

PATIENT PRESENTING CLINICAL SIGNS

Kingsford Danch Chronic renal disease, prev hx pancreatitis. Evaluated Monday for Vomiting. Currently on famotidine 1/2 tab EOD, Mirtaz PRN, pt received LRS 100ml SC EOD. Urine culture in October negative Chem 12/lytes/CBC Alb 4.5, ALT 130, Amyl 1700 (prev 1525), BUN 54 (prev 74), Creat 4.3 (prev 5.3)

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Neutered Male

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 3.57 cm. The left kidney measures 3.6 cm. Chronic infarcts present bilaterally.

AGE

11 Years

Adrenal Glands

WEIGHT

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

10.8 Pounds

The left adrenal gland is normal in size (0.54 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Brighton Greens VH

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.

REFERRING VET

Dr. Robin Janeway

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.

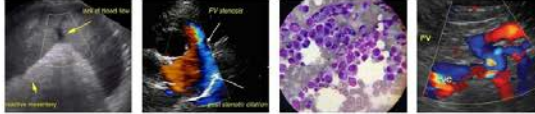
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43098

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

DATE

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PATIENT

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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

SPECIES

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Pancreas

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

DSH

SEX

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Neutered Male

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.8 Pounds

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Pancreatic nodular hyperplasia** – Infiltrative neoplasia cannot be ruled out but is considered less likely. Concurrent smoldering pancreatitis cannot be definitively ruled out.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than the mild pancreatic changes, there is not an ultrasonographically definitive cause for this patient's reported vomiting.

HOSPITAL NAME

Brighton Greens VH

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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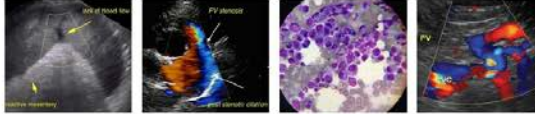
Otherwise, the gastrointestinal signs may be secondary to the chronic kidney disease, and supportive/symptomatic medical management is recommended in the form of antiemetics as-needed, gastroprotectants (which are reportedly already in place), appetite stimulants, fluid therapy, etc.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

