

PATIENT

Dora Virella

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14

WEIGHT

7.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond Veterinary
Hospital- Bethel

REFERRING VET

Dr. Hadley Harris

INVOICE

49365

DATE

1-7-22

PRESENTING CLINICAL SIGNS

14yo FS DSH that presented in November 2021 for weight loss. Pt was diagnosed with hyperthyroidism and started on Methimazole. Pt re-presented in December for decrease appetite and continued weight loss despite the addition of methimazole. Pt was found to be have stage 2 IRIS renal disease and was started on Elura and a kidney diet. Pt continued to not eat well and re-presented yesterday. Only 0.2lb additional weight loss.. Renal values re-check in hospital (BUN- 33.8, Cr- 1.8). Pt did eat a small amount of Fancy Feast when offered, but not a sufficient amount. Concern for underlying GI disease as cause for continued inappetence and weight loss.

Abnormal PE/Chem/CBC/UA Results: see attached

USG 1.015 2+protein, SDMA 23.9, UPC 0.7

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Both kidneys were borderline subnormal in size, asymmetrical margination with areas of pinpoint dystrophic medullary mineral. Both kidneys exhibited mildly asymmetrical cortical hypertrophy along with areas of increased cortex echogenicity suggestive of cortical infarcts. The left kidney measured 3.0 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.40 width.

The right adrenal gland was not overtly visualized. No overt pathology in the area of the right adrenal gland.

Spleen

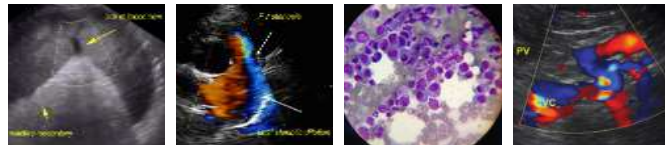
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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.

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 0.25 cm.



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The small intestine presented intact wall layering and was without evidence of mural hypertrophy, masses, or loss of intestinal wall layering. Subjective propensity for mildly prominent segmental muscularis layer noted in the small intestine. The duodenum wall width measured 0.27 cm and the jejunum wall width measured 0.2-0.23 cm.

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

Pancreas

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The pancreas exhibited a focal hypoechoic parenchyma likely in the right pancreatic limb medial to the duodenum. The visible pancreatic duct was normal.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral degenerative renal changes exhibiting pinpoint dystrophic medullary mineral and likely cortical infarcts.
- Sonographically unremarkable stomach.
- Suspect inflammatory enteropathy.
- Focal hypoechoic right pancreas - potential focal active to chronic active pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the small intestine exhibited subtle subjective mural changes which in the face of weight loss and decreased appetite, may suggest underlying inflammatory enteropathy or mild IBD. No overt suspicion of neoplastic infiltrative enteropathy which is considered a less likely differential diagnosis. Potentially chronic kidney disease may be playing some role in the patient's decreased appetite.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Assessment for evidence of cranial abdominal or subxiphoid discomfort associated with the right pancreas may be considered. If not done, three view chest radiographs suggested to rule out occult thoracic pathology which may account for weight loss or decreased appetite in geriatric cats.

Empirically, continued CKD therapy with as needed gastrointestinal support or conservative therapy for suspect inflammatory enteropathy would be appropriate.

