

**PATIENT**

Toni Kula

PRESENTING CLINICAL SIGNS

Reduced food intake over 1 week. No vomiting, same food and treats. Indoor only, other cat in home is normal. Gets Revolution for prevention. No known inappropriate ingestion.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: weight is stable, CBC: RBC: 6.41 (6.54-12.2), HCT: 35 (30.3-52.6), MCV: 54.6 (35.9-53.1), RETIC: 3.2 (3.0-50), MONO: 0.77 (0.05-0.67), all other values wnl. Chemistry: GLOB: 5.2 (2.8-5.1), ALKP: <10 (14-111), all other values wnl. SDMA: 7 (0-14), TT4: 1.0 (0.8-4.7). Electrolytes: all values wnl. Na/k: 37. Feline Triple: neg Mass in thorax found on radiographs that were done after ultrasound.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate 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

15yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Potential for mild right kidney hypertrophy yet no evidence of left or right neoplastic criteria was observed. Mild left kidney pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.8 cm in length.

WEIGHT

13lb

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

IMAGING PERFORMED BY

Sarah Pender CVT

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.

HOSPITAL NAME

SVS Imaging QC

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 0.75 cm in width at the level of the hilus.

REFERRING VET

Dr. Kula

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.

INVOICE

12222ag

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic luminal debris, likely incidental given no evidence of cholestasis. The cystic and common bile ducts were normal.

DATE

11/21/2022

Gastrointestinal

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The stomach presented intact wall layering with a mildly prominent submucosa later which is likely an age-related variant or potential minor gastric mural fat deposition commonly seen in geriatric cats. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

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.

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

BREED

DSH

Pancreas

The pancreas presented isoechoic subtle non-homogeneous parenchyma with pancreatic duct dilation likely consistent with age related pancreatic duct changes and incidental.

SEX

MN

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS**AGE**

15yr

- Bilateral mild chronic interstitial nephrosis renal pattern with mild left kidney pyelectasia
- Sonographically unremarkable GI tract
- Age-related pancreas
- Mild urinary bladder sediment

WEIGHT

13lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely geriatric abdomen with no overt evidence of significant abdominal visceral pathology. No evidence of intra-abdominal neoplastic criteria was observed as a cause of thoracic metastasis.

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(Canine and Feline)

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation and may be a contributing factor to the reduced food intake. Correlation with a spec fPL could be considered if clinically indicated.

