



PATIENT

Darcey Sousa-Chandler

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

13 Years

WEIGHT

13.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Cara CVT, RDMS

HOSPITAL NAME

1st pet vet - chandler

REFERRING VET

Dr. Kafer

INVOICE

47329

DATE

9-5-21

PRESENTING CLINICAL SIGNS

Hx of pyelonephritis, presented today with vomiting and lethargy.

Abnormal PE/Chem/CBC/UA Results: GLU-204 CREA-11 BUN-105 BUN/CREA-10 PHOS-1.7 ALT-199 ALPH-44 GGT-0 Radiographic Findings 5 electronically transmitted images, including ventrodorsal, right and left lateral thoracic, and ventrodorsal and right lateral abdominal radiographs are provided for review dated September 5, 2021. The pet is moderately overweight. The stomach and small bowel segments contain a small amount of fluid and gas no distinct foreign material is present within the gastrointestinal tract. The large bowel contains normal formed and partially formed feces. There is good serosal detail. The kidneys are asymmetrical in size. The left kidney is markedly reduced in size, and mildly irregular in shape; and the right kidney is mildly enlarged but normal in shape and opacity. There are several narrowed intervertebral disc spaces and intervertebral foramina in the visible portions of the spine, consistent with degenerative intervertebral disc disease, and there are changes consistent with spondylosis deformans of variable severity at several of these sites. Conclusion Empty stomach and small bowel consistent with fasting or anorexia since recent vomiting. Marked reduced left renal size consistent with previous unilateral severe left renal injury such as previous pyelonephritis, trauma, previous ureteral obstruction, or ischemic injury; or congenital malformation. Mild enlargement of the right kidney could be secondary compensatory hypertrophy or potentially active pyelonephritis or hydronephrosis from ureteral obstruction and/or infection. Mild degenerative spinal changes. Overweight body condition. Otherwise unremarkable thoracic and abdominal radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of pathology in the area of the aortic trifurcation.

The left kidney measured subnormal in size measuring 2.5 cm in length. A normal 1:3 cortex / medulla ratio was maintained. Subtle uniform increase in cortex echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of left kidney pyelectasia.

The right kidney presented mildly enlarged in size and measured 4.9 cm in length. A normal 1:3 cortex / medulla ratio was maintained. Subtle uniform increase in cortex echogenicity and mild loss of corticomedullary border demarcation and definition expected for the age of the patient. Mild right kidney pyelectasia was present without evidence of concurrent right ureter dilation.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

Spleen

The spleen exhibited mild generalized enlargement with mild asymmetrical medial capsule contour with maintained to finely textured homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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



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were not noted. No distinct splenic masses or nodules were noted. The spleen measured 1.1 -1.2 cm width mid spleen.

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Liver/ Gallbladder

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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 yet subjectively divided into two variably sized compartments containing anechoic fluid. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

SEX

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.

CM

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

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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.

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Free Abdomen

Subjective moderate amount of intraabdominal fat present.

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Nonspecific mild splenomegaly - likely benign hyperplasia, hematopoiesis or similar.
- Unremarkable liver with bilobed gallbladder - normal variant in a cat.
- Left kidney subnormal size with advanced chronic changes.
- Right kidney compensatory hypertrophy with loss of corticomedullary border distinction and mild pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pyelectasia in the right kidney may be owing to chronic renal changes, potential pelvic scarring, possibly owing to previous calculi passage, IV fluid therapy (if applicable). Potential for mild right kidney pyelonephritis possible yet thought less likely. Further staging including urinalysis, urine culture and sensitivity, and protein/creatinine ratio on a sterile urine sample recommended. Monitoring of systemic blood pressure suggested.

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The liver is nonspecific in light of mild elevated ALT but may suggest minor reactive hepatopathy or low grade inflammation.

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Unremarkable gastrointestinal tract.

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CKD therapy with IV fluids and gastrointestinal support with monitoring of renal response suggested.



