



PATIENT PRESENTING CLINICAL SIGNS

Kenji Ellis panting after short play sessions, toxic gum line, kidney values elevated
Abnormal PE/Chem/CBC/UA Results: elevated kidney enzymes

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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 were noted.

BREED

British Longhair

SEX

Intact Male

The area of the aortic trifurcation was free of pathology.

AGE

9 Months

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. The left kidney measured 3.7 cm. The right kidney measured 3.8 cm.

WEIGHT

8 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.29 cm in width.

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 1.0 cm in width.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

The Maples AH

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.

REFERRING VET

Dr. Kazienko

Gastrointestinal

INVOICE

24849

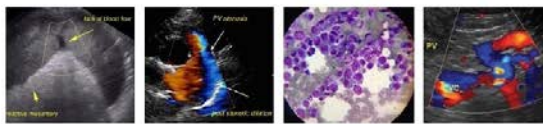
The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow. Gastric body wall measured 0.23 cm.

DATE

8/20/21

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 0.25 cm.

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



PATIENT *Pancreas*

Kenji Ellis 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 *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- British Longhair
- Bilateral non-specific subtle renal medullary rim sign
 - Gastric ingesta versus possible gastric hairball density

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intact Male Aside from the subtle non-specific medullary rim sign, no overt evidence of significant renal pathology such as dysplasia, neoplasia or pyelonephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If evidence of vomiting, further sonographic monitoring of the stomach for evidence of normal gastric emptying +/- hairball therapy if clinically indicated may be considered. Assessment of systemic blood pressure and 3-view chest radiographs if not done to assess for evidence of thoracic pathology as well as cardiopulmonary status suggested. Depending on the degree and/or persistence of azotemia, IV or subcutaneous fluids and renal diet may be considered.

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HOSPITAL NAME

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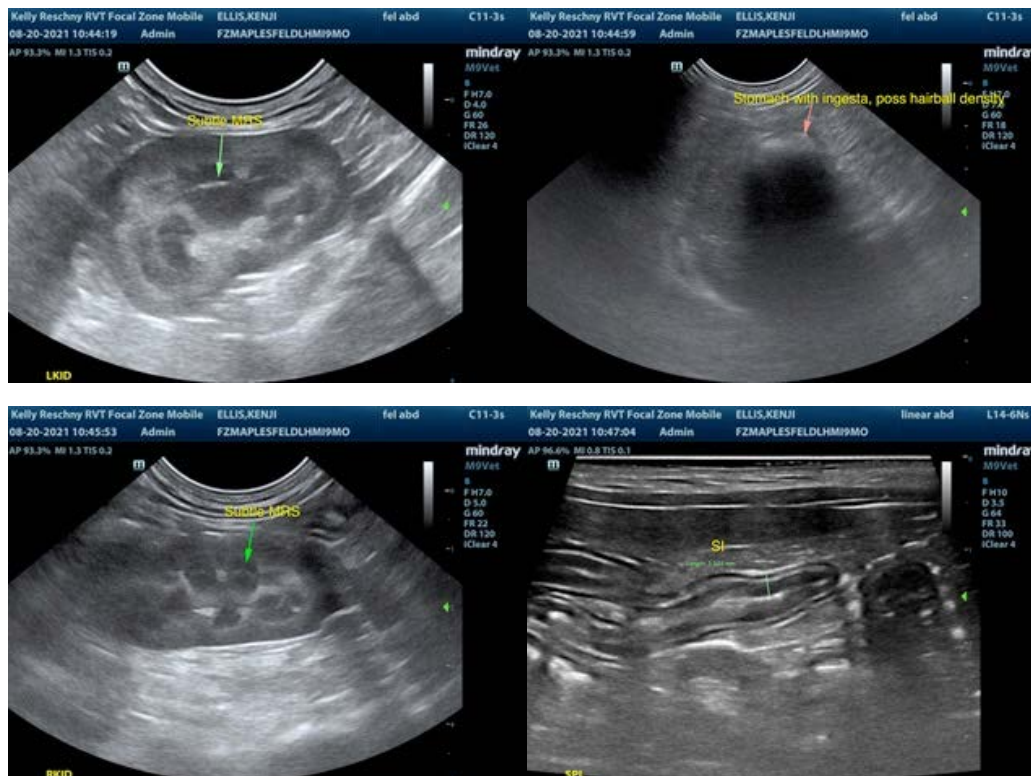
Dr. Kazienko

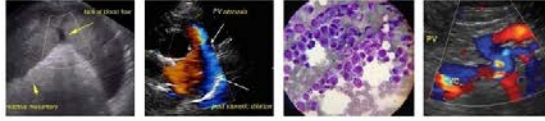
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PATIENT

Kenji Ellis

SPECIES

Feline

BREED

British Longhair

SEX

Intact Male

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WEIGHT

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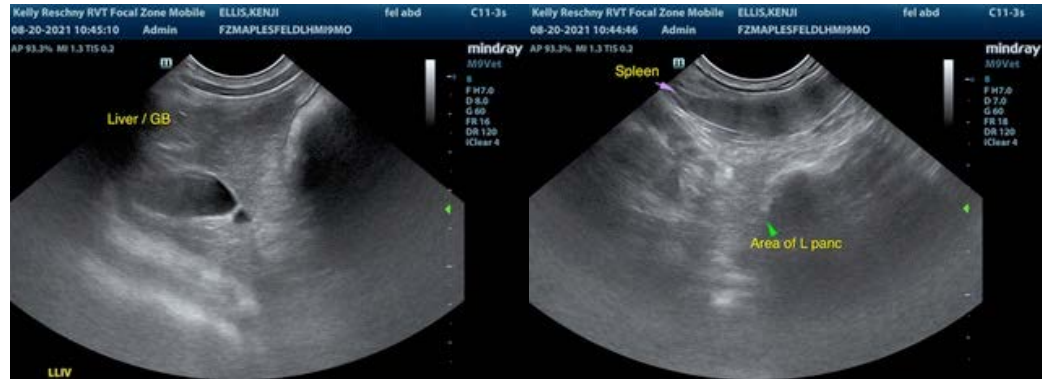
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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