



**PATIENT**

Grizzly Hanson

**PRESENTING CLINICAL SIGNS**

Presented on ER last night for lethargy, inappetence, oral lesions; has been on IVF and GI support, will be rechecking labs later tonight

**SPECIES**

Feline

Admit labs abnormalities: BUN 266, Crea 11, P >16.1, SDMA 64

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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**

MN

Normal size and margination was present in the left kidney. The right kidney was mildly enlarged compared to the left. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A nonobstructive pelvic renolith was present in the right kidney measuring 0.9 cm in diameter. Pinpoint areas of medullary mineral were present in the left kidney. No evidence of pelvic dilation was present.

**AGE**

11yr

The left kidney measured 3.6 cm in length. The right kidney measured 4.8 cm in length.

**WEIGHT**

5kg

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. No overt pathology in the area of the right adrenal gland.

**INTERPRETED BY**

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

**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 0.75 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Dr. Callihan

**Liver**

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 with mild particulate to mildly hyperechoic debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Bailey

**Gastrointestinal**

**INVOICE**

11346ag

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.

**DATE**

08/14/2022

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



**PATIENT**

**Pancreas**

Grizzly Hanson

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 was evident.

**SPECIES**

Feline

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DLH

- Bilateral chronic nephropathy with nonobstructive right kidney pelvic renolith
- Minor gastritis pattern, normal small bowel

SEX

- Secondary: Mild GB debris - incidental, suspect owing to fasting / anorexia.

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

AGE

Bilateral kidneys consistent with chronic nephropathy / CRD although a potential acute on chronic renal insult is possible. No signs of renal neoplasia or pyelonephritis. Possible end stage CRD although prognosis is dependent on renal response to diuresis with monitoring of urine output. Urine C/S and baseline UPC for further staging could be considered. As needed GI support is warranted.