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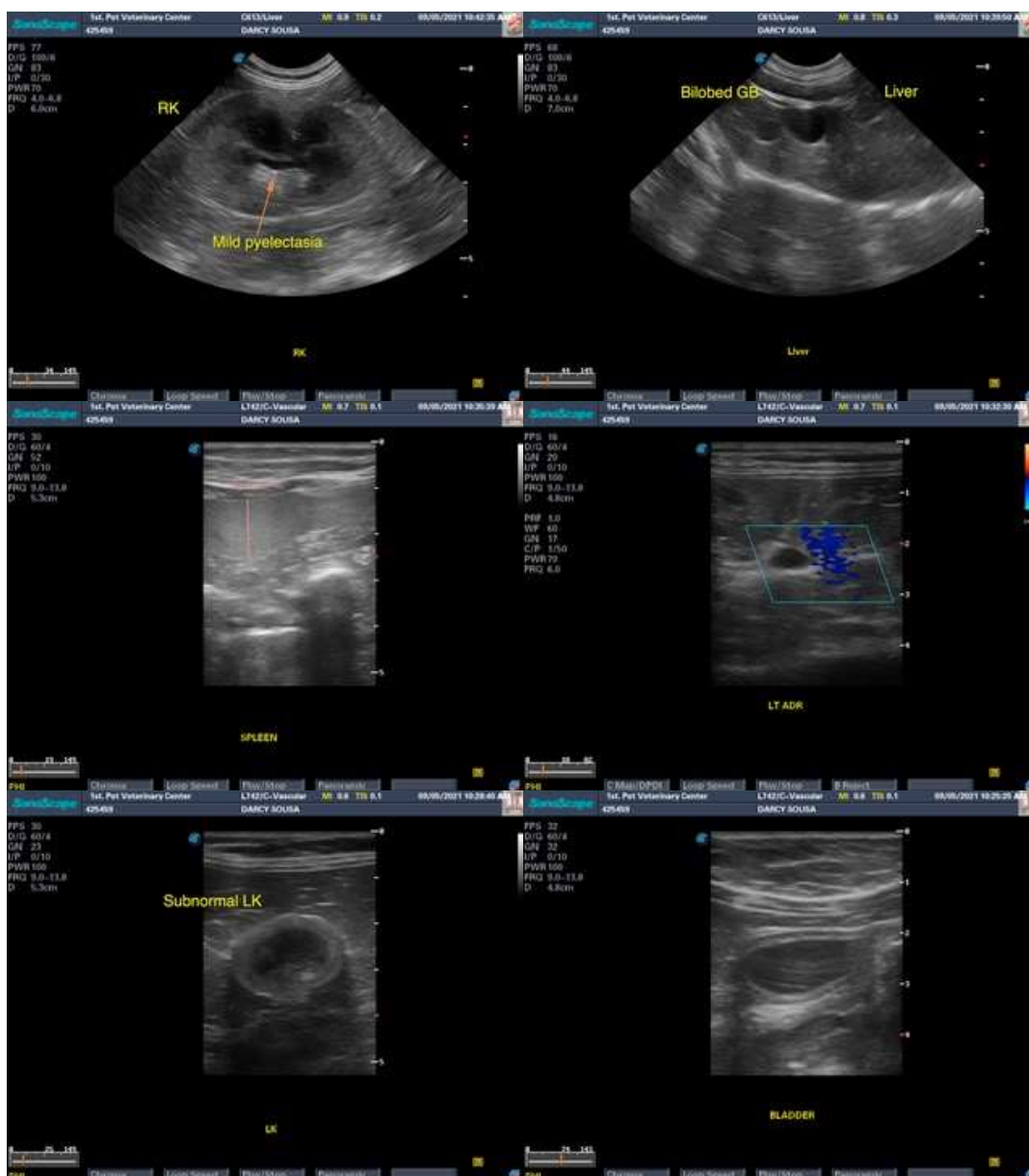
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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