



**PATIENT PRESENTING CLINICAL SIGNS**

Paris Valite Presented for decrease appetite for a month, recently dx with severe azotemia. Abnormal PE/Chem/CBC/UA Results: PE - faint heart murmur, periodontal ds . UA/ UCS – pending

**SPECIES** BUN 104, Creatinine 11.2, SDMA >60, Phosphorus 13.3, Precision PSL normal.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

10 Years

The kidneys were normal in size and contour, exhibiting subjective normal renal volume. 1:3 cortex to medulla ratio. Mild to moderate indistinct corticomedullary border demarcation. Minor pyelectasia noted in the right kidney. The right kidney measured 4.5 cm. The left kidney measured 4.3 cm.

**WEIGHT**

8.0 Pounds

**Adrenal Glands**

The adrenal glands were not definitively visualized. No overt pathology in the areas of the adrenal glands.

**INTERPRETED BY**

**Spleen**

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

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.

**IMAGING PERFORMED BY**

**Liver**

Dr. Lara Cabugawan

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.

**HOSPITAL NAME**

Kew Gardens AH

**Gastrointestinal**

**REFERRING VET**

Dr. Lara Cabugawan

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic to mildly echogenic fluid, primarily in the pylorus. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.24 cm.

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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. Jejunum wall measured 0.22 cm.

**DATE**

7/29/23

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



**PATIENT** *Pancreas*

Paris Valite The left pancreatic limb exhibited normal size and contour with subtle heterogeneous parenchyma with minor left limb pancreatic duct dilation.

**SPECIES** *Free Abdomen*

Feline No omental masses, lymphadenopathy, or peritoneal effusion.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

DSH • Mild to moderate non-specific chronic renal changes with minor right kidney pyelectasia

SEX • Sonographically unremarkable gastrointestinal tract with mild retained pyloric fluid – potential mild metabolic/functional gastric stasis.

Spayed Female

• Subtly heterogeneous left pancreas – likely incidental without evidence of active pancreatitis, potential low-grade/chronic pancreatitis possible.

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

8.0 Pounds

Sonographically, the bilateral kidneys did not appear to be obviously end stage, indicating potential for acute on chronic renal failure. Correlation with pending urinalysis and screening culture and sensitivity suggested. Assessment for possible renal toxic episode may be considered if clinically indicated.

**INTERPRETED BY**

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

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to potential low-grade/chronic pancreatitis as a potential contributing factor to the decreased appetite, is suggested.

**IMAGING PERFORMED BY**

Dr. Lara Cabugawan

Hospitalization with renal and gastrointestinal support with diuresis protocol, monitoring of renal response, urine output, and body weight going forward is recommended. Prognosis, given the degree of azotemia, is likely dependent upon renal response to supportive care.

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Lara Cabugawan

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**DATE**

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**PATIENT**

Paris Valite

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

8.0 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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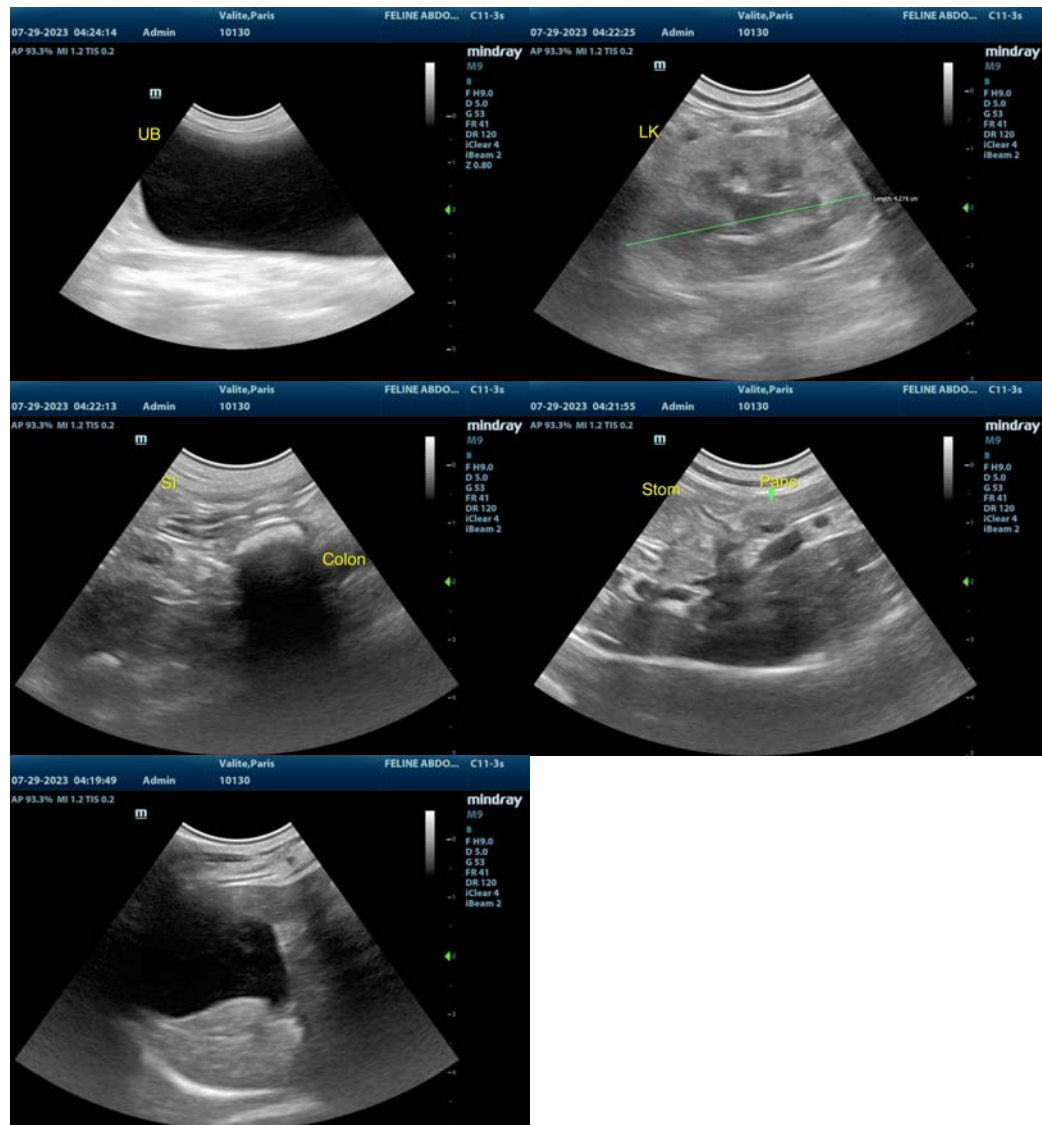
Dr. Lara Cabugawan

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**DATE**

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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.

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

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