11yr

**WEIGHT**

5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

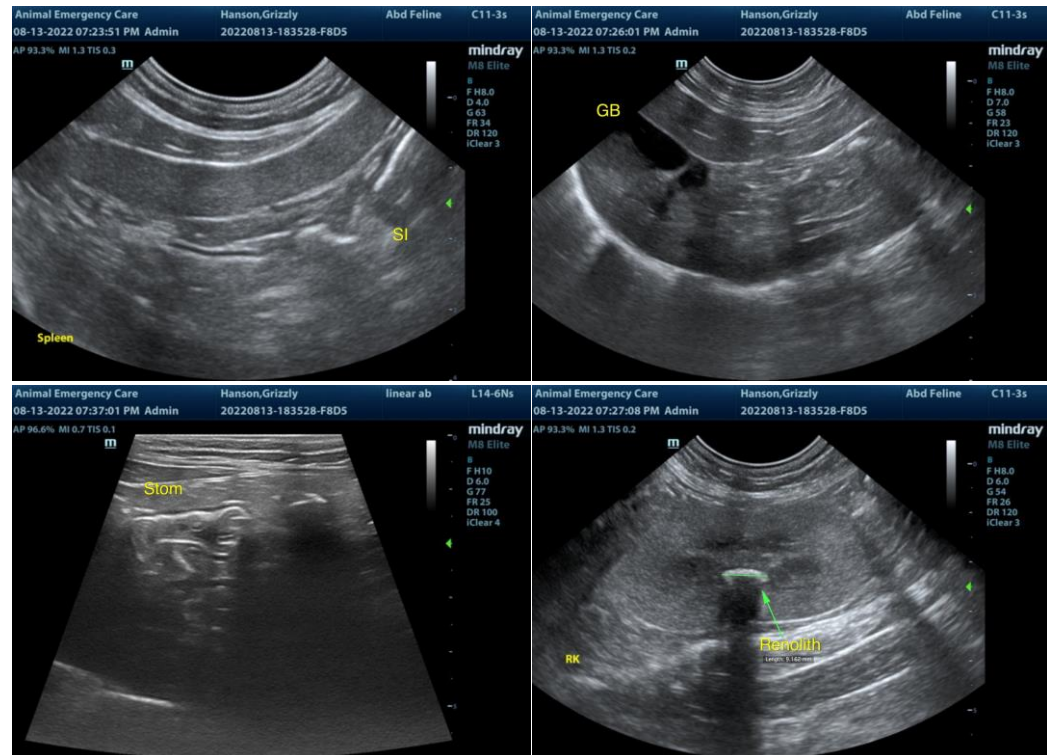
Dr. Bailey

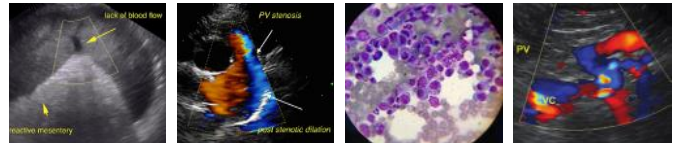
**INVOICE**

11346ag

**DATE**

08/14/2022





**PATIENT**

Grizzly Hanson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

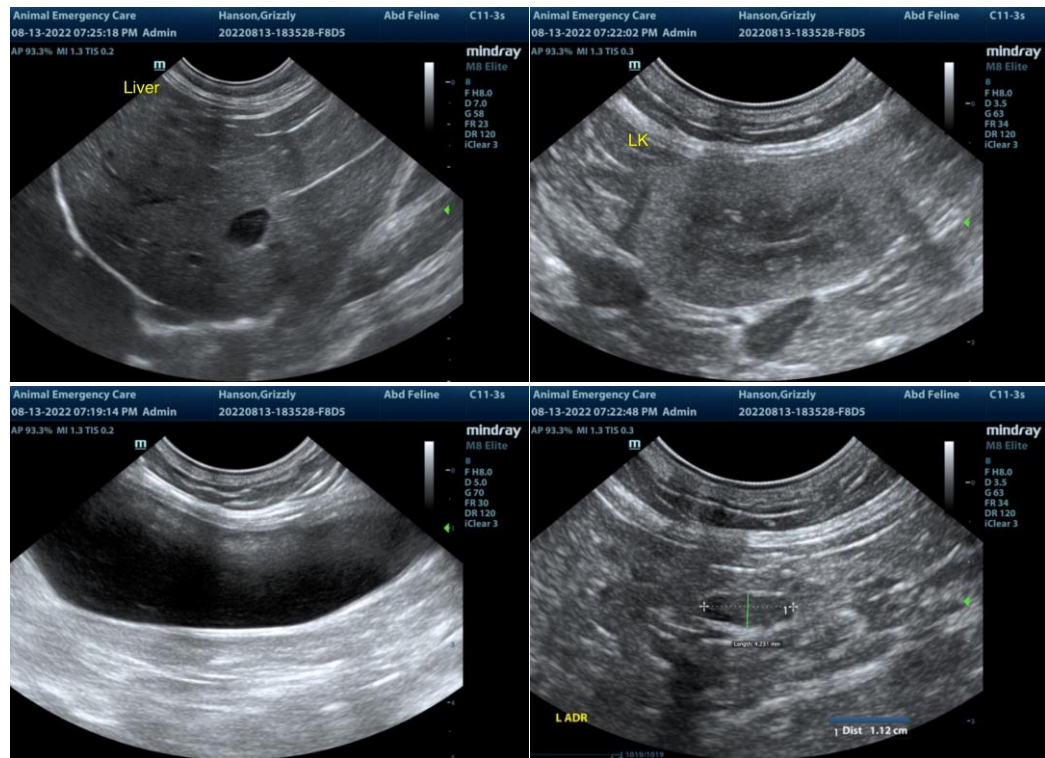
MN

**AGE**

11yr

**WEIGHT**

5kg



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Bailey

**INVOICE**

11346ag

**DATE**

08/14/2022

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