



PATIENT

Fat Tiger Spivey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

35056

DATE

1/25/22

PRESENTING CLINICAL SIGNS

Weight loss.

Abnormal PE/Chem/CBC/UA Results: wbc 22.1, PLT 165, Abs neuts 14807, bun/urea 40, Ca 11.0, Na/K ratio 28(L32)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are normal in size and mildly increased in echogenicity. The left kidney measures 3.51 cm. The right kidney measures 3.01 cm. Contour is mildly distorted by the presence of capsular indentations at hyperechoic wedge-shaped cortical lesions consistent with chronic infarcts. There is a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction. Non-obstructive areas of mineralization are noted primarily at the diverticuli of the kidneys. There is no evidence of obstruction/pyelectasia observed.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.78 cm long x 0.39 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Neutered Male

- Chronic kidney disease with chronic infarcts and non-obstructive mineralization noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years

Recommendations for this patient include a urinalysis if not already evaluated and a urine culture if indicated based on the urinalysis. If there is protein in the urine and an otherwise quiet sediment, a urine protein to creatinine ratio is recommended. A blood pressure is recommended if not already evaluated. An ionized calcium is also recommended given the mild hypercalcemia to help determine further intervention/management of hypercalcemia.

WEIGHT

9.5 Pounds

If this patient's weight loss is in the face of a normal appetite, a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended to further assess gastrointestinal function, which can be decreased even with visibly normal bowel on ultrasound. If the weight loss is due to a decreased appetite, then further intervention of the mild kidney disease may be indicated in the form of antacids, antiemetics +/- appetite stimulants.

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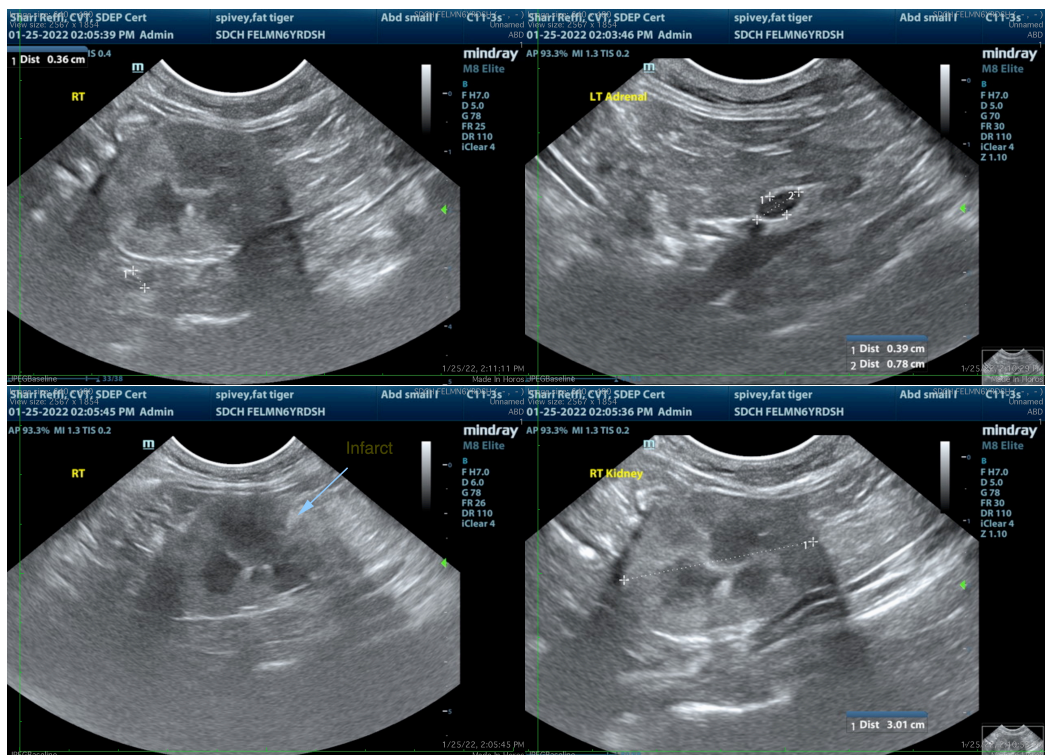
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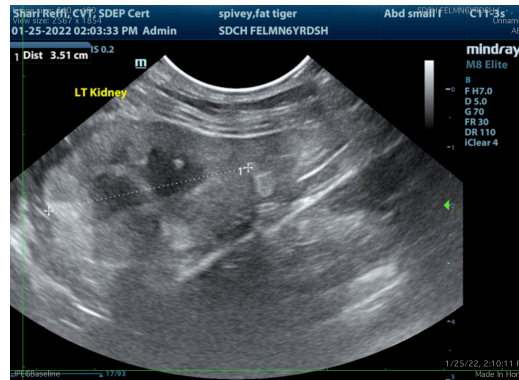
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com