

PATIENT	PRESENTING CLINICAL SIGNS
Henry Ames	Patient had previously slightly elevated Creat, now has normal Creatinine, but slightly elevated SDMA. Patient began vomiting intermittently several weeks ago, no diet changes and is responding well to Cerenia. Current diet: Purina Pro Plan canned PPH: Atrophic kidney on rads Patient received Gabapentin for AUS
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable, no significant weight loss, moderate to advanced dental disease Blood work (~ 2 weeks ago) – slightly elevated SDMA, all else wnl – USG: 1.035
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent to congealed or sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
AGE	
14yr	Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was 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.
WEIGHT	
3.86kg	Subnormal size was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was 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.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left kidney measured 2.5 cm in length. The right kidney measured 3.9 cm in length. The area of the aortic trifurcation was free of pathology.
IMAGING PERFORMED BY	Adrenal Glands
Patti Mayfield	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
Bend Veterinary Clinic	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.
REFERRING VET	
Dr. Acevedo	The spleen measured 0.83 cm in width at the level of the hilus.
INVOICE	Liver
11873ag	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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
DATE	
10/14/2022	



PATIENT

Henry Ames

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Feline

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 ventral gastric body wall measured 0.25 cm in width.

BREED

DSH

The duodenum presented intact wall layering with minor duodenal ileus and subtle duodenal mucosal specking. The jejunum and ileum exhibited intact wall layering with no evidence of jejunoileal ileus, obstruction or foreign material. No evidence of gastrointestinal infiltrative neoplastic criteria.

SEX

FS

The jejunum wall measured 0.26 cm in width. The duodenum wall measured 0.28 cm in width. The ileocolic junction wall measured 0.26 cm in width.

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

AGE

14yr

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 was evident.

WEIGHT

3.86kg

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Bilateral mild to moderate chronic renal changes with subnormal left kidney size
- Overtly normal GI tract with suspected mild duodenitis
- Minor urinary bladder sediment

IMAGING PERFORMED BY

Patti Mayfield

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen without evidence of significant visceral pathology. No evidence of intra-abdominal neoplastic criteria was observed. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, low-grade intestinal inflammatory process or low grade to chronic pancreatitis are all potentials.

HOSPITAL NAME

Bend Veterinary
Clinic

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

REFERRING VET

Dr. Acevedo

As needed GI support which may include a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) if clinically indicated with assessment of clinical response is suggested.

