

**PATIENT PRESENTING CLINICAL SIGNS**

Oliver Zeller cancer check; chronic vs acute renal failure. Hx of pancreatitis. On buprenex, gabapentin, cerenia, mirtazapine, fus-sol.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: RBC 6.52, HCT 28.8%, MCHC 36.1, EOS DECR 0.13, GLUC 193, CREAT 10.6, BUN >130, PHOS 16.1, CL 111 decr, GLOB 5.4

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder was mildly distended in size. Normal appearance to the urinary bladder wall without evidence of inflammatory or neoplastic urinary bladder wall criteria. The visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral, calculi, or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

11 years

Normal to borderline prominent in size and margination were present in the kidneys. Subtle bilateral cortical hypertrophy with loss of corticomedullary border demarcation and mild bilateral pyelectasia. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

**WEIGHT**

18.2#

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

**INTERPRETED BY**

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

*Spleen*

The spleen exhibited subnormal size consistent with volume contraction. A finely textured and homogenous parenchyma that 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. The spleen measured 0.5 cm in width at the level of the mid spleen.

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Animal Care Centers of  
Flanders

**REFERRING VET**

Dr. Casilli

*Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

**INVOICE**

10356

*Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild ingesta exhibiting subtle progressive distal acoustic shadowing sonographically consistent with food without signs of ileus, obstruction, or foreign material.

**DATE**

7/20/2023

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Sedimental mild similar appearing intestinal ingesta was present. 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.

*Pancreas*



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The left pancreatic limb exhibited subtle prominent size, with mild capsule symmetry. Mildly non-homogenous, hypoechoic parenchyma compared to adjacent mildly hyperechoic left peripancreatic omentum. The 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.

**Free Abdomen**

No omental masses, lymphadenopathy, or peritoneal effusion was present. Subjective very subtle increased left and right retroperitoneal echogenicity was noted.

**ULTRASONOGRAPHIC FINDINGS**

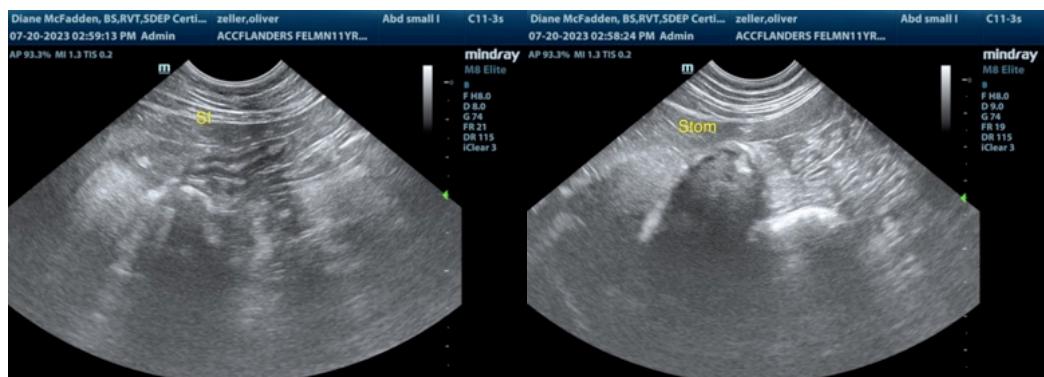
**Primary Findings**

- Bilateral nephropathy exhibiting mild pyelectasia.
- Chronic active pancreatitis pattern. Left pancreas with mild associated peripancreatic reactive omentum.
- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically the bilateral kidneys were not definitively consistent with typical end stage renal disease i.e., subnormal kidneys exhibiting marked chronic degenerative parenchyma changes. However, the kidneys suggestive of chronic or acute on chronic nephropathy criteria. In conjunction with patients' anemia commonly seen with chronic renal failure. However, renal sonographic appearance does not always correlate with degree of azotemia or renal prognosis going forward. Recommend hospitalization with diuresis protocol over the next 48 hours with monitoring of urinary output and body weight for further prognosis.

