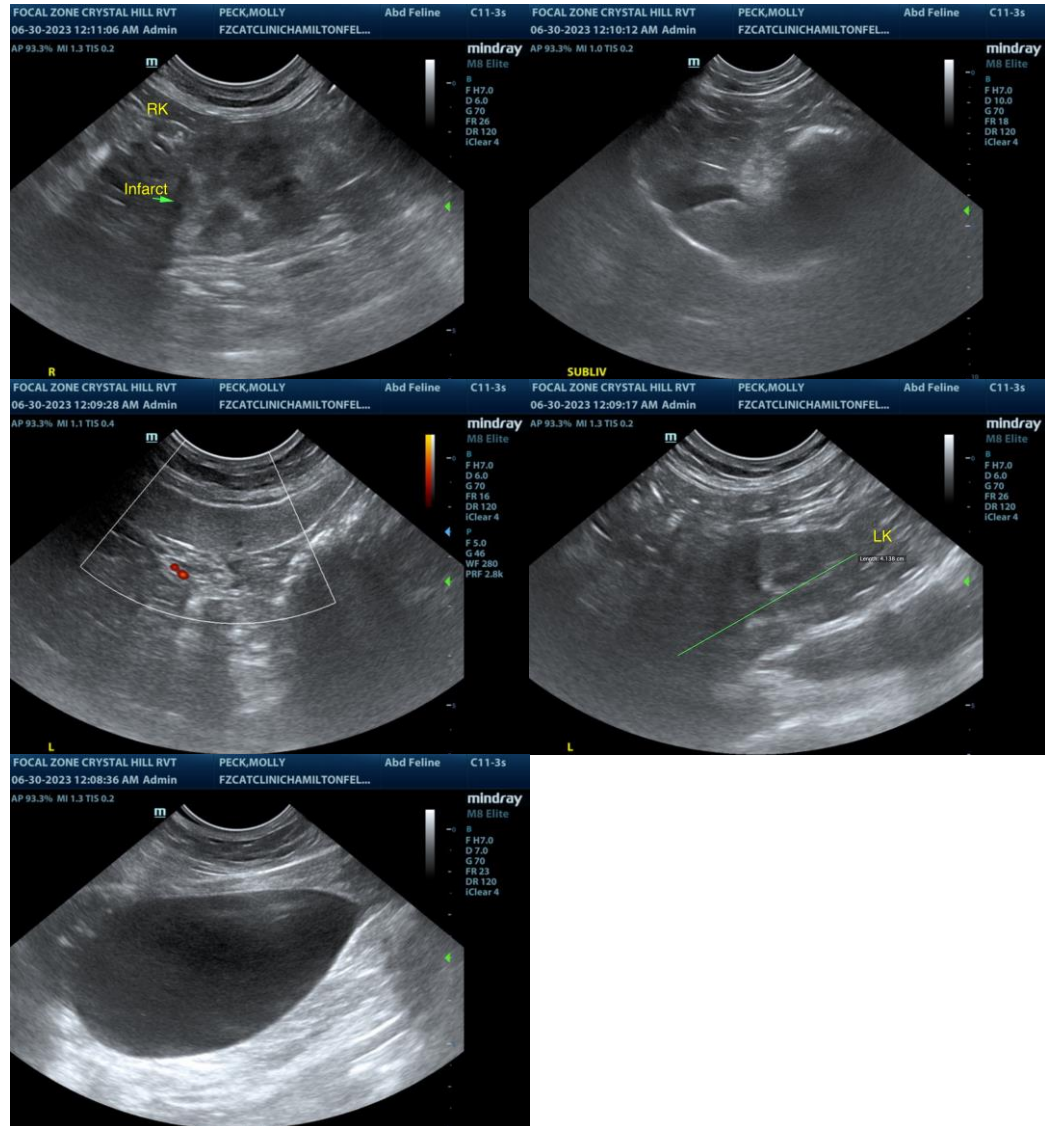
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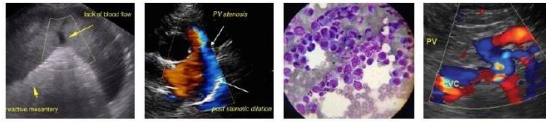
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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