



**PATIENT**

Lila Huffman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 years

**WEIGHT**

16.25 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr. Kwasnik

**INVOICE**

**DATE**

1/26/22

**PRESENTING CLINICAL SIGNS**

Hx of weight loss, vomiting occasionally, Hx of UTI, currently not symptomatic for UTI, Diabetic seems well regulated, BCS 8/9

Abnormal PE/Chem/CBC/UA Results: 11/15/2021 Vet Screen: Glucose: 385 High (64-170) Calcium 11.2 High (8.2-10.8) Cholesterol: 240 High (75-220) CBC: Unremarkable. T4: 1.8 (0.8-4.0) Renal Tech Index: Inconclusive UA: Not performed.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Several cortical infarctions were present in the lateral and caudal cortex. No evidence of pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.30 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.74 cm width.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

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The visualized small intestine exhibited intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.21 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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***Pancreas***

The pancreas was normal in size and contour with subtle heterogeneous to hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Bilateral mild to moderate chronic renal changes with left kidney cortical infarctions
- Overtly normal gastrointestinal tract
- Subtle hypoechoic to heterogeneous pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, largely geriatric abdomen without evidence of significant visceral pathology.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The subtle heterogeneous to hypoechoic pancreas is nonspecific and may indicate age-related or patient variant. The potential for low-grade chronic to chronic active pancreatitis may be possible. Likewise, dietary intolerance / food hypersensitivity or structurally insignificant inflammatory bowel may be present. If previous history of hepatic enzyme elevations, Triad Disease could also be a potential in this patient. Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are recommended to rule out occult thoracic pathology as a potential cause of weight loss in geriatric cats. If persistent hypercalcemia, Ionized calcium level is recommended.

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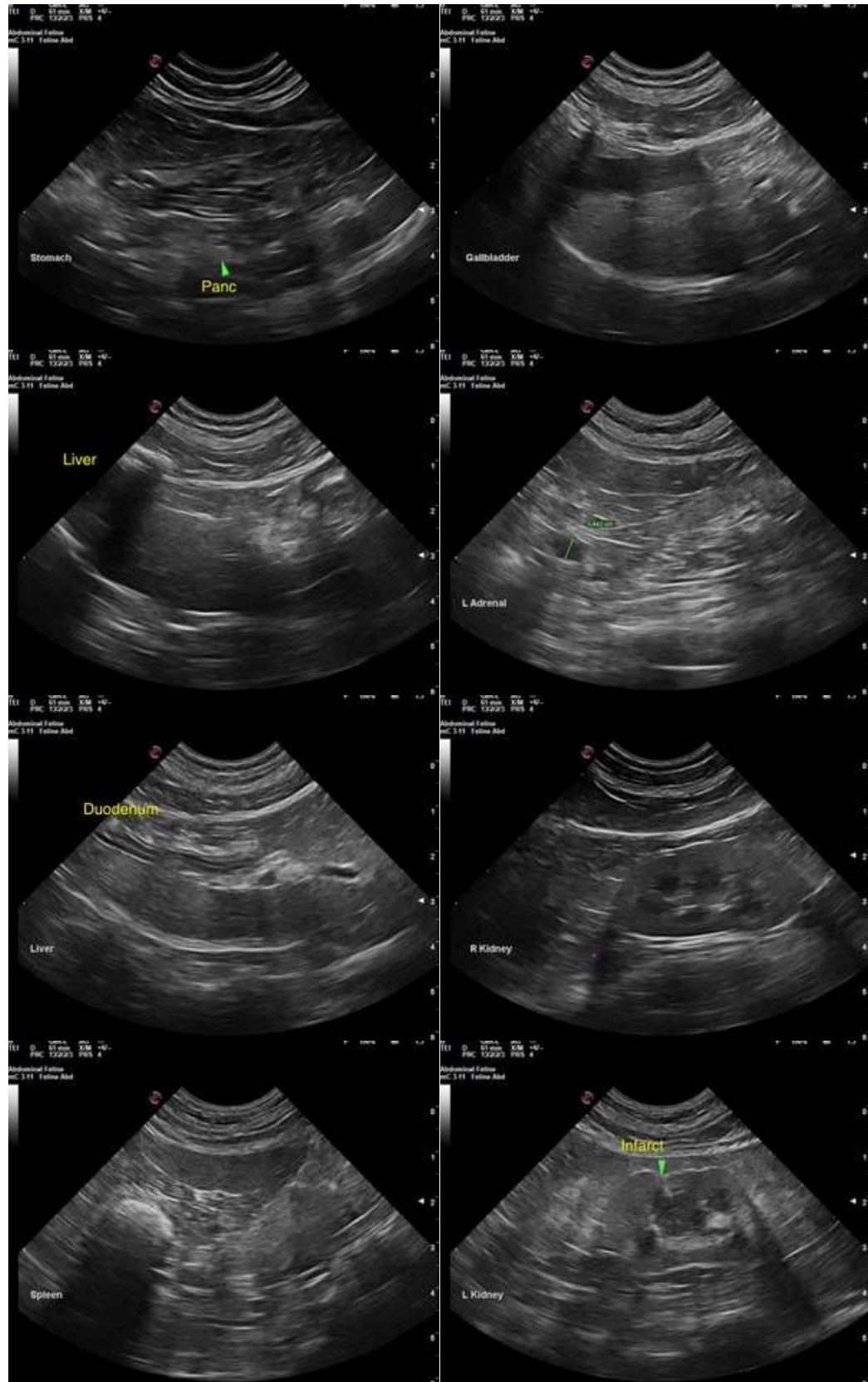
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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