



PATIENT

Kiki Gaynor

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

13 years

WEIGHT

3.9 kgs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Gaynor

INVOICE

42622

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Kiki presented in 9/20/23 for annual wellness exam and routine bloodwork. It was noted she had lost 1 pound since her previous visit otherwise her PE was unremarkable and no abnormalities noted at home. Kiki presented for a routine dental cleaning on 1/30/23. It was noted that she regained the 1 pound weight loss from September. Kiki remains asymptomatic on presentation for abdominal ultrasound today, 2/7/23.

Abnormal PE/Chem/CBC/UA Results: Blood work and urine on 9/20/22 revealed azotemia, mild non-regenerative anemia, isosthenuria and rods in the urine. Urine cultured revealed Klebsiella sp. She was treated with 8 days of Enrofloxacin 17mg. Repeated urine cultured still showed rods. She was then treated with 10 days of Meropenem injections. Subsequent urine culture was negative and all hematologic abnormalities resolved. Blood work and urine was repeated on 1/30/23. The nonregenerative anemia was noted, urine culture negative. A feline anemia panel was positive for Candidatus Mycoplasma haemominutum.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with complete loss of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney contains a hyperechoic shadowing object in the renal pelvis with no dilation consistent with non-obstructive nephrolith (0.44cm) and pinpoint areas of cortical mineralization. The left kidney measured 3.52 cm and the right kidney measured 3.68 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.0 cm in length and 0.4 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 0.8 cm in length, 0.22 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder is moderately distended with



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anechoic fluid, with hyperechoic shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

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No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

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No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Primary Findings

Lambertville VC

1. Degenerative renal changes
2. Shadowing gall bladder debris/cholelith

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Gall bladder debris is curvilinear and may represent a formed non-obstructive choleolith or an accumulation of gravity dependent debris. It is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. It can be a nidus of infection and serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. Correlate clinical significance with bloodwork findings and clinical signs.

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Renal changes are likely age related degenerative changes and early renal dysfunction is present given blood work/urinalysis findings. Nephroliths may act as a nidus of infection and predispose to

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urinary tract infections. They have the potential to move into the ureters or bladder causing obstructive nephropathy.

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Chronic renal dysfunction may be a cause of non-regenerative anemia, however, with a positive PCR and relatively minor decrease in renal function based on bloodwork and urinalysis, and significant decrease in hematocrit since November, treatment for mycoplasma is warranted.

BREED

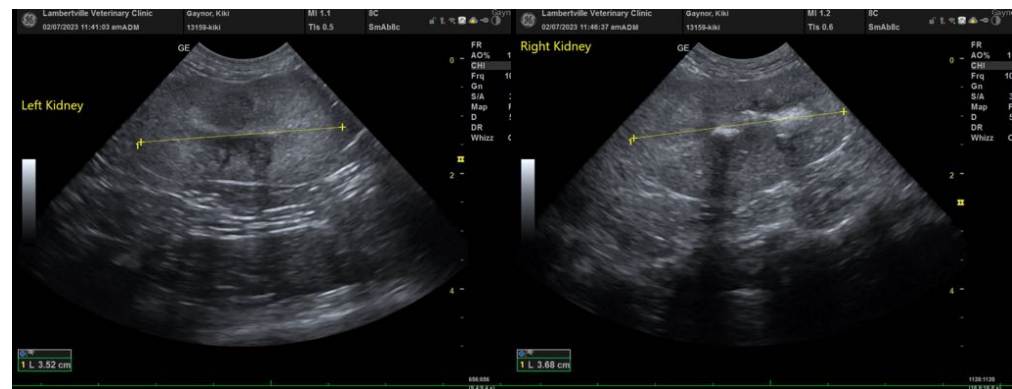
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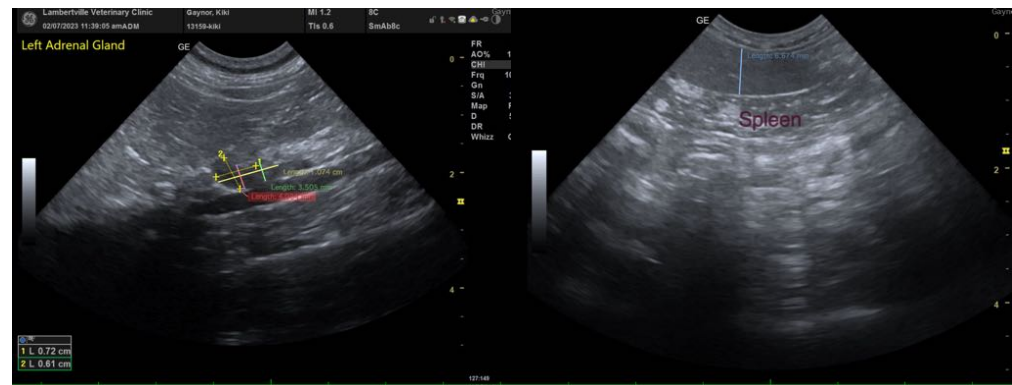
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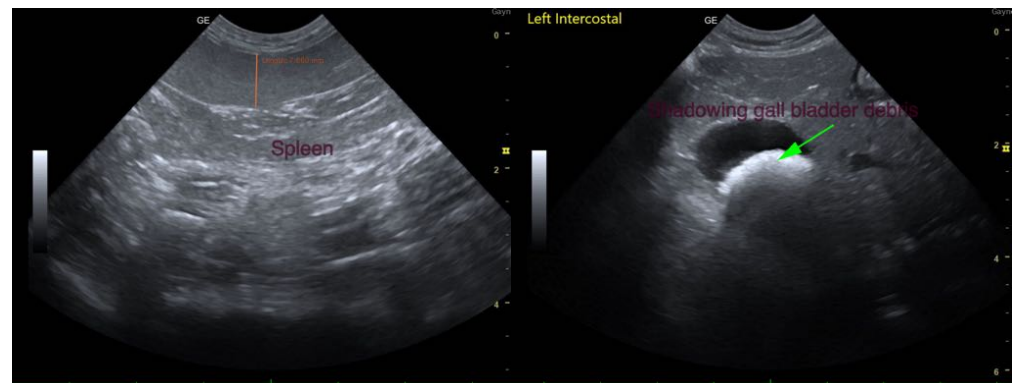
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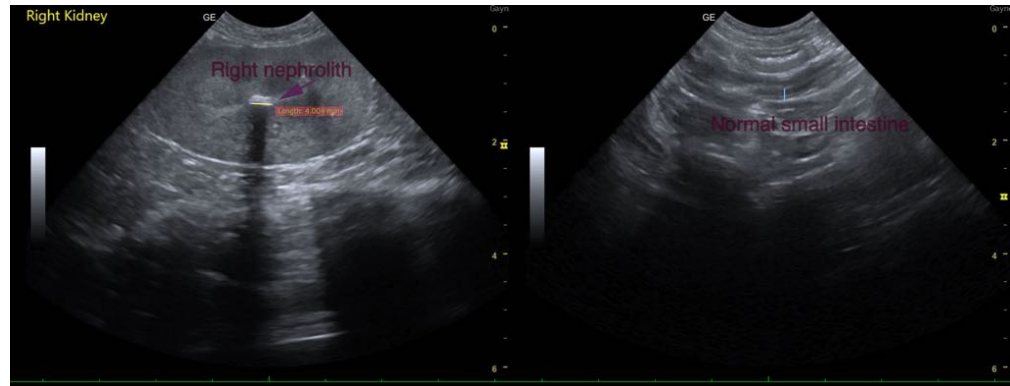
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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