As needed gastrointestinal support and empirical therapy for chronic active pancreatitis would be reasonable. Guarded to possible very guarded prognosis given the degree of azotemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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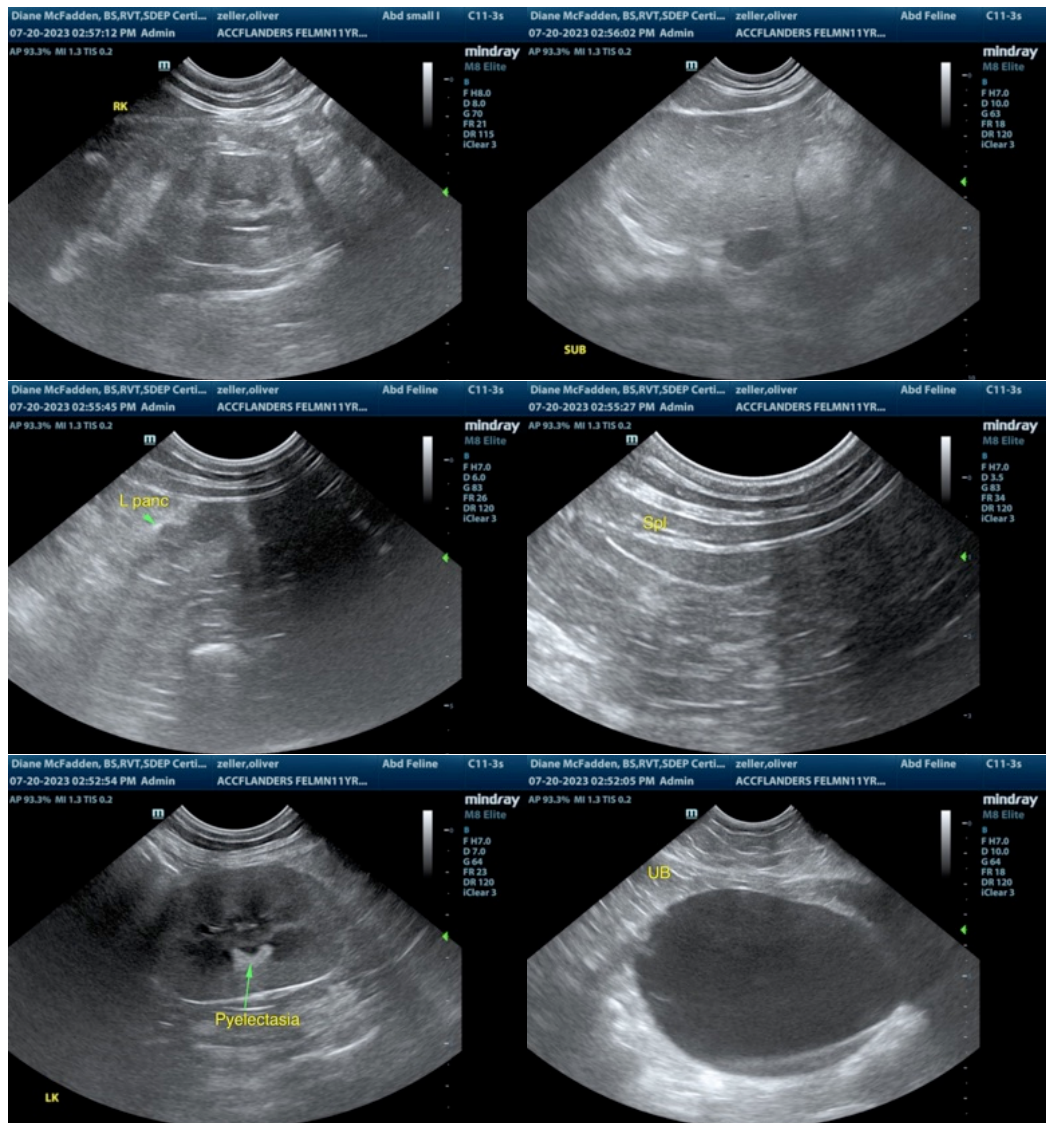
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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