



**PATIENT**

Tocho Krimsly

**SPECIES**

Feline

**BREED**

Abyssinian

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

15.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Nelson

**INVOICE**

12893

**DATE**

9/1/21

**PRESENTING CLINICAL SIGNS**

History: Presented today for one day of vomiting and anorexia. \_P has not been e/d for the past 24 hours. O is giving water thru a syringe and P is not able to hold that down. P has been vomiting constantly as well as, too many times to count. P shows interest in the water but won't drink on his own. There was a hairball in the first vomit. There was UR/BM in box yesterday. Less in amount of urine. On exam; a little dehydrated. Exam done under anesthesia; fractious, reactive cat

Abnormal PE/Chem/CBC/UA Results: hct 20% lymphopenia SDMA 26 creatinine 2.0 BUN 49 TT4 3.1 USG 1.022

**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 were noted.

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. The left renal pelvis was dilated with anechoic urine and without concurrent ureter dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left or right adrenal glands were not definitively visualized.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size, measuring 0.82 cm width.

**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. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited intact to subjective mild prominent wall layering, however, no overt evidence of significant gastric mural hypertrophy or loss of gastric wall layering. The lumen of the stomach was primarily empty with minor retained pyloric fluid and potential focal subjectively non-obstructive hair



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density within the pylorus, measuring approximately 0.6 cm in diameter. The gastric body wall measured 0.30 cm. The pylorus wall measured 0.30 cm.

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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. The jejunum wall measured 0.2 cm.

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

## BREED

### **Pancreas**

Abyssinian

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## SEX

### **Free Abdomen**

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

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- The bilateral kidneys consistent with chronic renal changes with potential for interstitial nephritis
- Suspect gastritis with minor retained pyloric fluid and focal yet subjectively non-obstructive pyloric hair density
- Sonographically unremarkable small bowel
- Heterogeneous pancreas-non-specific, age-related changes parenchymal remodeling owing to previous inflammation or low grade chronic to chronic active inflammation possible

## WEIGHT

15.6 Pounds

## ULTRASONOGRAPHIC FINDINGS

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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Potential for low grade chronic to chronic active pancreatic inflammation would be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation, correlation with a spec FPL may be considered.

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No overt indication for immediate surgical intervention. Hospitalization with 24-48 hour IV fluid and gastrointestinal supportive protocol with monitoring of the clinical response as well as renal parameters following rehydration is suggested. Hairball therapy recommended if clinically indicated.

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**SEX**

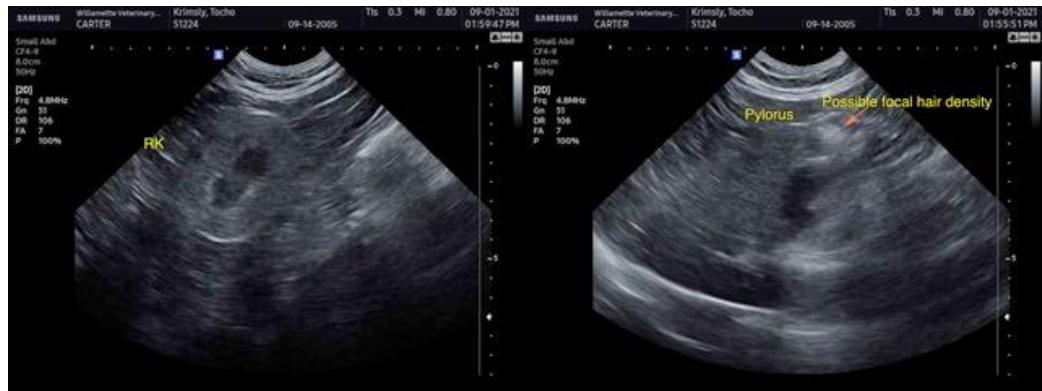
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Abyssinian

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**info@SonoPath.com**

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