



PATIENT PRESENTING CLINICAL SIGNS

Grace Godlewski History: Enlarged R kidney.

Abnormal PE/Chem/CBC/UA Results:

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED 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.

DSH

SEX 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 mild to moderate increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length.

Spayed Female

AGE The right kidney was enlarged in size owing to generalized fluid distention and replacement of discernable medullary and somewhat cortical parenchyma with anechoic fluid exhibiting mild cellular component. Mild to moderate dilation of the proximal right ureter was present, measuring 0.78 cm width. Overt evidence of obstructive pathology such as calculi or masses in the area of the dilated proximal right ureter was not definitively evident.

13 Years

WEIGHT *Adrenal Glands*

9 Pounds The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width.

INTERPRETED BY No overt pathology in the area of the right adrenal gland.

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

Spleen

IMAGING PERFORMED BY 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.

Shari Reffi, CVT

HOSPITAL NAME *Liver*

Tranquility VC 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. Christensen

Gastrointestinal

INVOICE 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.

13204

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.

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

9/21/21 *Pancreas*



PATIENT

Grace Godlewski

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

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

- Right kidney severe/end stage hydronephrosis with proximal right hydroureter
- Mild to moderate chronic left kidney changes
- Sonographic unremarkable urinary bladder

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

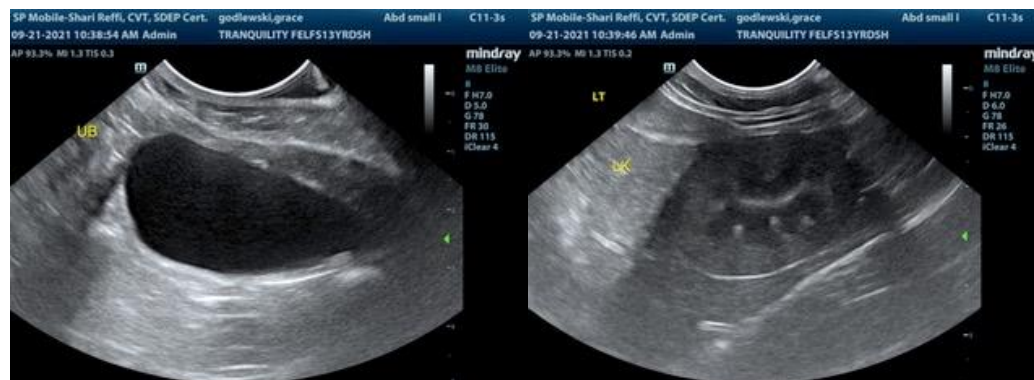
The cause of the right renomegaly is severe to end stage hydronephrosis, suspected to be owing to right ureter obstruction. An obvious cause of suspected right ureter obstruction (i.e., Calculi structure, mass, etc.) was not definitively evident. Given that the right kidney is non-functional and potential nidus for infection or cause of possible abdominal pain, right kidney nephrectomy may be considered. Surgical consult indicated. Correlation with assessment of renal parameters, if not recently done, is recommended.

AGE

13 Years

WEIGHT

9 Pounds

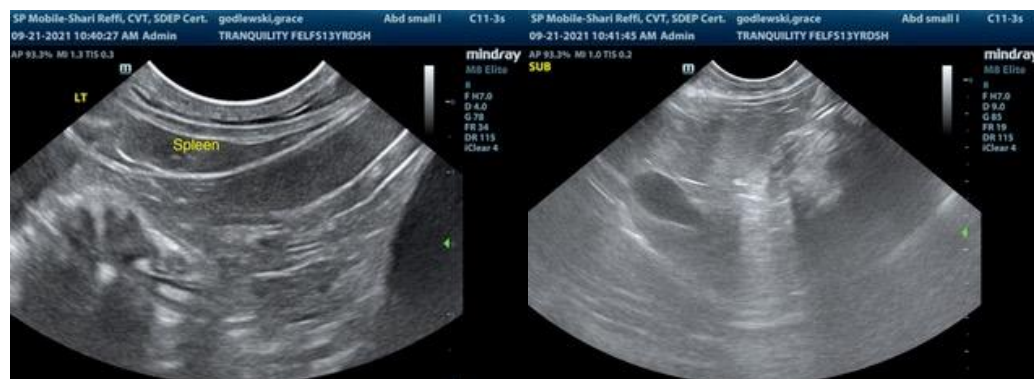


INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT



HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

13204

DATE

9/21/21



PATIENT

Grace Godlewski

SPECIES

Feline

BREED

DSH

SEX

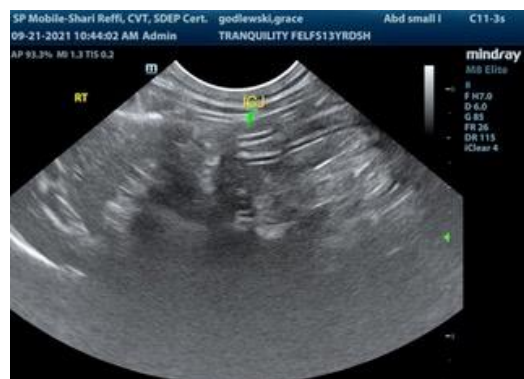
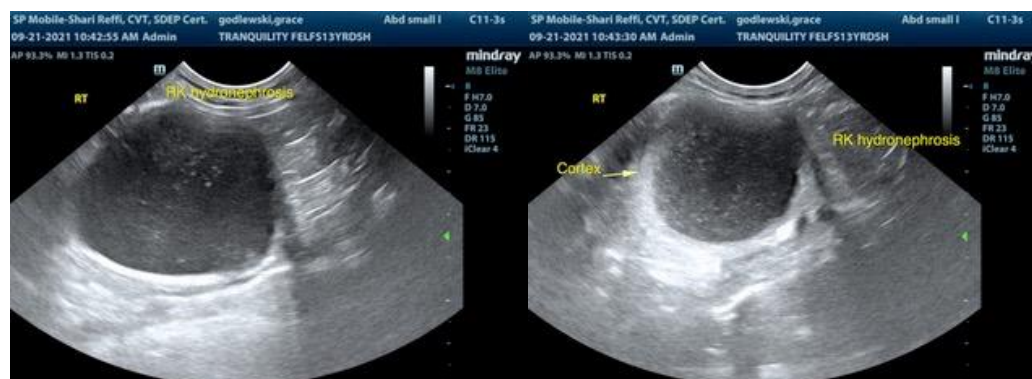
Spayed Female

AGE

13 Years

WEIGHT

9 Pounds



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HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

13204

DATE

9/21/21

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)
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