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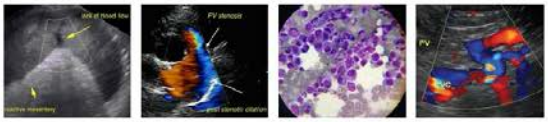

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Luna Savenelli

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.57 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

26392

DATE

10/19/21

PRESENTING CLINICAL SIGNS

Chemistry profile - BUN 18 Creat 1.4 else unremarkable; Thyroid hormones - T4 = 2.2; Urinalysis - USG 1.019 else unremarakble; CBC - Unremarkable ASSESSMENTS CKD IRIS stage 1, Weight loss, Diarrhea Unremarkable labs aside from mild early renal disease, unlikely etiology clinical signs.

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. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent urinary bladder sediment was present without evidence of calculus formation. Mild dependent sand also noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.1 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm. 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

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. Gastric body wall measured 0.26 cm.

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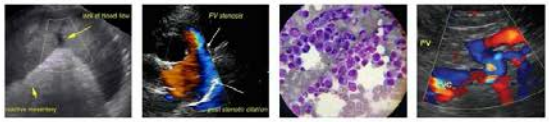

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.24-0.26 cm. Ileocolic junction measured 0.31 cm.

Normal visible colon wall layers were present with formed feces in lumen. A focal mildly prominent to hypoechoic colic lymph node was present, measuring 0.3 cm in diameter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation present.

Free Abdomen

No evidence of additional lymphadenopathy. No evidence of peritoneal effusion.

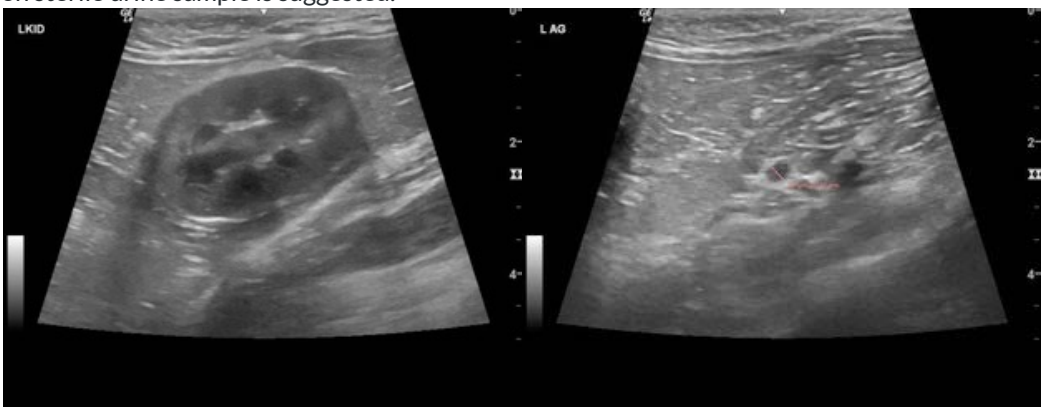
ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder sand and non-dependent particulate sediment
- Mild chronic renal changes
- Heterogeneous pancreas with mild pancreatic duct dilation
- Sonographically unremarkable gastrointestinal tract
- Minor focal colic lymphadenopathy – subjectively benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. The presentation of the pancreas may indicate age related pancreatic changes with potential for chronic pancreatitis. Concurrently, structurally insignificant inflammatory bowel disease (given the patient's weight loss and diarrhea, even without concurrent vomiting) is considered a top differential diagnosis.

Further assessment may include fresh fecal analysis to assess for parasitic ova/giardia +/0 diarrhea PCR and GI panel to include PLI, TLI, cobalamin and folate. Urine culture and sensitivity on sterile urine sample is suggested.



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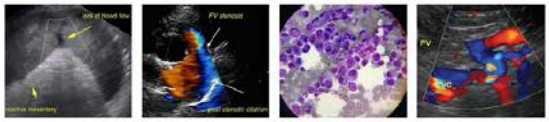

