



PATIENT PRESENTING CLINICAL SIGNS

Sushi Savidge Cardiac murmur, 2/6 - newly ausculted at annual exam this year. Increasing kidney enzymes; decreasing hematocrit Prior history of gastric mucosal hypertrophy on PA Mobile ultrasound from 5/2019.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 27, CREAT 1.7, SDMA 12, HCT 30, T4 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 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.

SEX

FS

AGE

2013

Normal size and margination was 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. Focal intermittent cortical cysts were noted in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

12.4

Adrenal Glands

No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

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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. No evidence of previously noted gastric mucosal hypertrophy. The gastric body wall measured 0.25 cm in width.

INVOICE

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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. The small intestine wall measured 0.22 cm in width.

DATE

10/19/2022

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



PATIENT *Pancreas*

Sushi Savidge 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.

SPECIES *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DSH • Mild chronic renal changes with left kidney cortical cysts
- Sonographically unremarkable stomach and small bowel

SEX **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FS Overall, no overt evidence of significant abdominal visceral pathology was present. A full urinary workup including UA +/- baseline UPC if not done is recommended for further renal staging. Conservative early CKD therapy with monitoring of renal values would be reasonable. An obvious cause of the borderline anemia was not definitive. A CBC path review could be considered if progressive anemia is noted.

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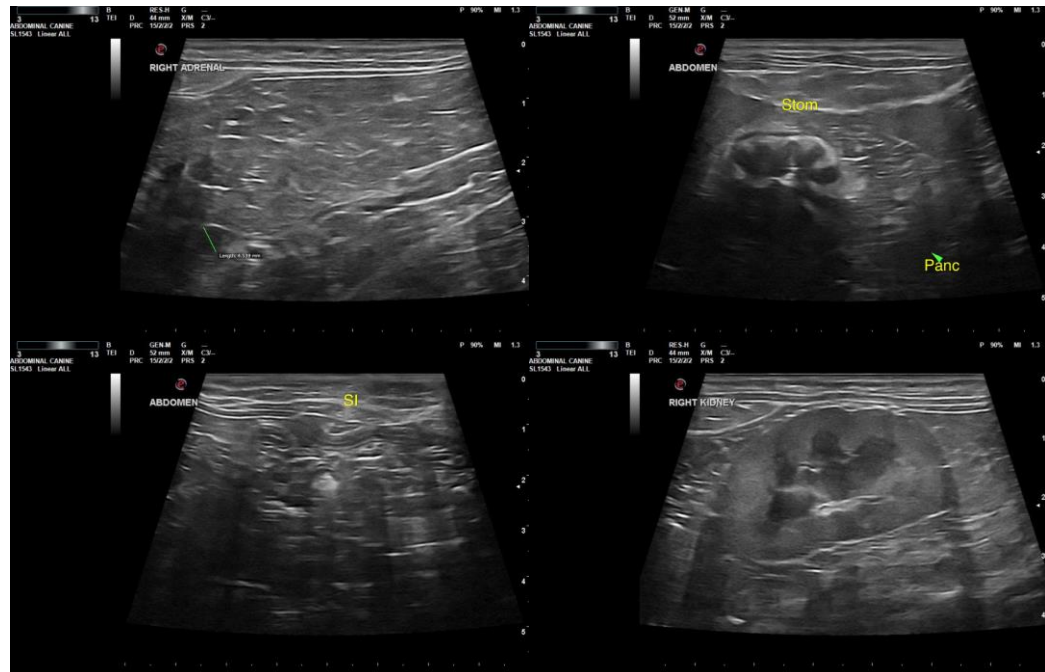
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PATIENT

Sushi Savidge

SPECIES

Feline

BREED

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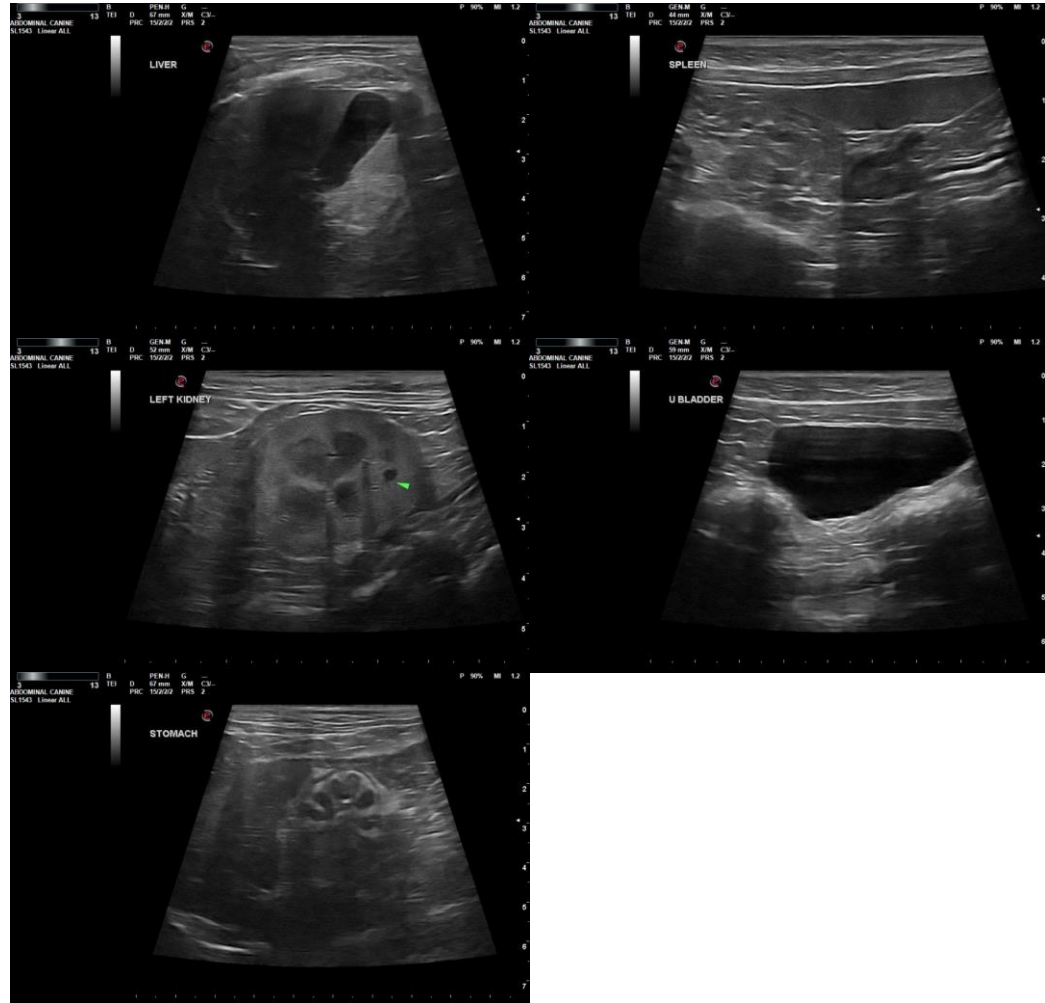
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Alburtis Animal
Hospital

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.

REFERRING VET

Dr. Smith

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