

**PATIENT PRESENTING CLINICAL SIGNS**

Zoey Miller Gen QAR, MM pink, CRT <2sec Heart No murmur/arrhythmias Lungs Eupneic, no crackles/wheezes GI/GU Tense abdomen full of hard stool Skin Healthy skin/coat, no ectoparasites noted Mouth / Teeth Periodontal Dz not present EENT WNL, no ocular/nasal discharge M/S BCS: 2/5 No lameness noted Lymph nodes WNL NS Mentation appropriate A = Assessment of the Case Diagnosis/ Tentative Diagnosis/ Differential diagnosis DN concerned pt may have kidney issues. Pt also was very constipated and thin.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT**

9

Abnormal PE/Chem/CBC/UA Results: T4 11.8, SDMA 16, Crea 0.6, ALT 498, AST 257, ALP 64

**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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 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 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

**INTERPRETED BY**

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

**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 0.85 cm width at the level of the hilus.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**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.

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr.Denny Noletf

**INVOICE**

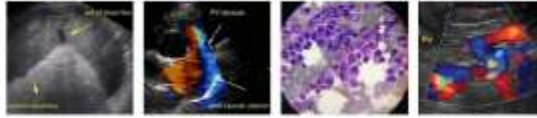
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**Gastrointestinal**

**DATE**

1/6/22

The stomach presented intact and sonographically unremarkable wall layering. The stomach contained a moderate amount of retained anechoic fluid along with echogenic Ingesta and chyme. The pylorus wall width measured 0.23 cm.



**PATIENT**

Zoey Miller

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.24 cm. The duodenum wall width measured 0.24 cm. The ileocolic wall width measured 0.29 cm.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

DSH

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SEX**

FS

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Mild chronic renal changes
- Hepatopathy - subjectively benign
- Active to chronic active pancreatitis
- Retained gastric ingesta / fluid - potential for gastric hypomotility
- Overtly normal small intestine and colon

**WEIGHT**

9

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Baseline renal staging including urine culture and sensitivity and UPC level on a sterile urine sample is recommended.

The elevated liver enzymes in this patient may be secondary to hyperthyroidism, although potential for primary hepatic parenchymal inflammation or other hepatopathies may be possible. Continued monitoring of hepatic enzyme levels assuming treatment for hyperthyroidism +/- hepatosupportive medications would be appropriate.

If previous history or persistent decreased body condition or evidence of gastrointestinal signs despite well-controlled hyperthyroidism, the potential for Triad Disease may be considered in this patient. Further assessment may include Spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate.

**INTERPRETED BY**

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DABVP (Canine and Feline)

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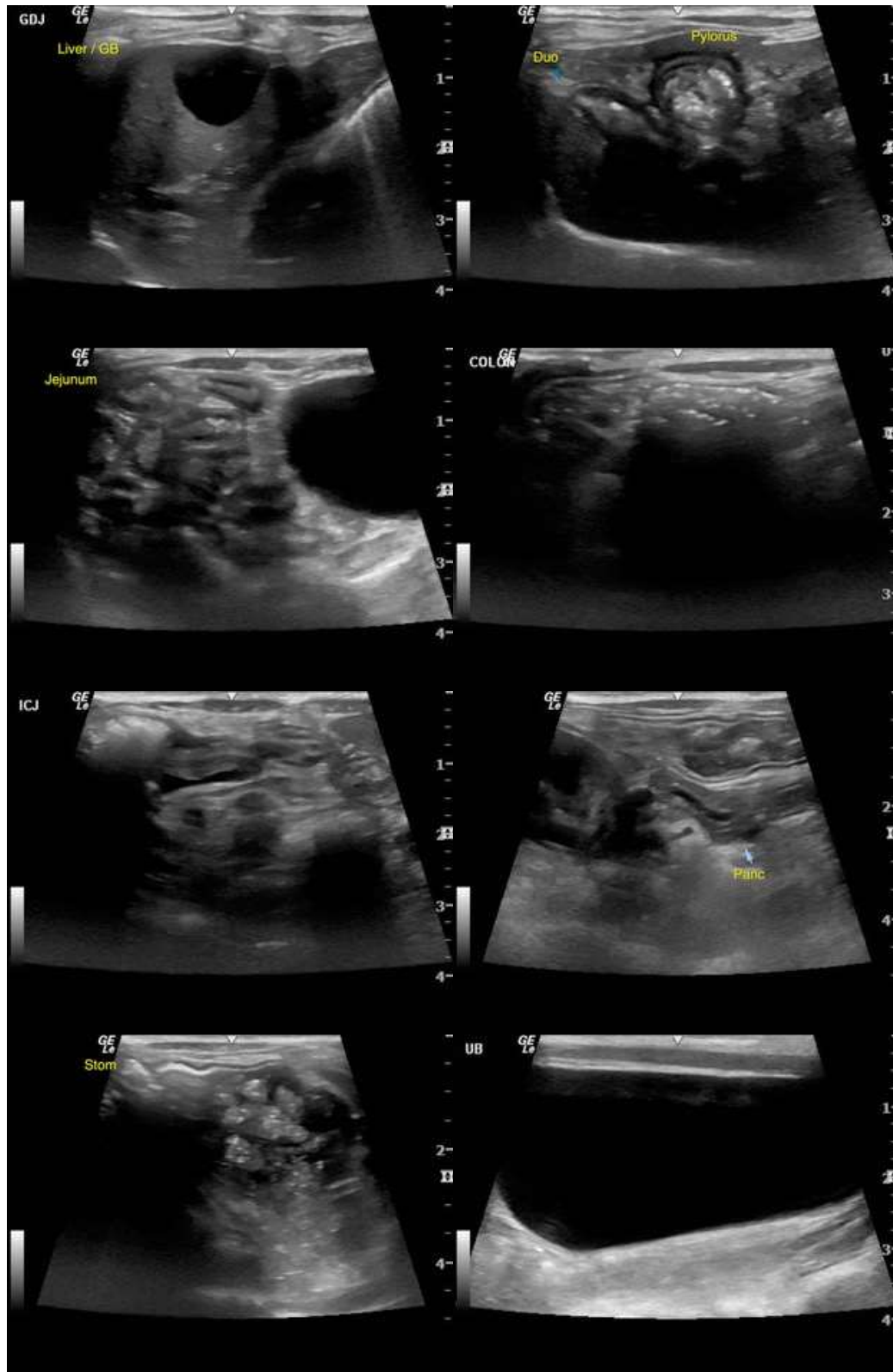
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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