



PATIENT

Dorrie Willey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12.5

WEIGHT

4.93 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency

REFERRING VET

Dr. Laura de Cordon

INVOICE

17243

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Not eating or urinating for 12-24 hours PU,PD Vomited history of kidney dysfunction and urinary stones

Abnormal PE/Chem/CBC/UA Results: Azotemia Hyperkalemia Enlarged abnormal shape left kidney Constipation chem/lytes: BUN: 80.1 Creat: 6.1 Phos: 7.3 K: 7.6 CBC: WNL PCV/TS: 38/7.6 Thorax: normal heart silhouette, no pleural disease noticed. Abdomen: Stomach is empty, there is decreased serosal detail on retroperitoneal space around left kidney, unable to identify right kidney. Some gas within SI, hard fecal material in colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. 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, sediment, mineral, or calculi. 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.

The left kidney was mildly enlarged in size with asymmetrical contour. Loss of corticomedullary border demarcation was noted. Mild hydronephrosis with concurrent mild proximal left hydroureter was present measuring 0.26 cm. No obvious obstructive left ureter pathology was noted, i.e., calculus, stricture, or mass was visualized. The left kidney measured 4.7 cm in length. Mild increased left retroperitoneal echogenicity was noted with mild left retroperitoneal free fluid.

Subjective normal size and asymmetrical margination were present in the right kidney. Moderate right kidney pyelectasia was noted without evidence of concurrent right hydroureter. Nonuniform to variably echogenic right retroperitoneal space echogenicity with concurrent right retroperitoneal free fluid was noted. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, hyperechoic nodules were present throughout the cranial to caudal parenchyma with an example measuring 0.6 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver/ Gallbladder

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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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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.

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Normal visible colon wall layers were present with strongly formed fecal matter.

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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.

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Free Abdomen

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Minor regional subjective benign / reactive omental lymphadenopathy was present in the mid-ventral abdomen. An example of a lymph node measured 0.8 cm in diameter. Concurrent intermittent scant peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Dr. Laura de Cordon

Primary Findings

- Left kidney mild renomegaly exhibiting mild hydronephrosis and concurrent mild proximal left hydroureter
- Right kidney nonspecific chronic changes with moderate pyelectasia
- Nonuniform right retroperitoneal space with bilateral mild retroperitoneal free fluid
- Normal non-distended urinary bladder

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Secondary Findings

- Hyperechoic nondisruptive splenic nodules - suggestive of benign criteria, i.e., lipogranulomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Nonspecific bilateral nephritis, i.e., pyelonephritis or similar, and concern for progressive to end-stage chronic renal disease is indicated. Correlation with UA, as well as C/S and baseline UPC level, and assessment of systemic BP, is recommended. Suspect bilateral associated retroperitonitis, more pronounced in the right retroperitoneal space, while the possibility of ill-defined right retroperitoneal neoplastic criteria cannot be definitively excluded. Given non-distended urinary bladder without reported urination, anuric renal failure may be of primary concern.



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Renal and gastrointestinal support with close monitoring of patient bodyweight and urine production along with renal response could be considered. An extremely guarded prognosis is warranted.

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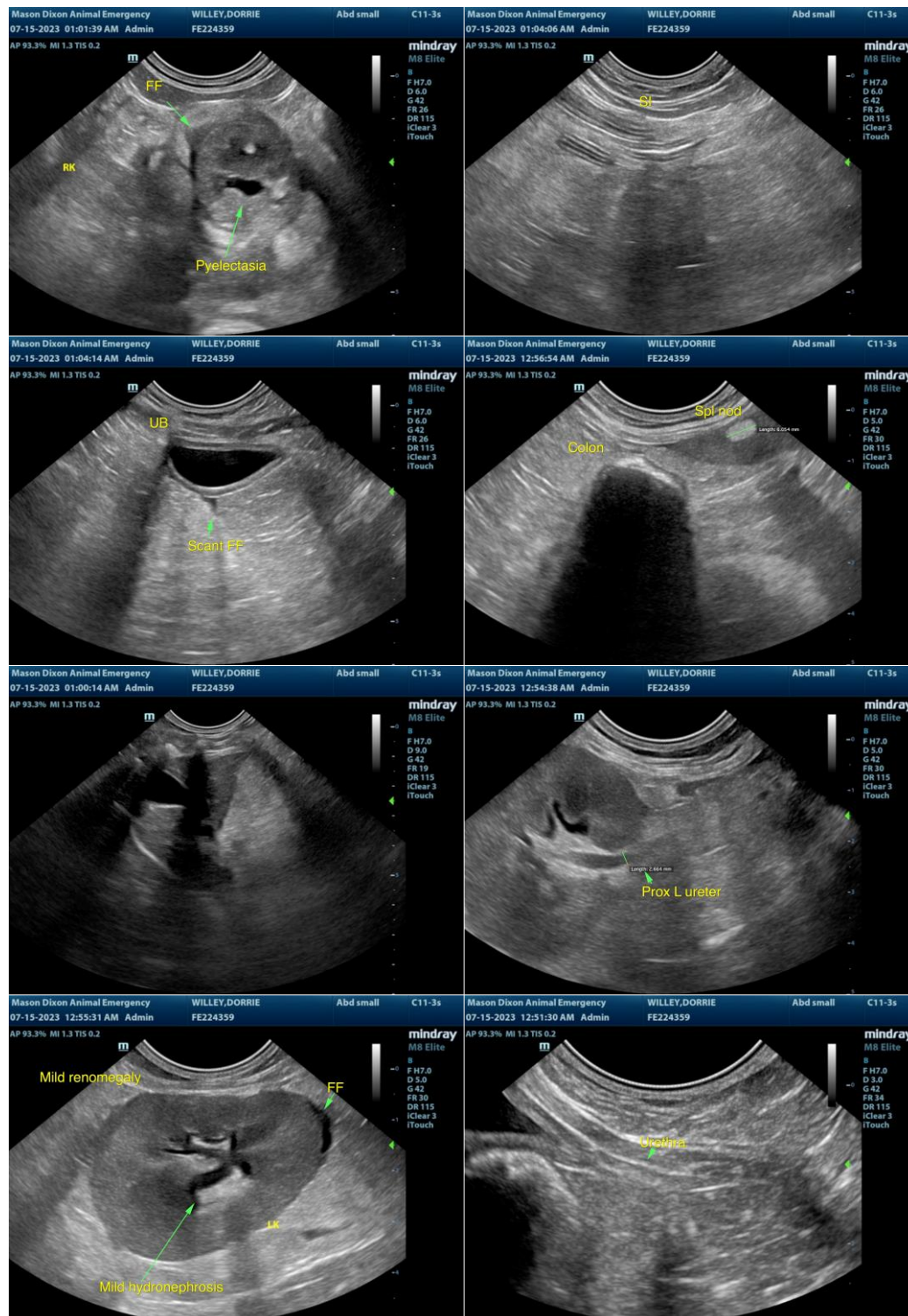
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com