



PATIENT PRESENTING CLINICAL SIGNS

Petty Mikolosky History: Acute onset lethargy, inappetence

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Feline The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED Domestic Shorthair
SEX Neutered Male
AGE 8 years

Normal renal size with 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Multiple small cortical infarcts were present along with focal subjective non-obstructive medullary mineralization and mild pyelectasia. The left kidney measured 3.3 cm.

WEIGHT 11.3 Pounds

The right kidney measured 3.2 cm and exhibited asymmetrical renal margination, uniform increased cortex echogenicity with loss of medullary parenchyma replaced by primarily anechoic fluid and extending into the lateral diverticuli. Focal areas of mineralization were noted, primarily around the right kidney pelvis. The right ureter was mildly dilated exiting the right kidney and extending caudally. Right ureter dilation 0.25 cm.

Adrenal Glands

INTERPRETED BY No overt pathology in the area of the left and right adrenal glands.

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 0.65 cm in width .

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver

HOSPITAL NAME

Pocono Peak VC

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.

REFERRING VET

Dr. Thompson

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained primarily anechoic fluid present, primarily in the gastric antrum and pylorus. Pylorus wall measured 0.22 cm.

DATE

8.24.2021

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental non-obstructive jejunal ileus was present. Jejunum wall measured 0.23 cm.



PATIENT Ileocolic wall measured 0.38 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Petty Mikolosky

Pancreas

SPECIES The left limb of the pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

Feline

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder sediment – suspect cellular or crystalline debris
- Left kidney chronic nephrosis with cortical infarcts, mild pyelectasia, and subjective non-obstructive medullary mineralization/renolithiasis.
- Right kidney moderate to advanced hydronephrosis with right ureter dilation – suspect potential current or previous obstructive right ureterolithiasis
- Gastric and segmental jejunal hypomotility/stasis -consistent with metabolic stasis or suspect inflammatory bowel episode.
- Mildly hypoechoic left pancreas – potential for concurrent low-grade inflammation.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.3 Pounds

The left renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. No overt evidence of left obstructive ureterolithiasis. However, given the right kidney hydronephrosis and right ureter distention, obstructive right ureteral pathology including potential for ureterolithiasis suspected. Functionality of the right kidney is considered highly questionable. Further imaging (i.e., contrast radiography or potential CT) may be required for further clarification. However, functionality of the right kidney is considered highly questionable. Continued as-needed gastrointestinal support would be appropriate.

INTERPRETED BY

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(Canine and Feline)

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PATIENT

Petty Mikolosky

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 years

WEIGHT

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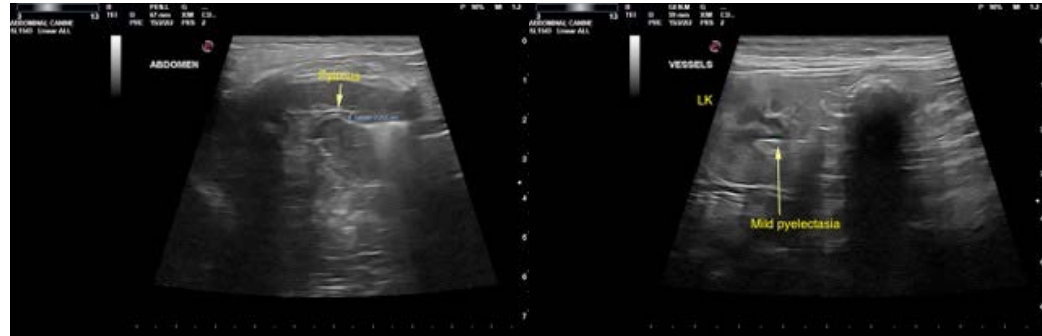
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com