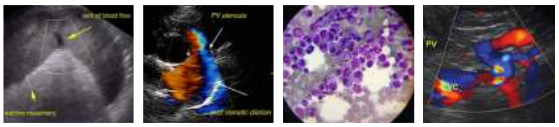

PATIENT

Barney FU

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

15 years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

INVOICE

12979

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1/6/22

PRESENTING CLINICAL SIGNS

Over 1 pound weight loss since May 2021. Known CKD, likely IRIS Stage 3, on renal diet. Known hyperthyroid, well managed with 1.25 mg methimazole po q 12hr. Elura (feline capromorelin) use started in late November 2021 but weight loss trend has persisted despite daily use. No cardiac medication use indicated for HCM on 5/2021 echocardiogram with cardiologist (HCM with mild to no left atrial dilation). Will email recent blood panels.
Abnormal PE/Chem/CBC/UA Results: T4=1.6 on 12/21/2021. Creatinine was 2.9 (12/21/2021), 3.2 (1/18/2021), 3.2 (10/28/2020) with BUN 55 (12/21/2021), 51 (1/18/2021), 41 (10/28/2020). Current Medications 1.25 mg methimazole; 60 mg gabapentin prior to arrival at hospital

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. Very minor particulate sediment was present, likely consistent with minor cellular or crystalline debris. 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.

Borderline to mild subnormal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced with indistinct medullary architecture. No evidence of pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 2.8 cm in length.

Adrenal Glands

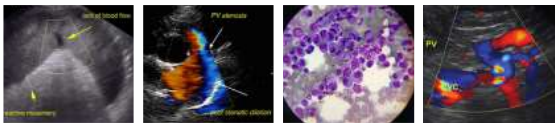
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 0.48 cm width. Potential for mild splenic volume contraction was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size likely owing to fasting containing primarily anechoic content with focal areas of nonobstructive mineral. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.27 cm diameter. No evidence of duodenal papilla pathology was noted.

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 width measured 0.27 cm.

The small intestine presented intact wall layering with generalized propensity for mildly prominent walls and subjective mild prominent muscularis layer. The duodenum wall width measured up to 0.40 cm. The jejunum wall width measured 0.32 cm. No evidence of loss of Intestinal wall layering or Intestinal masses was present.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of omental lymphadenopathy, masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

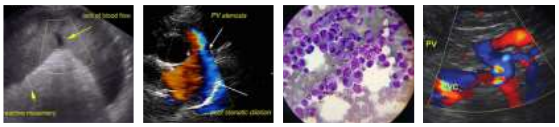
Primary Findings

- Moderate to marked chronic degenerative renal changes
- Probable mild chronic active to chronic pancreatitis
- Mild nonobstructive gallbladder mineral with mild nonobstructive proximal common bile duct dilation
- Suspect inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

The small intestine exhibited subtle mural changes which are suggestive of inflammatory enteropathy, given the patient's stable T4 levels and azotemia. Weight loss is often the only presenting complaint In cats with underlying Intestinal disease, yet without evidence of concurrent gastrointestinal signs I.e.,



