

PATIENT

Lola Sposito

PRESENTING CLINICAL SIGNS

History: Hx of CRF IRIS stage 2, hyperthyroid

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Urea Nitrogen 26 (14-36 mg/dL) Creatinine 1.2(0.6-2.4 mg/dL) SDMA 22.5 (<15) BP WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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. No masses, inflammatory changes or calculi are observed.

SEX

Female Spayed

The left kidney size is on the smaller side with a normal shape and architecture with smooth peripheral margins and measures 3.60 cm. There is mildly decreased corticomedullary distinction and a slightly hyperechoic corticomedullary junction, which can be normal. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years

The right kidney size is on the smaller side with a normal shape and architecture with smooth peripheral margins and measures 3.41 cm. There is mildly decreased corticomedullary distinction and a slightly hyperechoic corticomedullary junction, which can be normal. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

10.8 lbs

Adrenal Glands

The left adrenal gland is normal in size at 0.38 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The right adrenal gland is normal in size at 0.34 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Jenny Parrish

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.

HOSPITAL NAME

Local Mobile VS

REFERRING VET

Jenny Parrish

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

INVOICE

12718

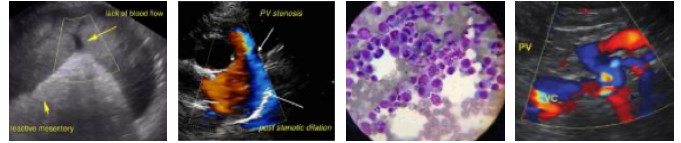
Gastrointestinal Tract

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.

DATE

4.7.23

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.

BREED

DSH

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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Female Spayed

ULTRASONOGRAPHIC FINDINGS

Findings

AGE

12 years

- Chronic degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.8 lbs

The change to the kidneys are mild but would be consistent with the reported chronic kidney disease. Continue to monitor kidney values regularly for progression.

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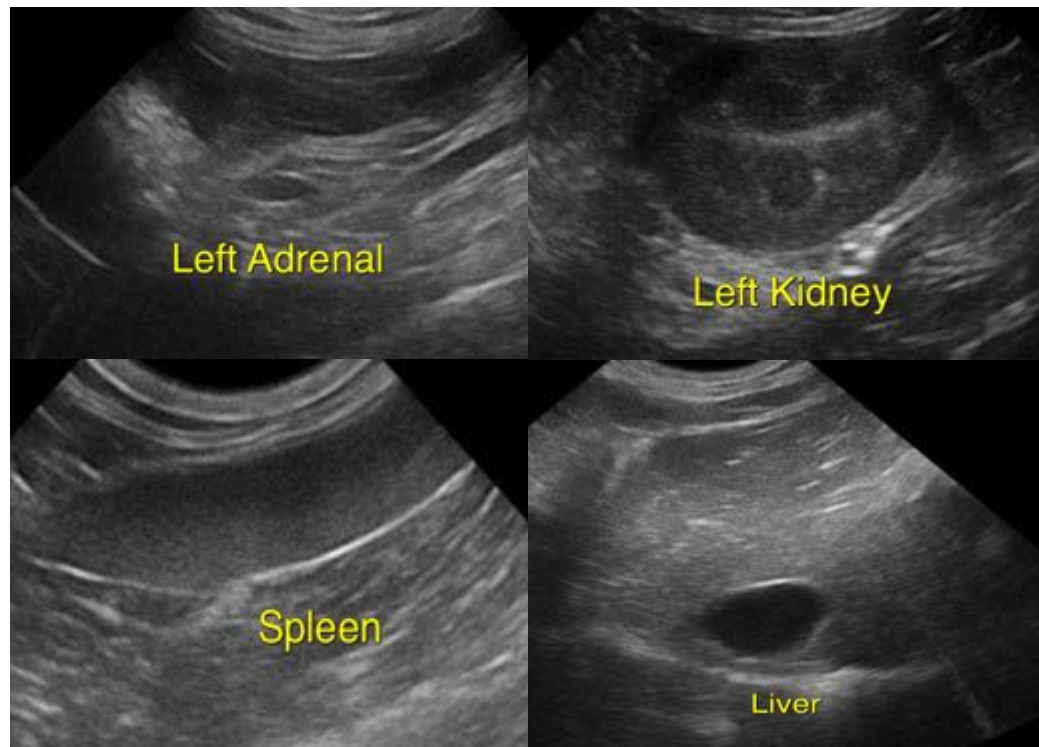
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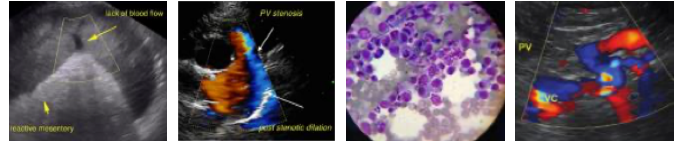
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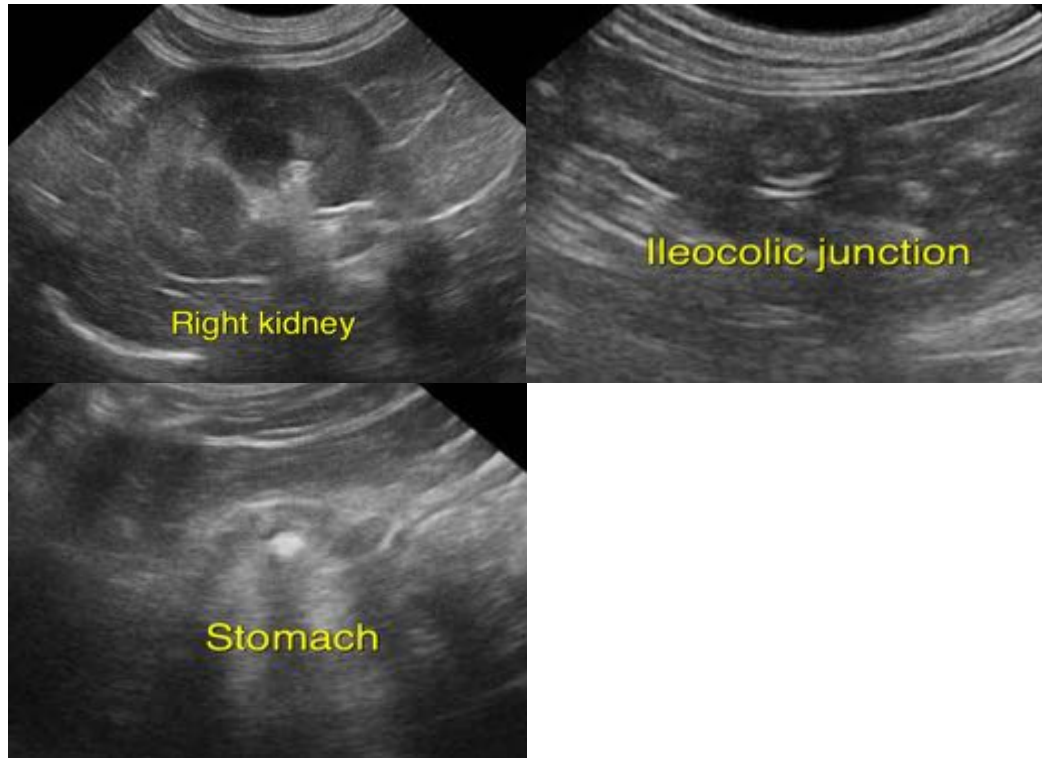
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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