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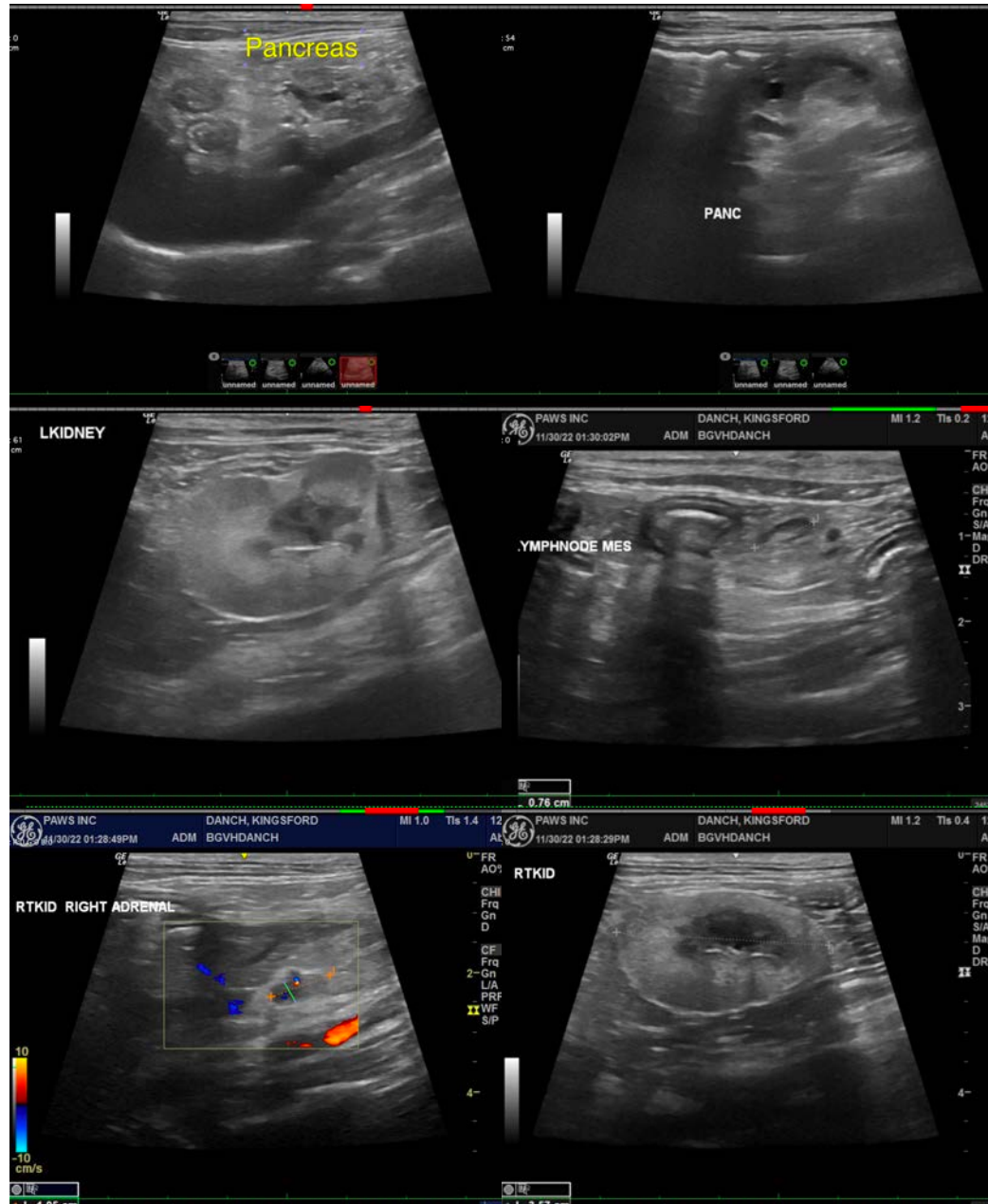
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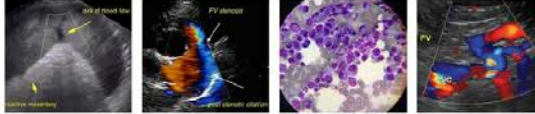
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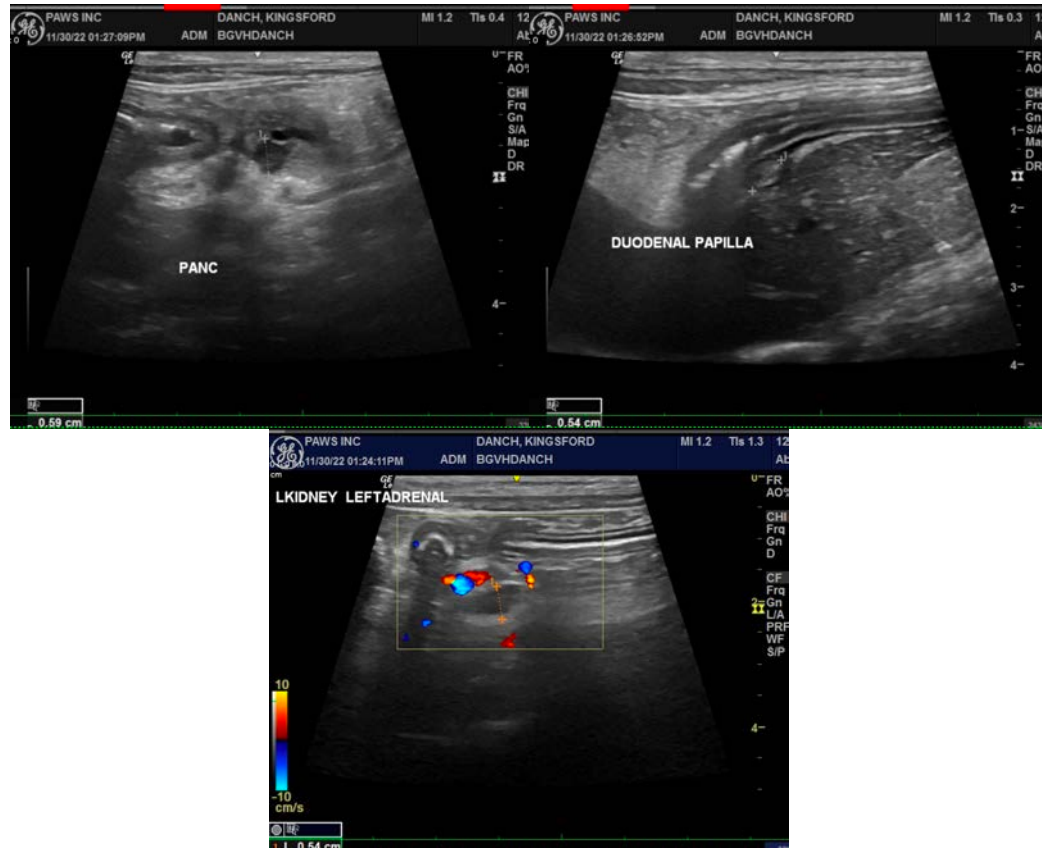
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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

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