



PATIENT

Ginger Ward

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

4.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Douglass,
DVM

HOSPITAL NAME

Mt. Yonah AH

REFERRING VET

Ashley Douglass,
DVM

INVOICE

17225

DATE

6/30/23

PRESENTING CLINICAL SIGNS

History of chronic renal disease

Abnormal PE/Chem/CBC/UA Results: Azotemia, NSF UA, making sure no other concurrent disease processes

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 with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with minor capsule asymmetrical were present in both kidneys. Mild cortical hypertrophy was present with mild nonuniform to increased cortex echogenicity. Mild loss of corticomedullary distinction was also present. Mild bilateral pyelectasia was noted. The renal medullary volume was normal. No evidence of neoplastic criteria or left or right retroperitoneal inflammation was noted.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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.

Gastrointestinal

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.

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



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Pancreas

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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.

SPECIES

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild to moderate chronic kidneys with mild bilateral pyelectasia

FS

- Sonographically unremarkable urinary bladder

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12

Aside from chronic renal changes consistent with CKD, no evidence of abdominal visceral pathology was noted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued CKD therapy with monitoring of renal parameters is recommended.

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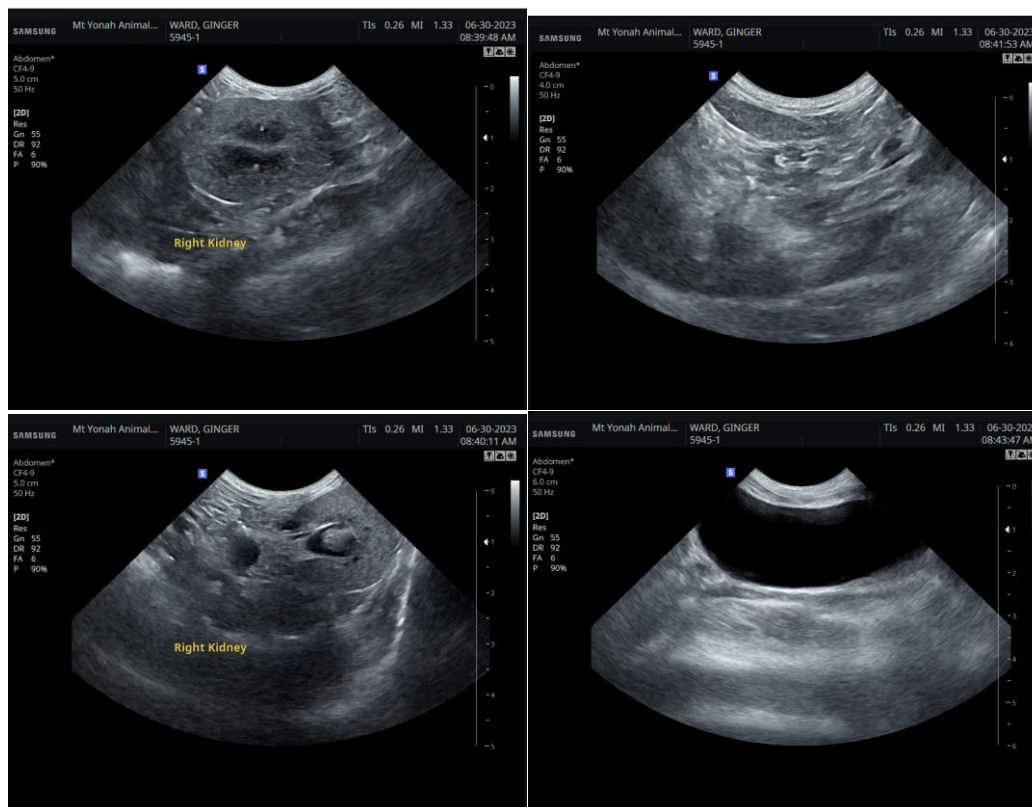
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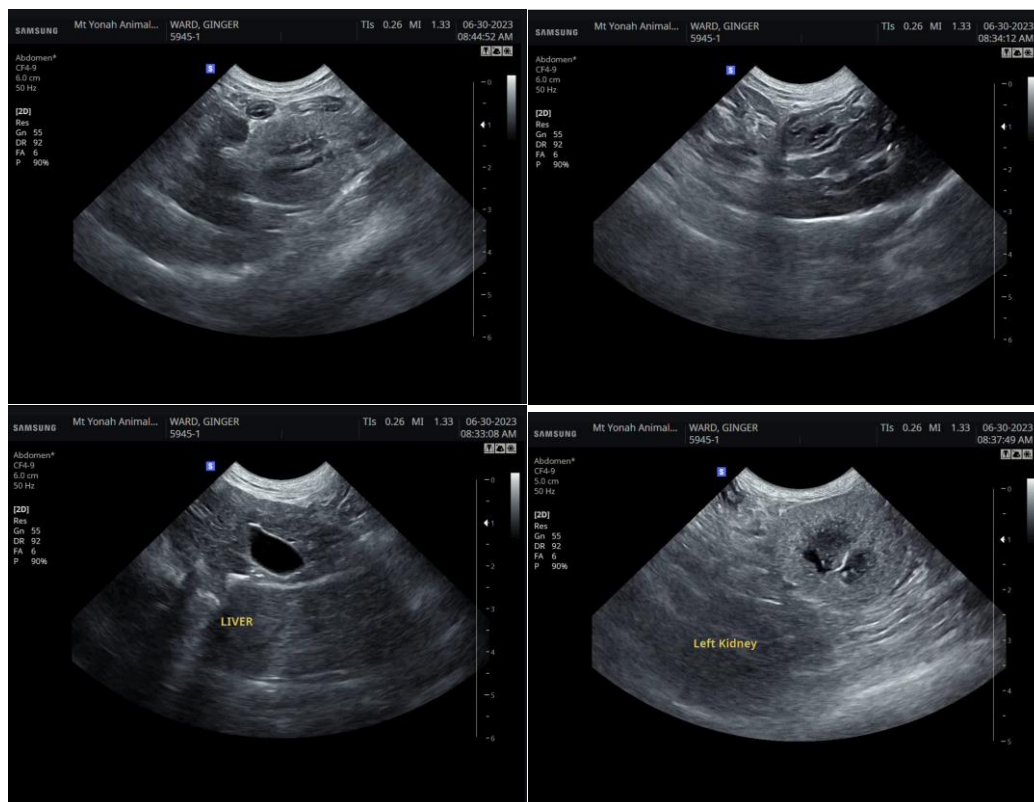
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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