

## PATIENT PRESENTING CLINICAL SIGNS

**Lola Krenz** weight loss, hyporexia, vomiting: open worsening neuro signs (fine head tremor- present since o got cat 6 years ago, recently more noticeable. swaying, unsteady gait- new): open upright, stiff hind limbs (present since o got cat 6 years ago): quadriceps contracture? open clicking sound described by owner: open current medication-Gabapentin 100mg, mirataz transdermal

**SPECIES** Abnormal PE/Chem/CBC/UA Results: RBC 6.53 M/ $\mu$ L 6.54 - 12.20 LOW 8.56 M/ $\mu$ L HCT 27.8 % 30.3 - 52.3 LOW 38.4 % HGB 9.2 g/dL 9.8 - 16.2 LOW 12.2 g/dL MCV 42.6 fL 35.9 - 53.1 44.9 fL MCH 14.1 pg 11.8 - 17.3 14.3 pg MCHC 33.1 g/dL 28.1 - 35.8 31.8 g/dL RDW 22.1 % 15.0 - 27.0 22.4 % %RETIC 0.1 % 0.2 % RETIC 3.9 K/ $\mu$ L 3.0 - 50.0 14.6 K/ $\mu$ L RETIC-HGB 14.8 pg 13.2 - 20.8 14.8 pg WBC 21.42 K/ $\mu$ L 2.87 - 17.02 HIGH 4.75 K/ $\mu$ L %NEU \* 86.6 % 73.6 % %LYM \* 10.4 % 21.7 % %MONO \* 2.8 % 3.2 % %EOS 0.1 % 1.5 % %BASO 0.1 % 0.0 % NEU \* 18.56 K/ $\mu$ L 2.30 - 10.29 HIGH 3.50 K/ $\mu$ L BAND \* Suspected LYM \* 2.22 K/ $\mu$ L 0.92 - 6.88 1.03 K/ $\mu$ L MONO \* 0.59 K/ $\mu$ L 0.05 - 0.67 0.15 K/ $\mu$ L EOS 0.03 K/ $\mu$ L 0.17 - 1.57 LOW 0.07 K/ $\mu$ L BASO 0.02 K/ $\mu$ L 0.01 - 0.26 0.00 K/ $\mu$ L PLT 156 K/ $\mu$ L 151 - 600 255 K/ $\mu$ L MPV 18.9 fL 11.4 - 21.6 16.7 fL PCT 0.29 % 0.17 - 0.86 0.43 % GLU 120 mg/dL 74 - 159 113 mg/dL SDMA 19  $\mu$ g/dL 0 - 14 HIGH CREA 2.4 mg/dL 0.8 - 2.4 1.5 mg/dL BUN 85 mg/dL 16 - 36 HIGH 29 mg/dL BUN/CREA 35 19 PHOS 6.5 mg/dL 3.1 - 7.5 2.4 mg/dL CA 7.9 mg/dL 7.8 - 11.3 9.0 mg/dL TP 7.5 g/dL 5.7 - 8.9 4.5 g/dL ALB 2.9 g/dL 2.2 - 4.0 3.0 g/dL GLOB 4.6 g/dL 2.8 - 5.1 1.5 g/dL ALB/GLOB 0.6 2.0 ALT 60 U/L 12 - 130 78 U/L AST 91 U/L 0 - 48 HIGH 31 U/L ALKP 16 U/L 14 - 111 35 U/L GGT 0 U/L 0 - 4 0 U/L TBIL 0.2 mg/dL 0.0 - 0.9 0.1 mg/dL CHOL 173 mg/dL 65 - 225 113 mg/dL AMYL 1424 U/L 500 - 1500 986 U/L LIPA 463 U/L 100 - 1400 551 U/L Na 147 mmol/L 150 - 165 LOW 162 mmol/L K 3.8 mmol/L 3.5 - 5.8 3.7 mmol/L Na/K 39 44 Cl 108 mmol/L 112 - 129 LOW 121 mmol/L Osm Calc 318 mmol/kg 325 mmol/kg TT4 0.9  $\mu$ g/dL 0.8 - 4.7 2.2  $\mu$ g/dL

**Feline**

**BREED** DMH

**SEX** Spayed Female

**AGE** 7 Years

**WEIGHT** 5.66 Pounds

## INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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

### IMAGING PERFORMED BY

Jenna Walsh, CVT

### HOSPITAL NAME

The Ark Vet Clinic

### REFERRING VET

Dr. Mercer

### INVOICE

30074

### DATE

11/24/21

### 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.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited borderline to mild subnormal size with primarily maintained 1:3 cortex/medulla ratio with mild uniform increased cortex echogenicity. Both kidneys exhibited pinpoint to focal areas of dystrophic medullary mineral. Mild left kidney pyelectasia noted. No evidence of retroperitoneal inflammation or effusion. The left kidney measured 2.8 cm. The right kidney measured 3.2 cm.

### Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm in width. The right adrenal gland measured 0.50 cm in width.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.49 cm in width. 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.



**PATIENT** *Liver*

Lola Krenz 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.

**SPECIES**

Feline

**Gastrointestinal**

**BREED**

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.23 cm.

**SEX**

Spayed Female

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. Jejunum wall measured 0.21 cm.

