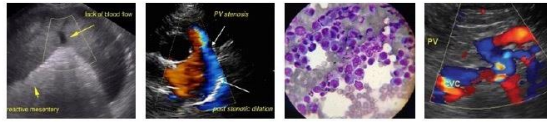
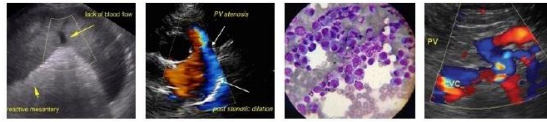




PATIENT	PRESENTING CLINICAL SIGNS
Stanley Kourakos	recheck to assess current heart function, concerned for ascites, progressive chronic kidney disease, recurrent bacterial cystitis, inappetance, anemia meds: B12, sub q fluids every other day, ondansetron or cerenia, amlodipine, dexafer
SPECIES	Abnormal PE/Chem/CBC/UA Results: please see attached labs and previous US reports.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Scottish Fold	Urinary System
SEX	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 urinary bladder criteria was noted.
MN	The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.
AGE	Normal renal size with asymmetrical margination were 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. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.
14 yrs	
WEIGHT	Adrenal Glands
3.44 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	The spleen was normal to mildly subnormal in size potentially indicative of mild splenic volume contraction. The spleen maintained symmetrical capsule contour with mild splenic heterogeneity. No neoplastic criteria was noted. The spleen measured 0.54 cm width at the level of the hilus.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reschny	The liver exhibited potential for mild enlargement. Subjective mild evidence of hepatic congestion indicated by mildly prominent hepatic vasculature, most notable at the level of the hepatic vein caudal vena cava junction. Previously noted static intraparenchymal nodule adjacent to the gallbladder was present measuring approximately 0.8 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema was noted. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
East Credit VH	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.
REFERRING VET	
Dr. Webster	
INVOICE	
14774	
DATE	
8/31/22	



PATIENT	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.
Stanley Kourakos	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	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.
BREED	<i>Free Abdomen</i>
Scottish Fold	Scant to mild volume peritoneal free fluid was noted. No evidence of omental masses or intrabdominal lymphadenopathy was noted.
SEX	
MN	Transdiaphragmatic view of the caudal thorax revealed evidence of pleural free fluid.
AGE	ULTRASONOGRAPHIC FINDINGS
14 yrs	<ul style="list-style-type: none">• Static chronic renal changes• Overtly normal urinary bladder - no evidence of inflammatory or neoplastic criteria• Subjective mild hepatic congestion pattern with static intraparenchymal nodule• Scant to mild volume peritoneal free fluid• Transdiaphragmatic pleural free fluid
WEIGHT	
3.44 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	Although not definitive yet given normal albumin levels and without evidence of proteinuria, potential cardiogenic component to the subjective mild hepatic congestion pattern and presence of bicavitary effusion is suspected pending echocardiographic assessment. Further assessment may include effusion analysis cytology +/- C/S If evidence of inflammatory cells.
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	The bilateral kidneys continue to indicate chronic renal disease or chronic nephropathy in conjunction with decreased urine specific gravity and renal azotemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. CRD therapy may prove beneficial.
East Credit VH	
REFERRING VET	No evidence of structural gastrointestinal pathology or sonographic evidence of active pancreatitis was noted. Continued as-needed GI Support is recommended.
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PATIENT

