

PATIENT

Peanut Grossi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years, 10 mos

WEIGHT

6.9 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

12827

DATE

4.21.23

PRESENTING CLINICAL SIGNS

History: 12-year-old FS DSH 20% weight loss (8.2 --> 6.6 b) over 1 year Ravenous, PU/PD, no chronic vomiting Eating ~185-240 kcal/day (MER = ~175 kcal/day); Royal Canin Urinary (non-rx) Historical Dynamic left ventricular outflow tract obstruction, no cardiac rx Grade II-III/VI systolic murmur

Abnormal PE/Chem/CBC/UA Results: Lab-work relatively normal: CBC wnl CHEM: BG 107 mg/dL, SDMA 16 ug/dL, Creat 1.7 mg/dL (same from 10/22 even w/ weight loss), BUN 36 mg/dL, electrolytes wnl, hepatic values wnl. Cholesterol 518 mg/dL ProBNP 75 pmol/dL (up from 30 in 10/22) USG: 1.015 T4: 1.9 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is small in size (3.02 cm) with a mostly normal shape (although the contour is slightly undulating) and has normal architecture with smooth peripheral margins. There is decreased corticomedullary distinction and the cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is small in size (2.54 cm) and while it has a mostly normal shape overall, the contour is slightly irregular and does undulate slightly. It has normal architecture with smooth peripheral margins. There is decreased corticomedullary distinction and the cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.30 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

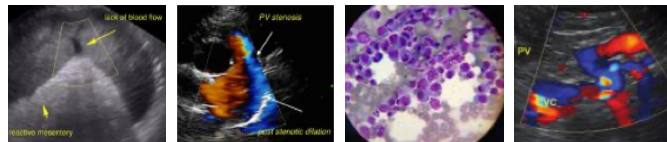
Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended with a moderate volume of bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

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The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.

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The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Findings

- Chronic degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are chronic degenerative changes to both kidneys. Continue ongoing monitoring of renal values and urinalysis to monitor progression of the reported high normal kidney values. There were no other abnormalities on this exam to explain the weight loss. Weight loss despite a ravenous appetite is often from primary intestinal disease when hyperthyroidism and diabetes have been ruled out. Consider a GI panel and a diet trial with a hypoallergenic or novel protein diet for possible food allergy. If the weight loss continues, then consider intestinal biopsies to evaluate for inflammatory changes or small cell lymphoma, as neither can be ruled out from sonography alone.