**AGE**

7 Years

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

**WEIGHT**

5.66 Pounds

**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.

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**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion.

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PERFORMED BY**

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**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic renal changes exhibiting mild to focal dystrophic medullary mineral and mild left kidney pyelectasia
- Sonographically unremarkable gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

The Ark Vet Clinic

The presentation of the bilateral kidneys was most consistent with chronic renal changes or nephropathy. The mild left kidney pyelectasia may be secondary to chronic renal changes, pelvic scarring, or IV fluid therapy (if applicable). Full urinary workup including urinalysis, culture and sensitivity and baseline UPC level recommended to assess prerenal versus renal azotemia. No overt evidence of structural gastrointestinal pathology. Potential for structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis (which may present sonographically normal) cannot be excluded.

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Further assessment (given the weight loss) may include GI panel to include PLI, TLI, cobalamin and folate as well as thoracic radiographs to rule out occult thoracic pathology. Recheck retroviral status and neurology consult may be considered. Continued as needed gastrointestinal supportive care recommended.

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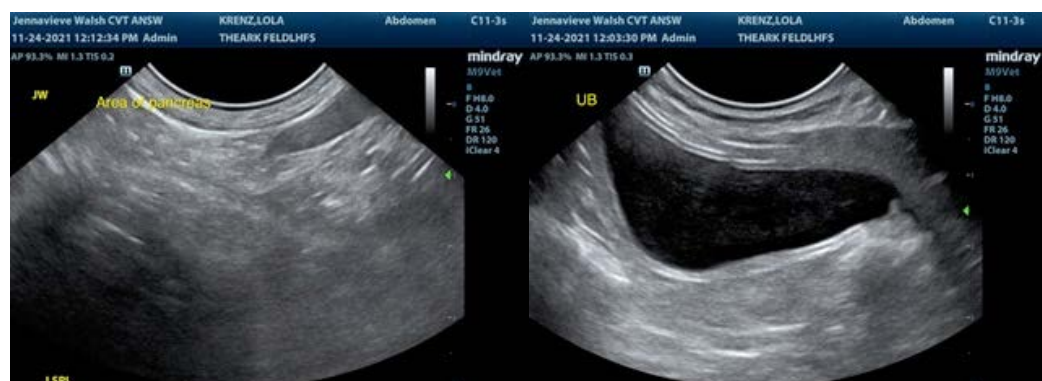
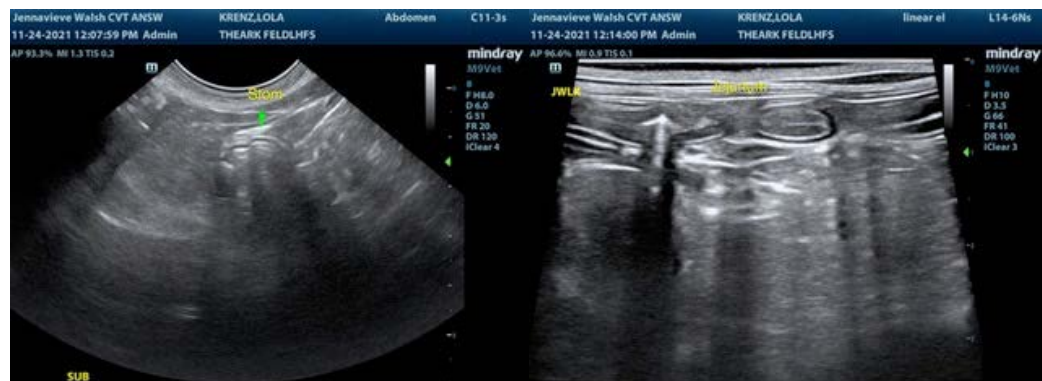
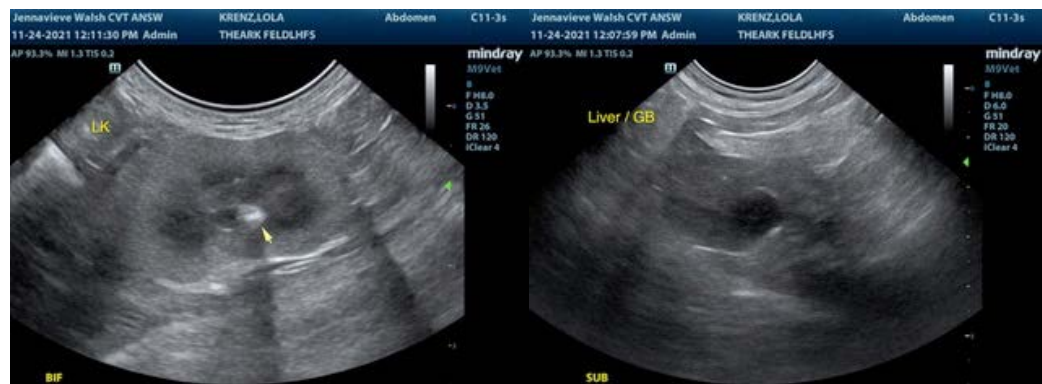
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**PATIENT**

Lola Krenz

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.

**SPECIES**

Feline

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.

**BREED**

DMH

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

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