IMAGING PERFORMED BY

Sarah Pender CVT

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). A full urinary workup with C/S and urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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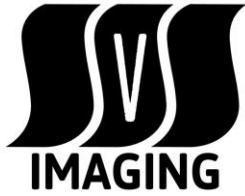
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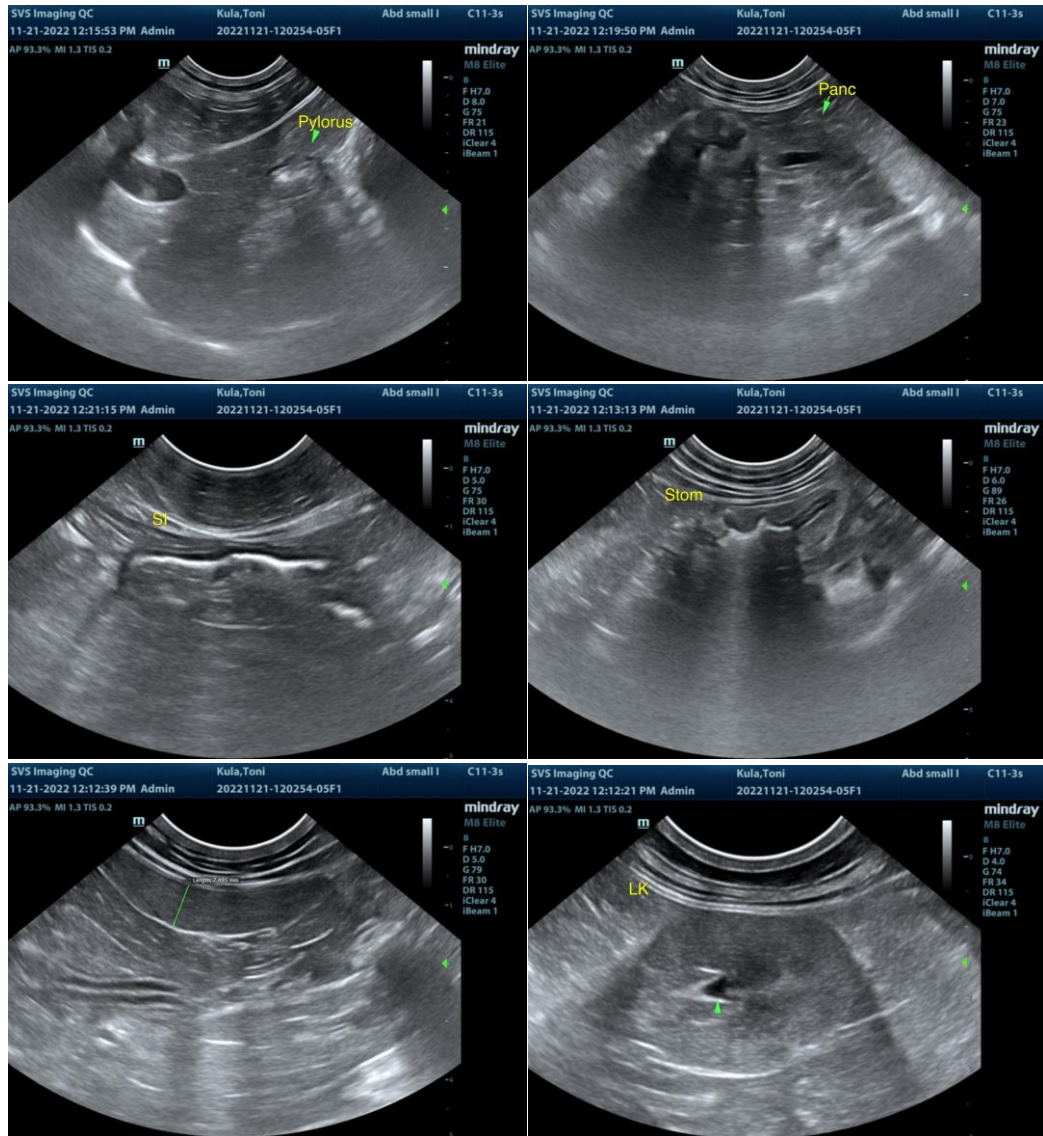
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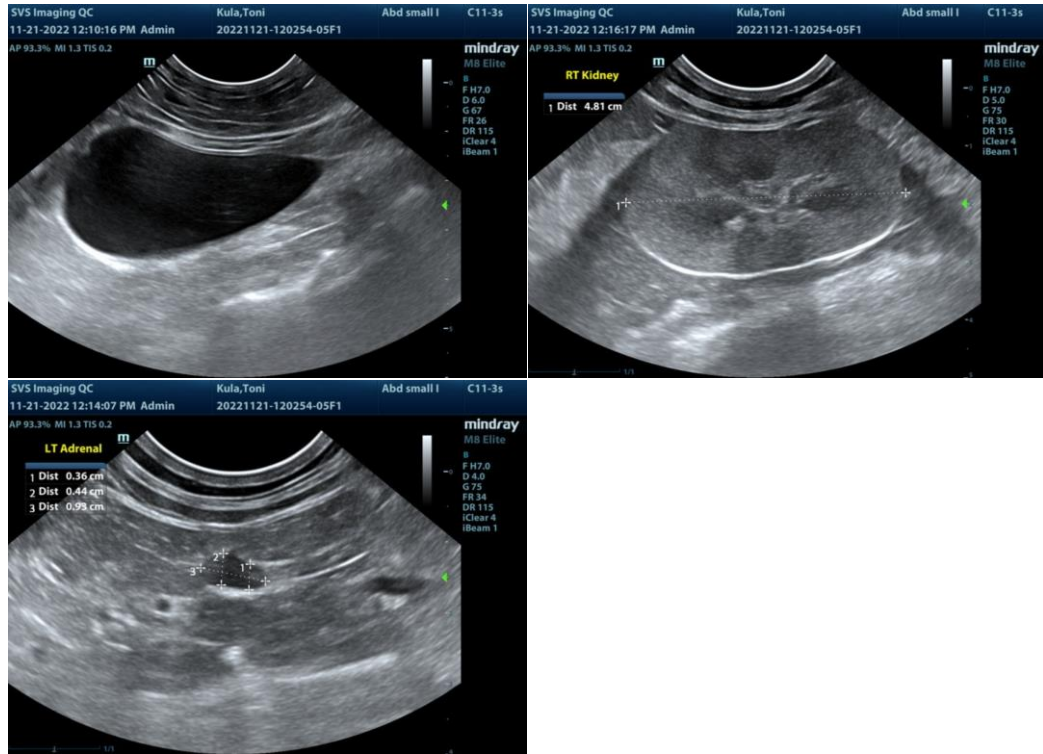
MN

AGE

15yr

WEIGHT

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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)

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