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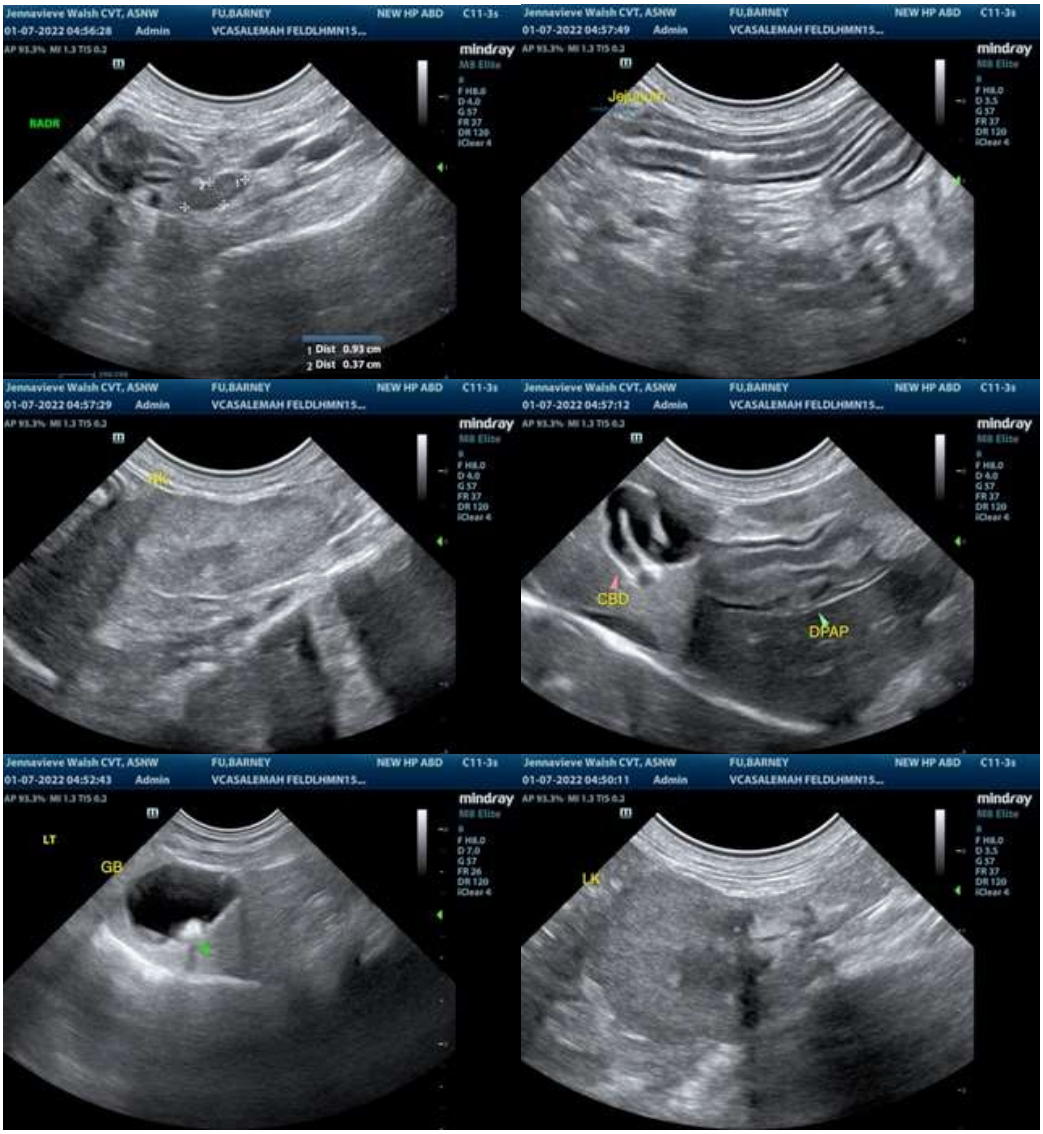
vomiting, diarrhea, etc., this finding is nonspecific. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested to rule out thoracic pathology, which may account for weight loss in geriatric patients.

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



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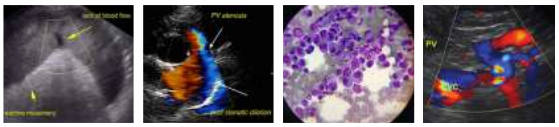

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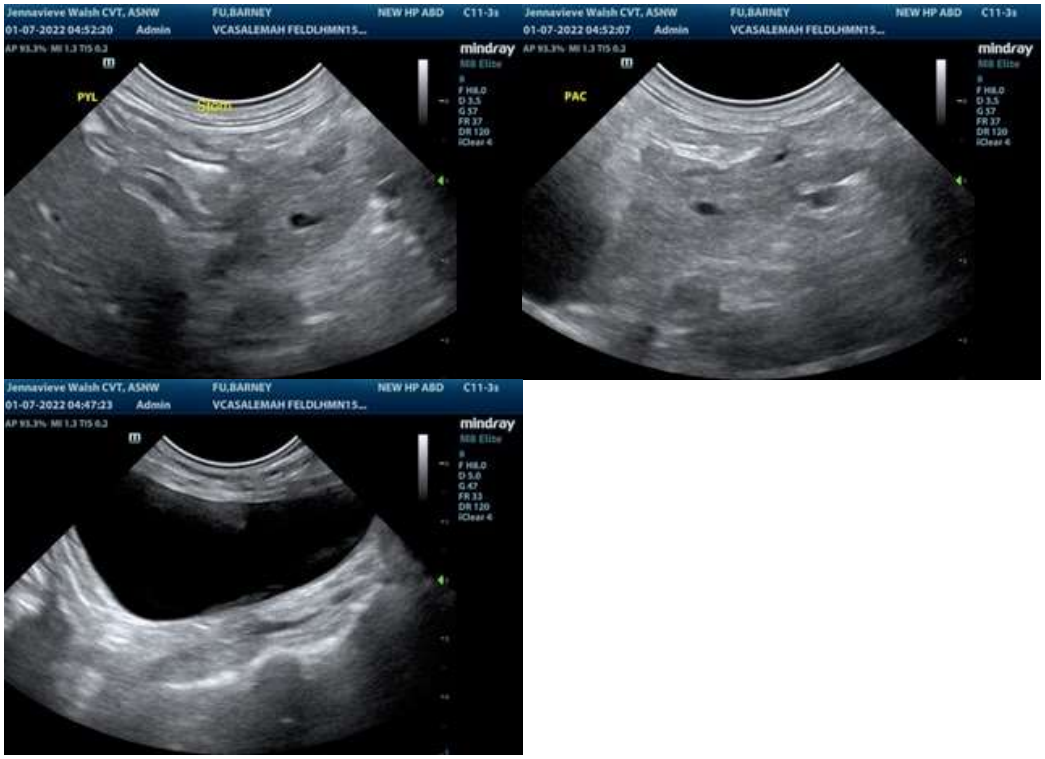

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com