



PATIENT

Kylo Whitehall

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

5 years

WEIGHT

13.5 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Kiffney

INVOICE

32070

DATE

7/29/22

PRESENTING CLINICAL SIGNS

History: Kylo is owned by one of our veterinary assistant's. Blood work reveals IRIS stage 2 renal disease, ultrasound of abdomen to look for any underlying causes that may be treated d
Abnormal PE/Chem/CBC/UA Results: CBC nl SDMA 16 ug/dL (nl up to 14) Creat 2.1 mg/dL USG: 1.013, no sediment blood pressure 152 mm Hg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is focal mineralization present within the renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.8 cm and the right kidney measures 4.2 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (3.4) mm at the cranial pole and (3.1) mm at the caudal pole. The right adrenal gland height is (3.5) mm at the cranial pole and (2.4) mm at the caudal pole.

Spleen

The visualized portion of the spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measured 1.0 cm at the hilus.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is empty. The gastric wall is (0.24) cm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (0.24) cm. The jejunal wall measures up to (0.23) cm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.1) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

The visualized portion of the free abdomen is normal.

WEIGHT

13.5 lbs

ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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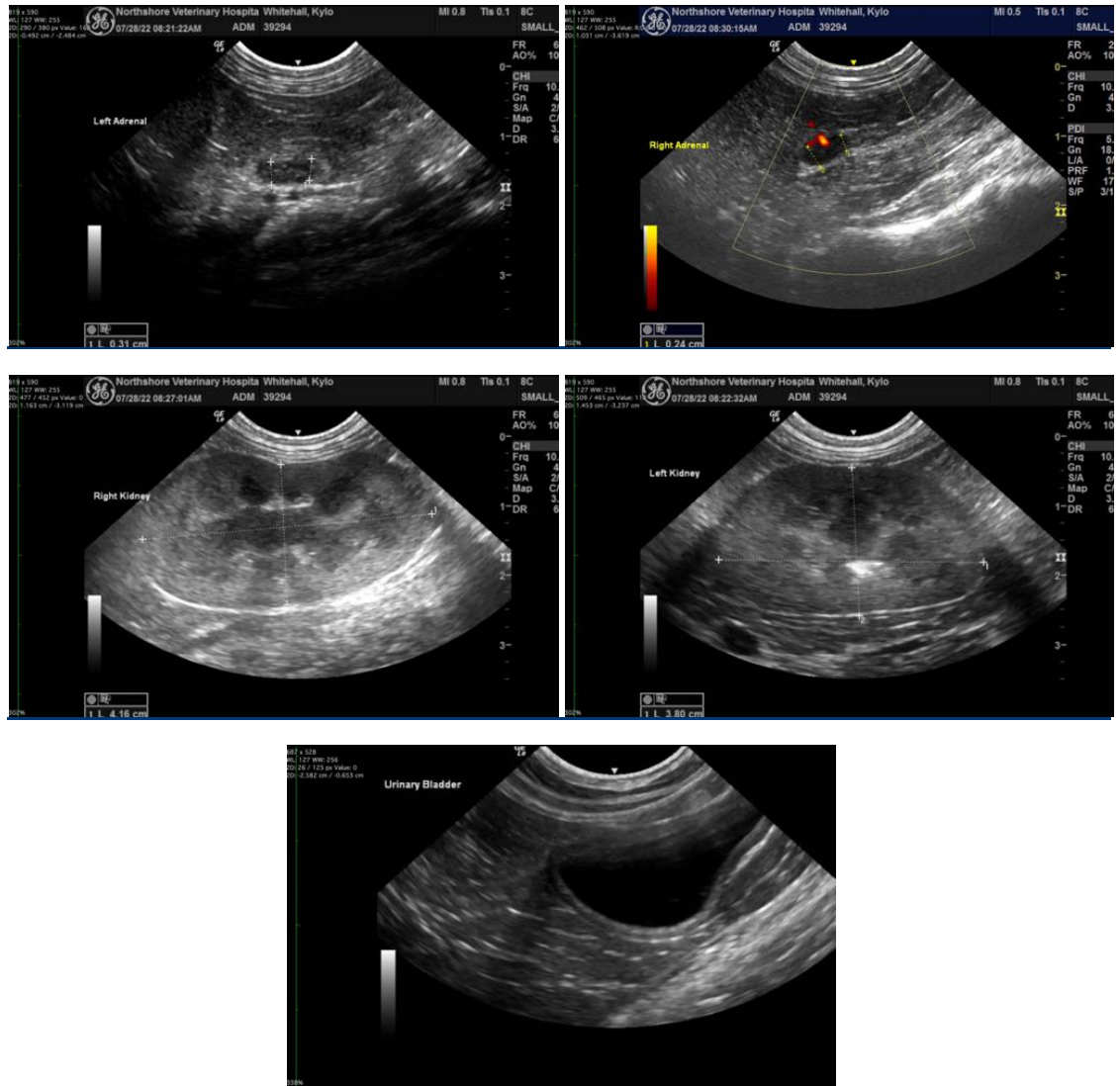
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com