



PATIENT

China Lai

PRESENTING CLINICAL SIGNS

inappropriate urination and hematuria; was at an emergency clinic a few weeks ago, and was diagnosed with kidney stones on xrays. Currently hematuria has resolved.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length.

AGE

13yr

Mild hydronephrosis with areas of medullary mineralization and a cranial cortical infarct present in the right kidney. Concurrent right proximal hydroureter present measuring 0.27 cm in diameter. Pinpoint areas of medullary mineral were present in the right kidney. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.27kg

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

INTERPRETED BY

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.

IMAGING PERFORMED BY

Dr. Singh

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.

HOSPITAL NAME

Balmy Beach Pet
Hospital

Gastrointestinal

REFERRING VET

Dr. Singh

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material.

INVOICE

11731ag

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.

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

DATE

09/26/2022

Pancreas



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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

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

FS

- Left kidney-mild to moderate chronic renal changes
- Right kidney-hydronephrosis with concurrent proximal hydroureter and medullary mineral
- Sonographically unremarkable urinary bladder

AGE

13yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of right ureter obstruction was not obvious yet cannot be definitively excluded. Potentially this patient is passing mineral from the right kidney into the bladder leading to hydronephrosis and proximal ureteritis.

WEIGHT

5.27kg

A urine C/S on a sterile urine sample to assess for underlying infection is recommended if not done. Serial monitoring of renal parameters is advised.

INTERPRETED BY

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

Pending assessment of renal parameters, CKD therapy would be reasonable. Sonographic monitoring of the right kidney is recommended if evidence of progressive azotemia or recurrent hematuria.

IMAGING PERFORMED BY

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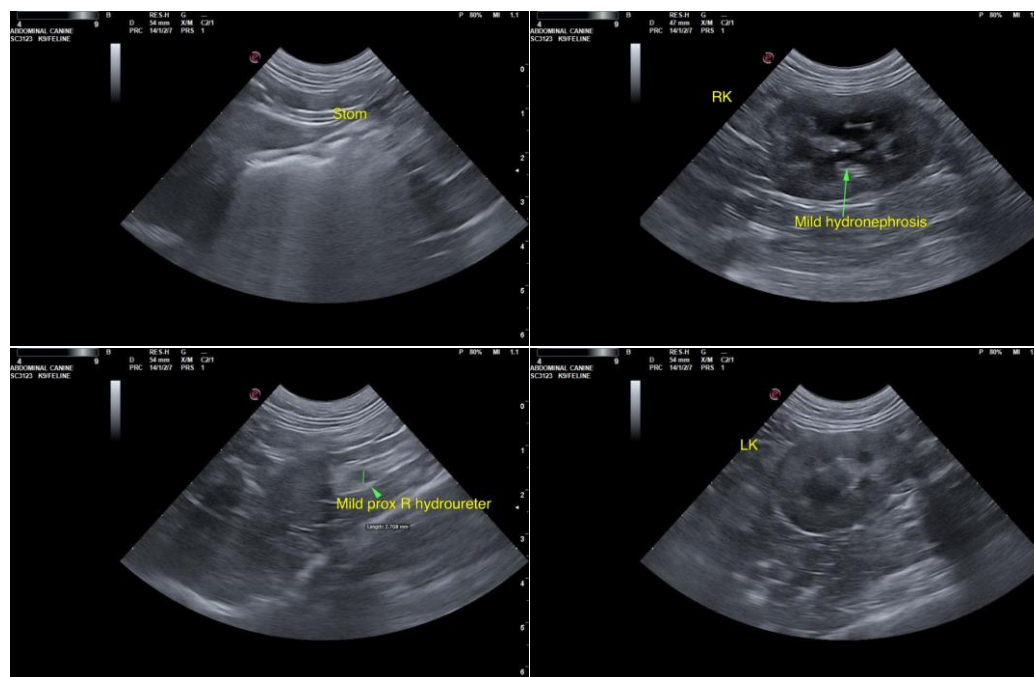
Dr. Singh

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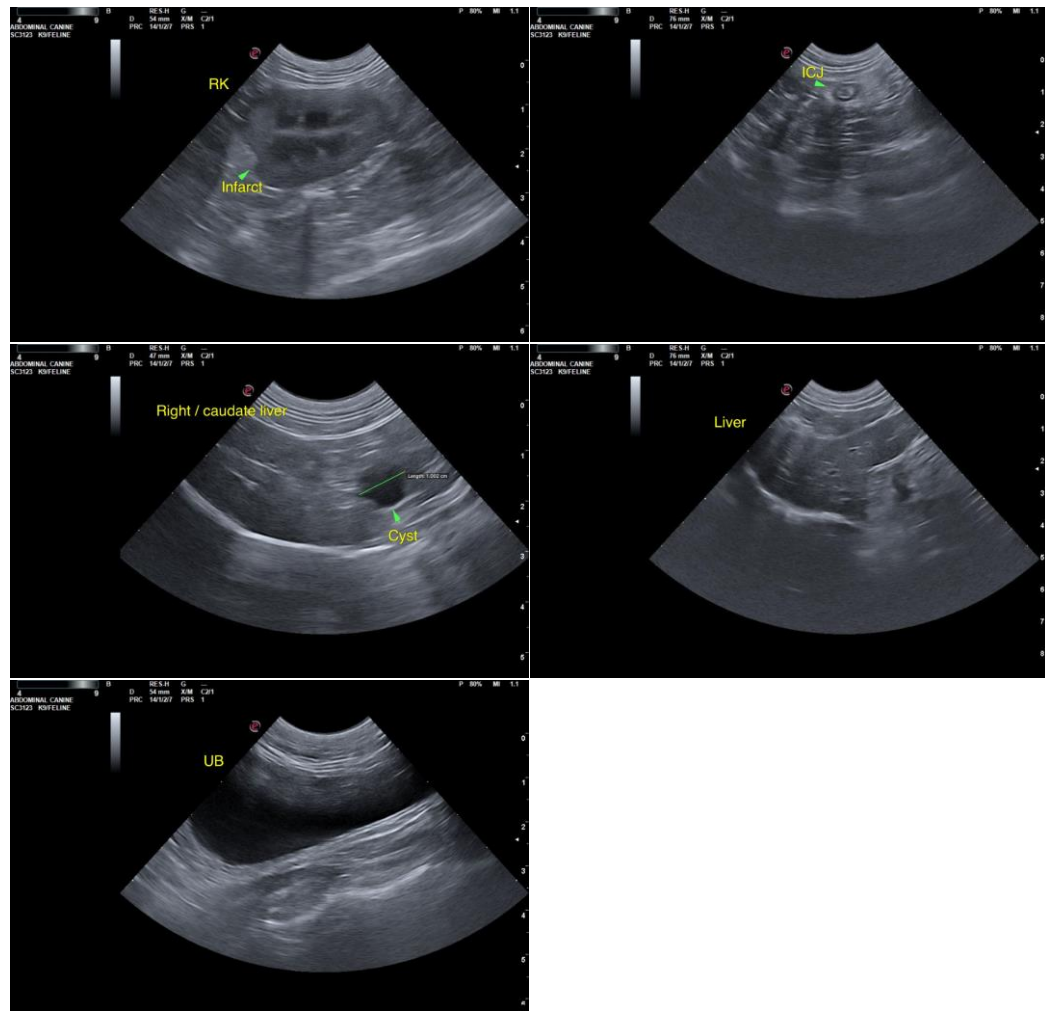
Dr. Singh

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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