

PATIENT

Mandi Baker

SPECIES

Feline

BREED

Bengal

SEX

F/S

AGE

16

WEIGHT

10.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet
Ultrasound

REFERRING VET

Dr. Graves

INVOICE

17079

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Pet presented for further evaluation on kidneys and bladder. P has a history of stranguria and diarrhea that has resolved. radiographs showed nephroliths and small kidneys. There is also a concern possible thickening intestines. Pet is doing well but owner wanted to investigate possible kidney issues.

Abnormal PE/Chem/CBC/UA Results: Creat: 2.1 BUN: 37 Upper end of normal for both, last month and repeating BW today.

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.

Normal size and margination were present in the left kidney. 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. No evidence of pyelectasia was present in the left kidney. The left kidney measured 3.6 cm in length.

The right kidney was subnormal in size exhibiting moderate to severe hydronephrosis exhibited by replacement of discernable medullary parenchyma with primarily anechoic fluid. Proximal right hydroureter was present. A definitive cause of right ureter obstruction was not obviously visualized. Right ureter dilation measured 0.29 cm.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

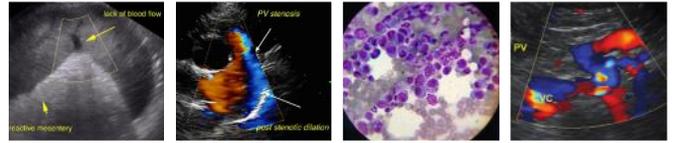
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting subtle to mild progressive distal acoustic shadowing.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable urinary bladder
- Left kidney moderate chronic changes- no evidence of pyelectasia
- Right kidney moderate to severe hydronephrosis with concurrent mild right proximal hydroureter
- Mild hepatic parenchymal remodeling
- Sonographically unremarkable gastrointestinal tract with mild progressively shadowing gastric ingesta- suspect postprandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Potential for chronic right ureter obstruction given the right kidney hydronephrosis is warranted. A definitive cause of right ureter obstruction was not overtly evident, however. Potential for nonvisualized calculus stricture or other possible. The right kidney subjectively is likely nonfunctional with moderate chronic left kidney changes likely given the azotemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Serial monitoring of azotemia going forward, as well as periodic sonographic monitoring of the right kidney would be ideal. CRD therapy with monitoring of systemic BP is recommended.

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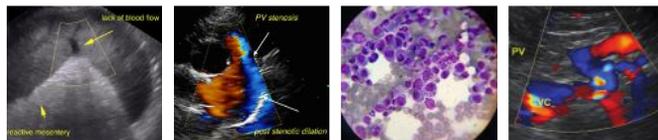
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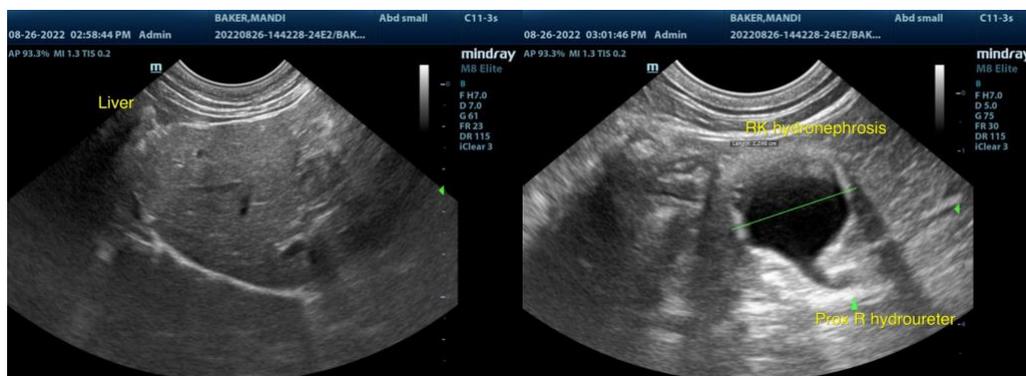
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com