INVOICE

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SPECIES

Feline

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IMAGING PERFORMED BY

Patti Mayfield

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REFERRING VET

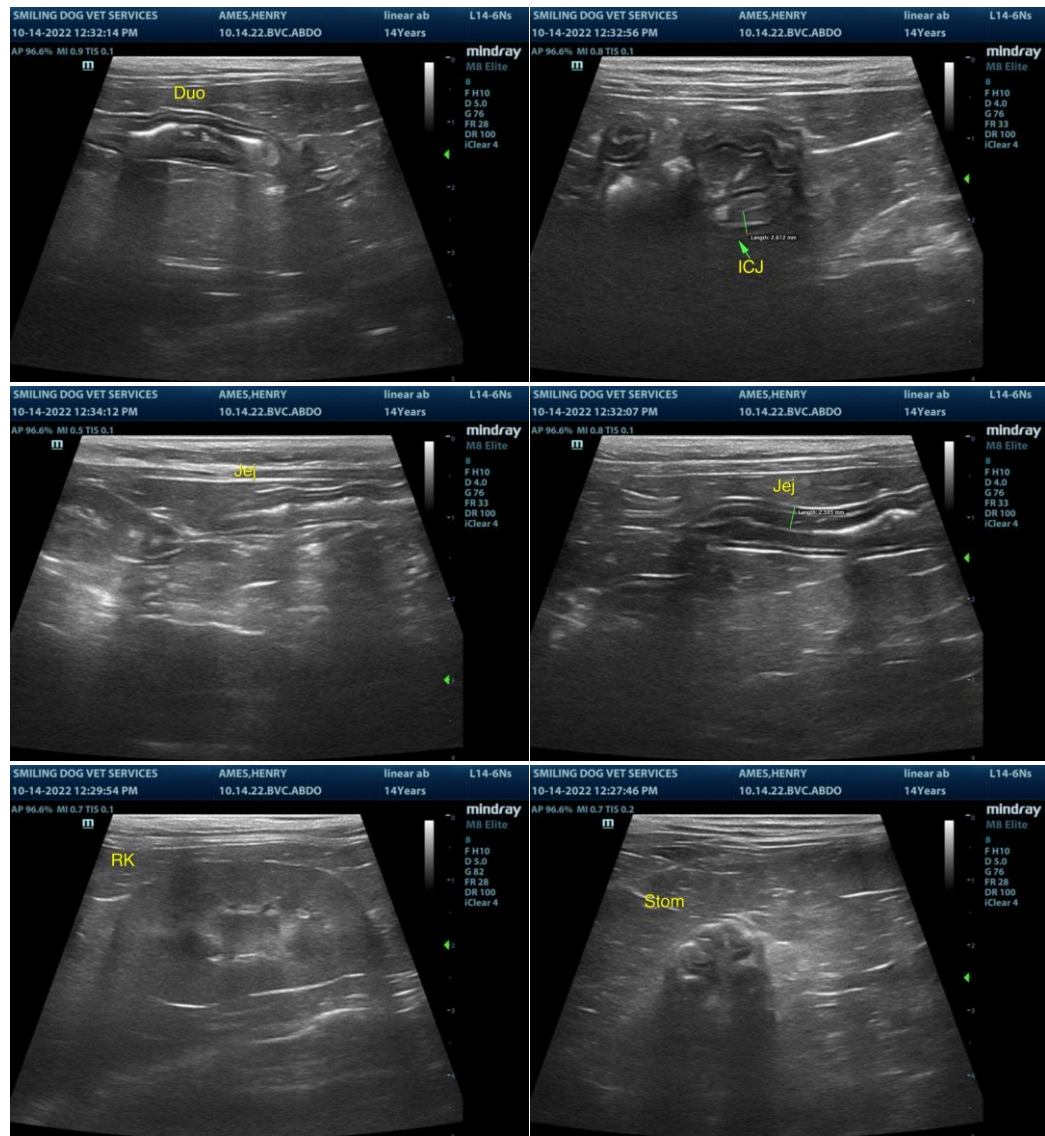
Dr. Acevedo

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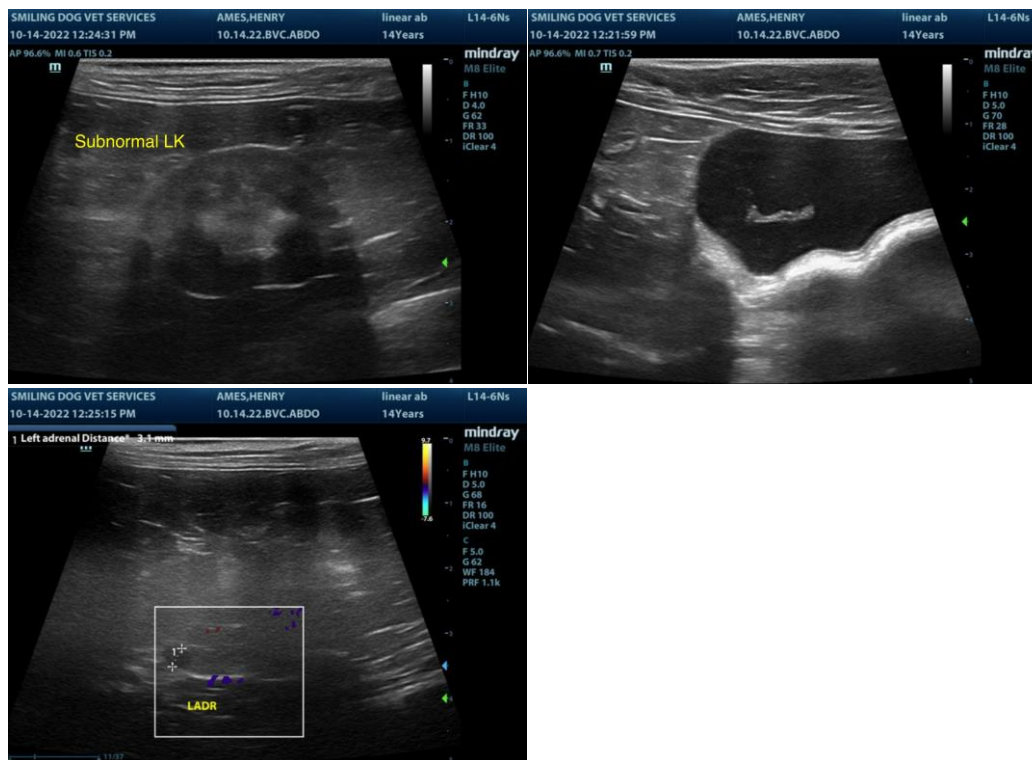
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com