Stanley Kourakos

SPECIES

Feline

BREED

Scottish Fold

SEX

MN

AGE

14 yrs

WEIGHT

3.44 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

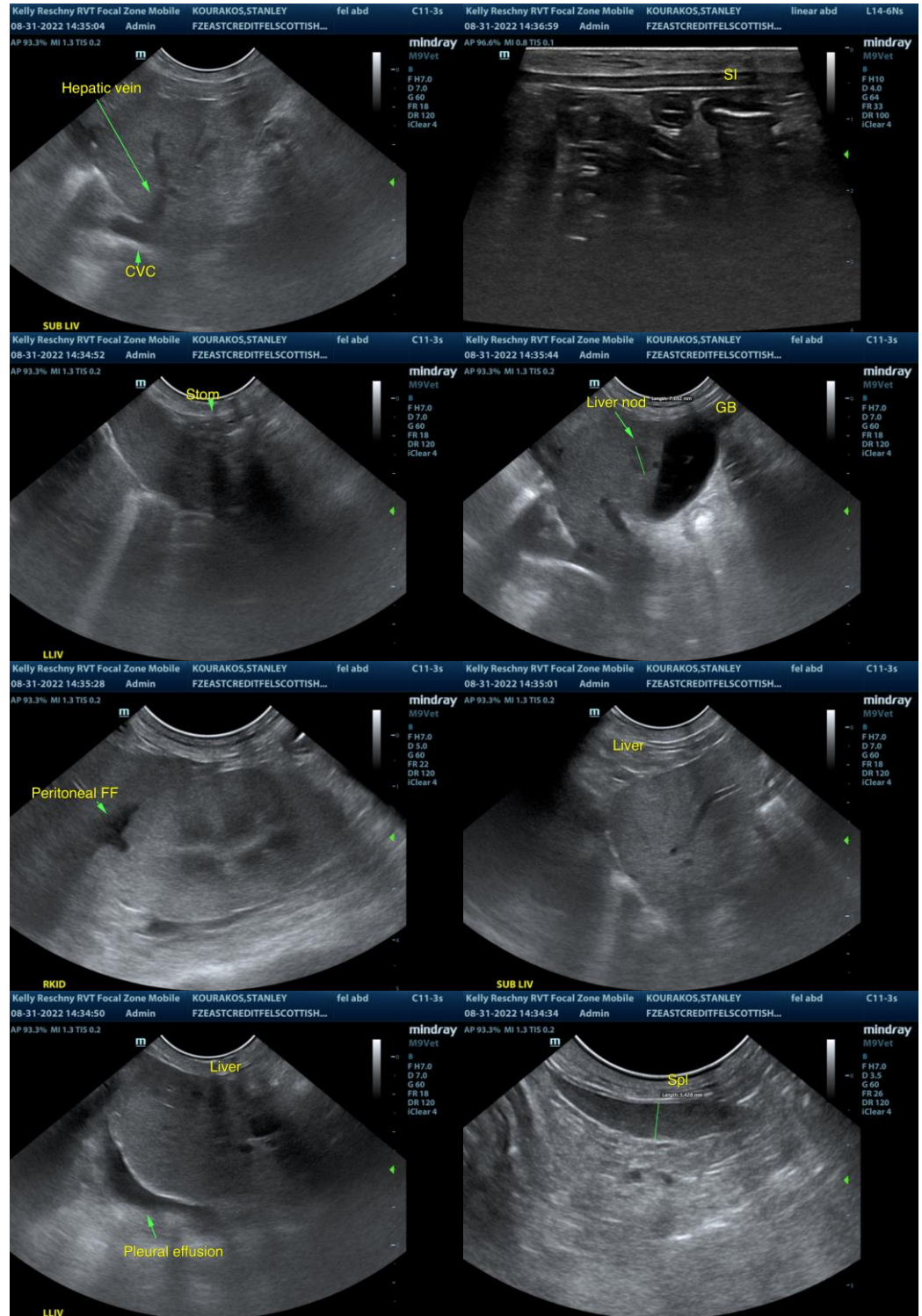
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PATIENT

Stanley Kourakos

SPECIES

Feline

BREED

Scottish Fold

SEX

MN

AGE

14 yrs

WEIGHT

3.44 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

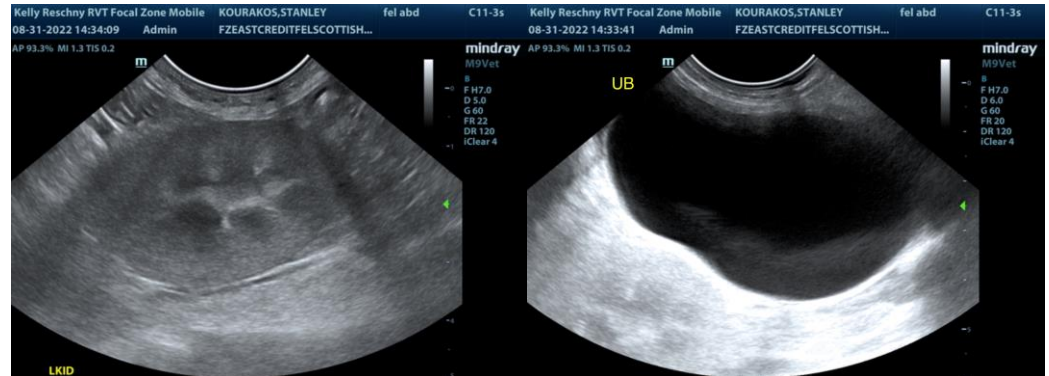
Dr. Webster

INVOICE

14774

DATE

8/31/22



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