



PATIENT

Figaro Montoya

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

14 years

WEIGHT

10.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

13660

DATE

1/27/22

PRESENTING CLINICAL SIGNS

Intermittent picky appetite and weight loss of 1 lb over last year; IRIS stage 2 CKD, on royal canin renal support diet

Abnormal PE/Chem/CBC/UA Results: CREA 2.1 in September

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

The left kidney was mildly subnormal in size compared to the right kidney and normal renal size for the species. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss (more prominent in the left kidney than the right) of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal area of nonobstructive medullary mineral present. The left kidney measured 2.9 cm in length.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.0 cm in length. Potential for mild compensatory hypertrophy associated with the right kidney, although not definitive.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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 0.88 cm in 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



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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.

Gastrointestinal

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 measured 0.25 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis to mucosa ratio with segmental propensity for subtly prominent jejunal muscularis layer. No overt evidence of intestinal mural hypertrophy or loss of intestinal wall layering. The jejunum wall measured 0.22 cm- 0.25 cm. The duodenum wall measured 0.26 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic renal changes, more prominent in the left kidney with focal left kidney medullary mineral.
- Possible mild inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the small intestine exhibited subtle mural changes which may suggest mild to low grade inflammatory enteropathy given the patients mild to gradual weight loss, however, without evidence of gastrointestinal signs, this finding is nonspecific. Potential for low grade to chronic pancreatitis, which may present sonographically normal, cannot be definitively excluded. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate.

The kidneys were sonographically consistent with Iris stage 2 CKD. If not recently done, further staging with baseline UPC, as well as monitoring of systemic blood pressure recommended.



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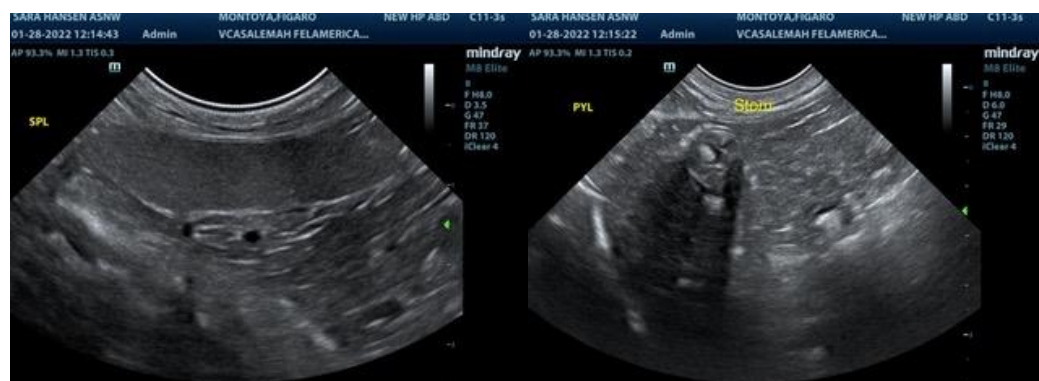
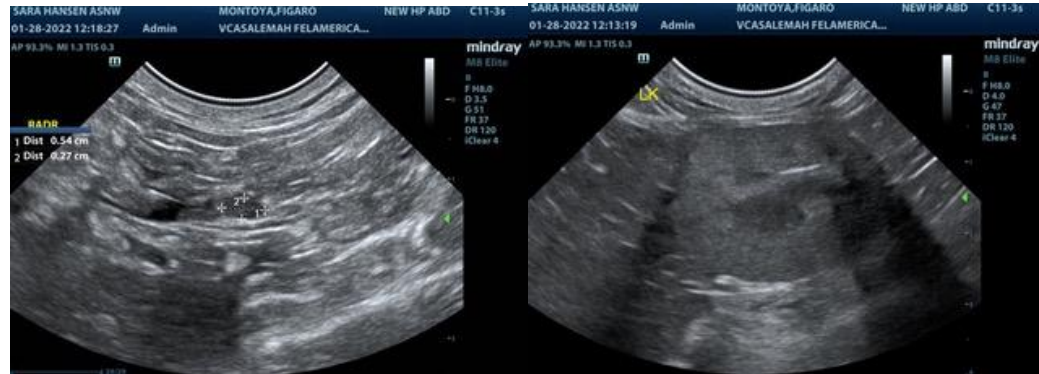
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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