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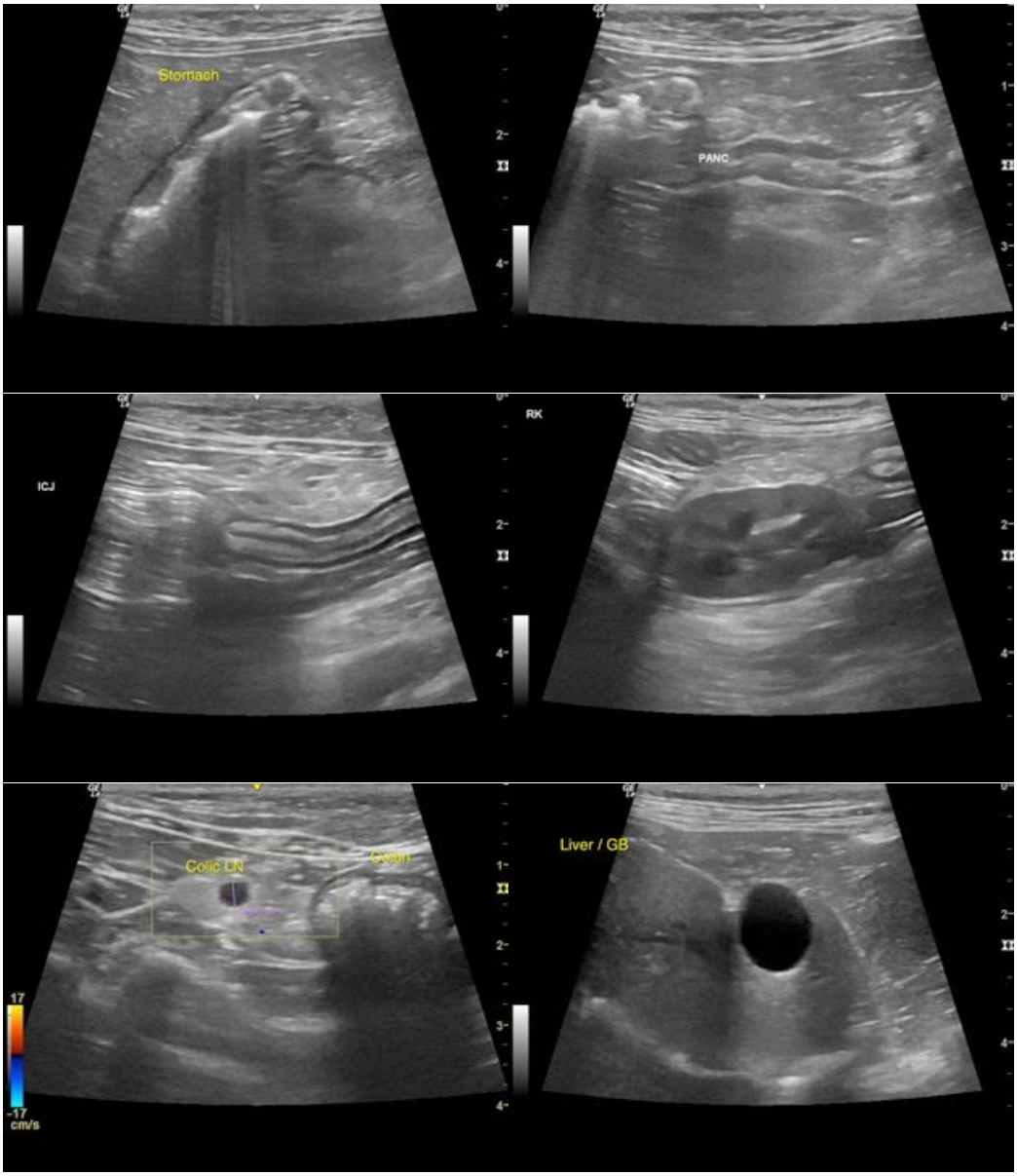

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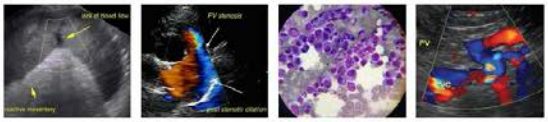

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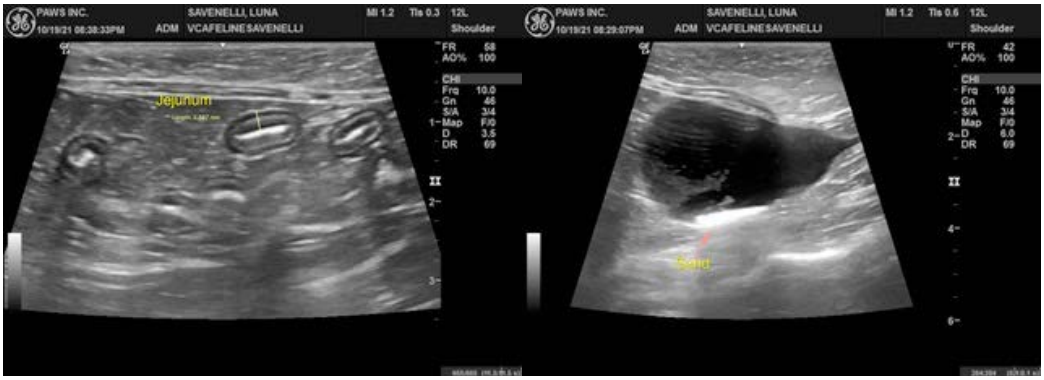

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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