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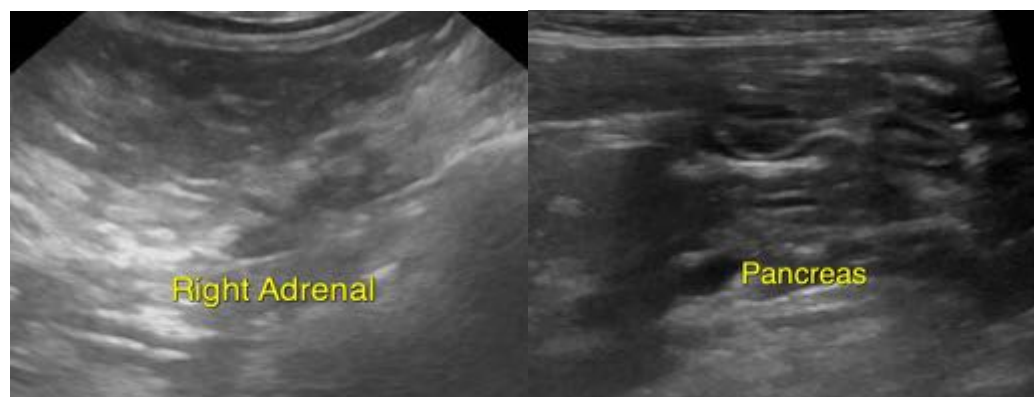
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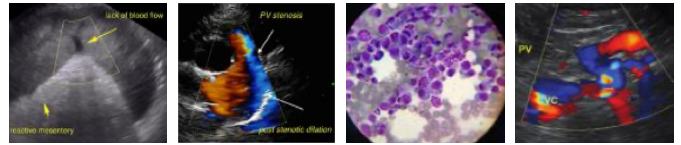
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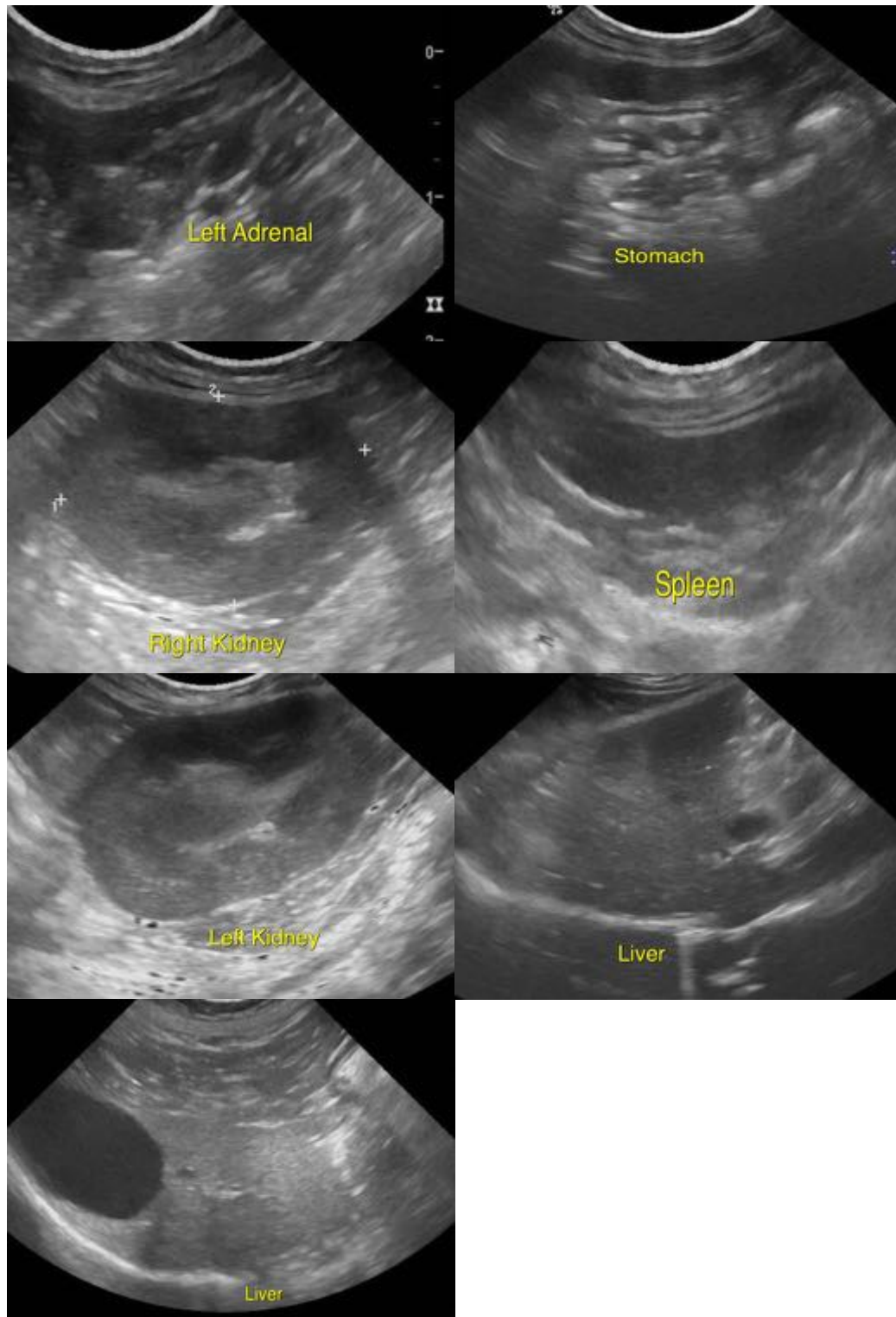
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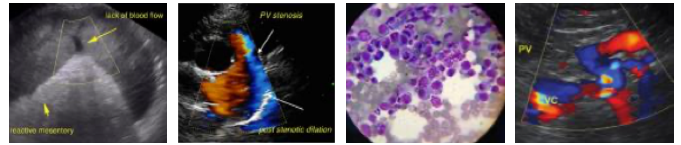
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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