



**PATIENT**

Leo Bodden

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14 years

**WEIGHT**

6.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kim

**HOSPITAL NAME**

Ridgefield Park AH

**REFERRING VET**

Dr. Chun

**INVOICE**

14612

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

Patient presents to the hospital for a second opinion for possible initial state of kidney failure as diagnosed in a previous clinic with the following BW results (done on June): BUN: 37 N, CREA: 1.6 N, SDMA: 15 H UA-- USG: 1.018, Prote: 1+, Blood: 3+ Normal CBC Patient was place on kidney diet at the time. Patient has declined since about 10 days ago, loss of appetite, weight loss. Shakes his head and seems to lose balance at moments.

**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. 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.

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney was mildly prominent to enlarged in size compared to the right kidney yet within normal limits for feline renal size measuring 4.2 cm in length. The right kidney measured 3.5 cm in length. Pinpoint medullary mineralization was noted in both kidneys.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 width and the right adrenal gland measured 0.32 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. The spleen measured 0.77 cm width at the level of the hilus.

**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.



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***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 gastric body wall width measured 0.24 cm.

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. Small intestinal wall width measured 0.23 cm.

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

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral mild chronic renal changes exhibiting mild cortical hypertrophy and pinpoint medullary mineral
- Overtly normal gastrointestinal tract / pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the kidneys exhibited mild chronic renal changes as opposed to acute kidney injury or insult. No overt evidence of pyelectasia was noted. Potential for nonspecific nephritis such as interstitial nephritis is possible.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment and monitoring of systemic BP going forward is recommended. CRD therapy is suggested. Subjectively, the kidneys did not appear to be end-stage.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Continued as-needed gastrointestinal support is recommended.



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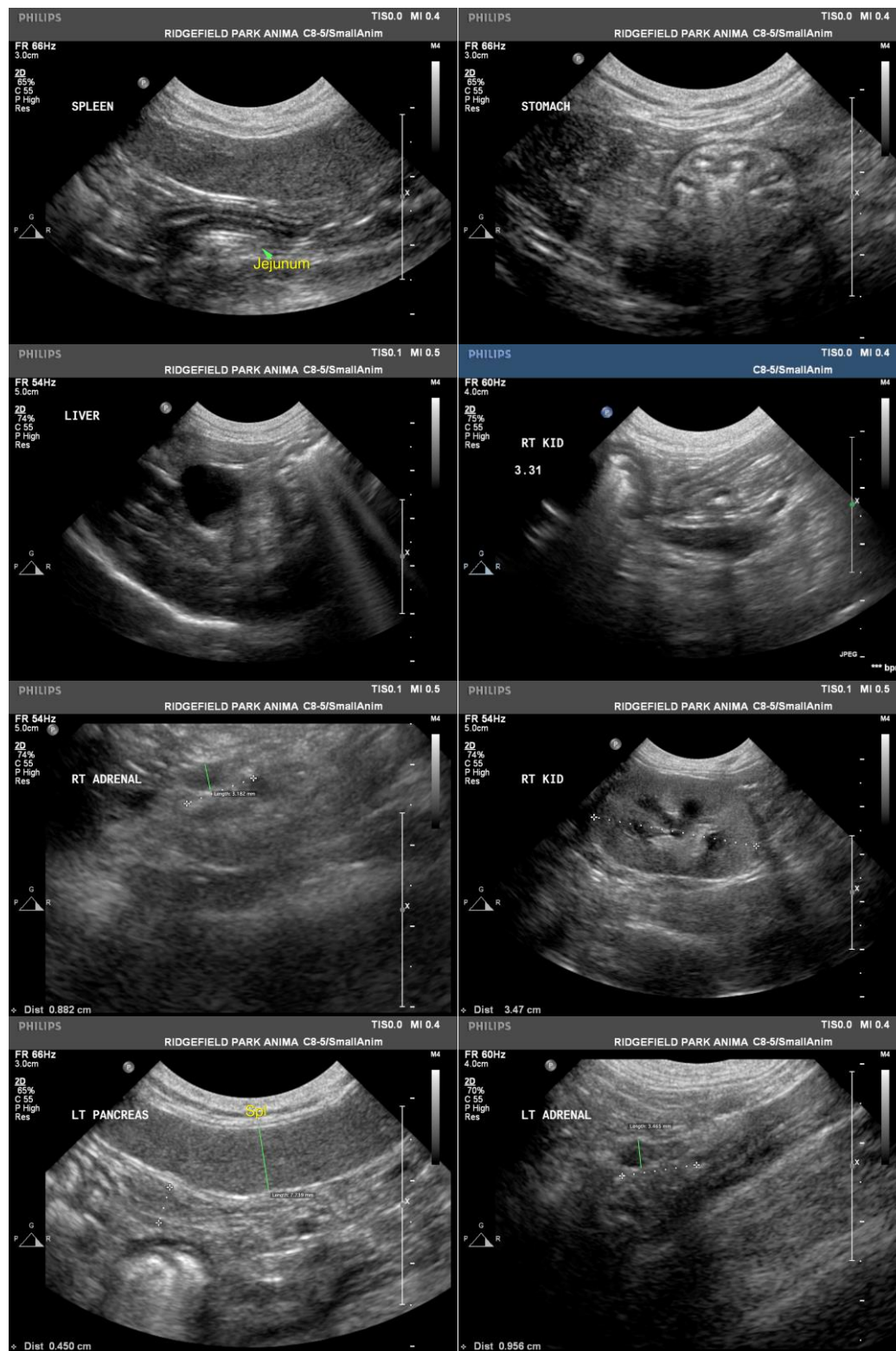
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com