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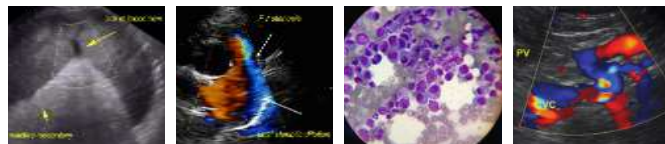
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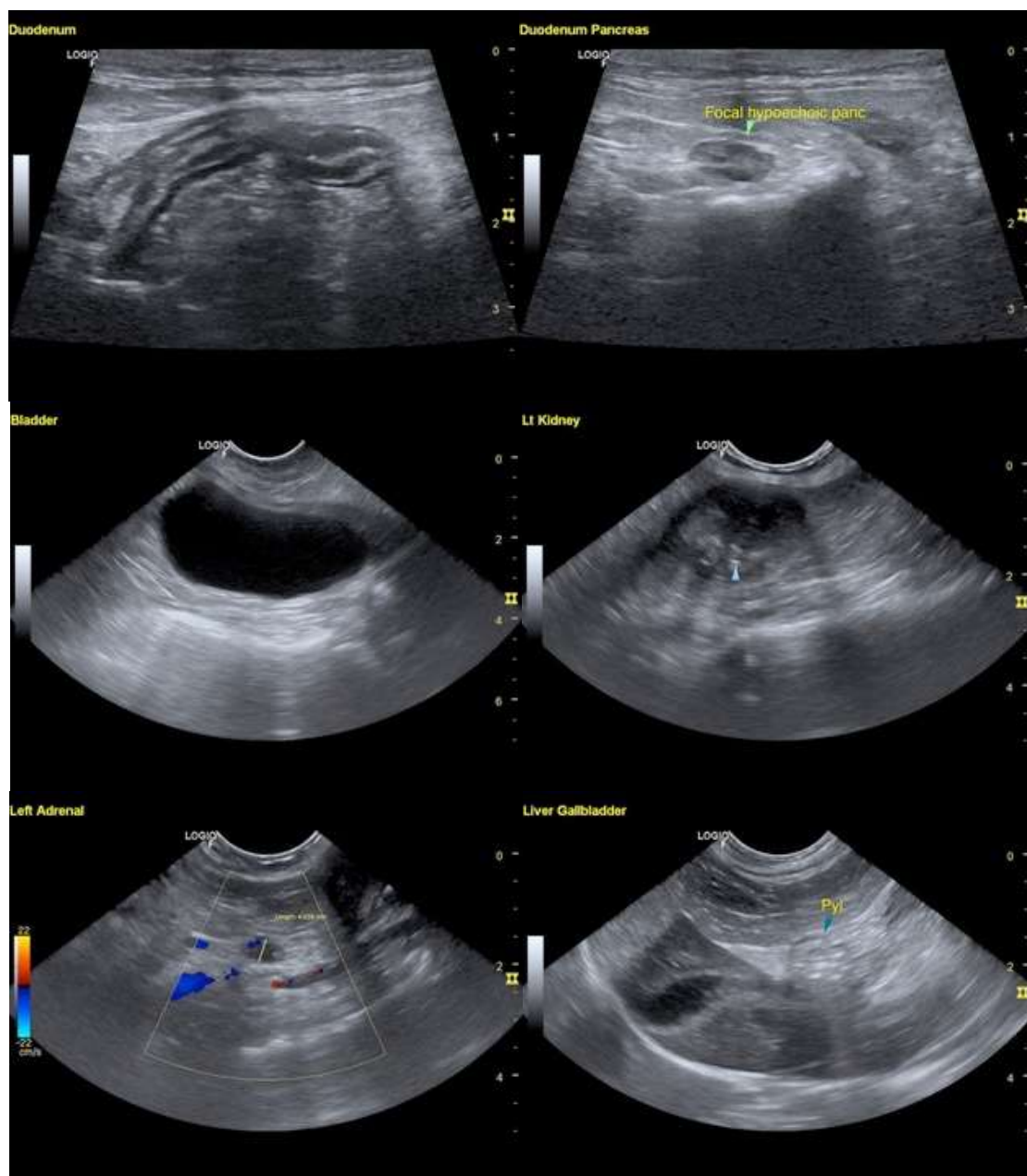
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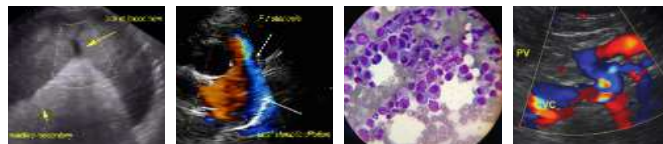
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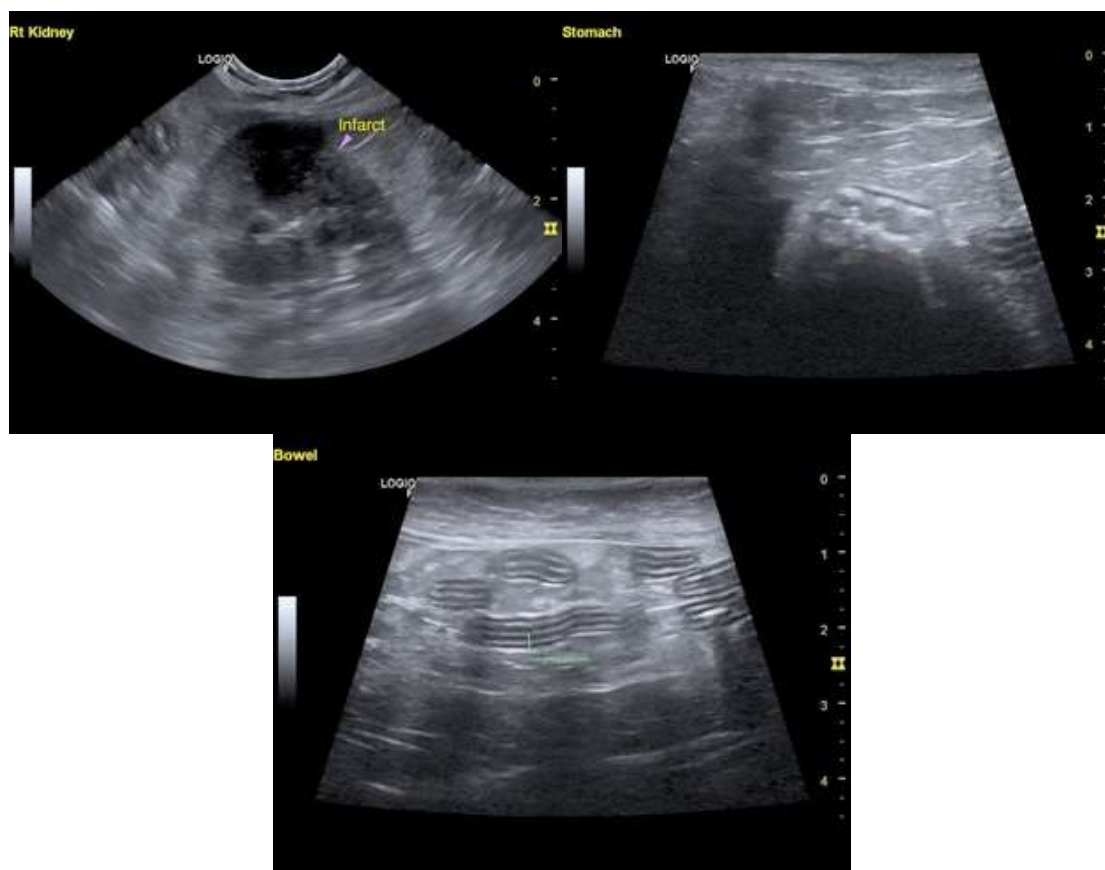
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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