



PATIENT PRESENTING CLINICAL SIGNS

Al Giberson History: Progressive, chronic vomiting, kidney disease

SPECIES Precision PSL 54, WBC 5.3 with mild lymphopenia and potential mild eosinophilia, T4 3.1, Specific gravity 1.016, 3+blood

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Domestic Shorthair 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 was noted.

SEX Neutered Male The area of the aortic trifurcation was free of pathology.

AGE 16 years 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal, cranial cortical infarction was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

WEIGHT 12.9 Pounds *Adrenal Glands*

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT *Spleen* The spleen was normal in overall size and contour exhibiting subtle generalized splenic parenchyma heterogeneity with solitary, non-expansive, hypoechoic nodule noted in the medial parenchyma measuring 0.5 cm in diameter.

HOSPITAL NAME VCA Northside AH *Liver/ Gallbladder* 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET Dr. Strickler *Gastrointestinal*

INVOICE 12544 The gastric fundus and body walls were sonographically unremarkable. The gastric body wall width measured 0.25 cm. Intact yet prominent pylorus wall was present owing to subjective prominent pylorus muscularis layer. The pylorus wall width measured 0.47 cm.

DATE 11.5.2021 The small intestine presented intact wall layering with subjective segmental mild altered muscularis/mucosa ratio owing to propensity for prominent muscularis layer to the level of the colon.



PATIENT

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No evidence of loss of intestinal wall layering or distinct intestinal masses was noted. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.28 cm. The ileocolic wall width measured 0.41 cm.

SPECIES

Feline

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

BREED

Domestic Shorthair

SEX

Neutered Male

Free Abdomen

Focal to Intermittent mid-abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.7 cm in diameter. No peritoneal effusion was noted.

AGE

16 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with right kidney cortical infarction
- Solitary, nonspecific yet non-expansive splenic nodule
- Intact yet prominent pylorus wall
- Probable IBD and chronic active pancreatitis

WEIGHT

12.9 Pounds

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule may indicate a focal area of lymphoid hyperplasia, hematopoiesis, splenitis, acute infarction, while the possibility of emerging neoplastic nodule, although thought less likely, cannot be definitively excluded. Sonographic monitoring of the splenic nodule for evidence of progression would be ideal.

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 ARDMS/RVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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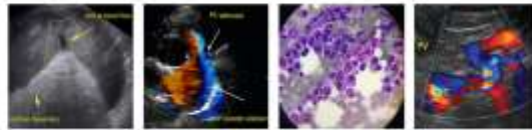
A minor potential for emerging neoplastic infiltrative enteropathy with round cells i.e., lymphoma which may present in a similar sonographic manner, cannot be definitively excluded. Pyloric and Intestinal biopsies would be required for a definitive diagnosis. As-needed gastrointestinal support +/- empirical IBD protocol which may include cobalamin supplementation, hydrolyzed diet, broad-spectrum deworming +/- Prednisolone at the lowest effective dose to control clinical signs and analgesia if evidence of cranial abdominal or subxiphoid discomfort on palpation could be considered.

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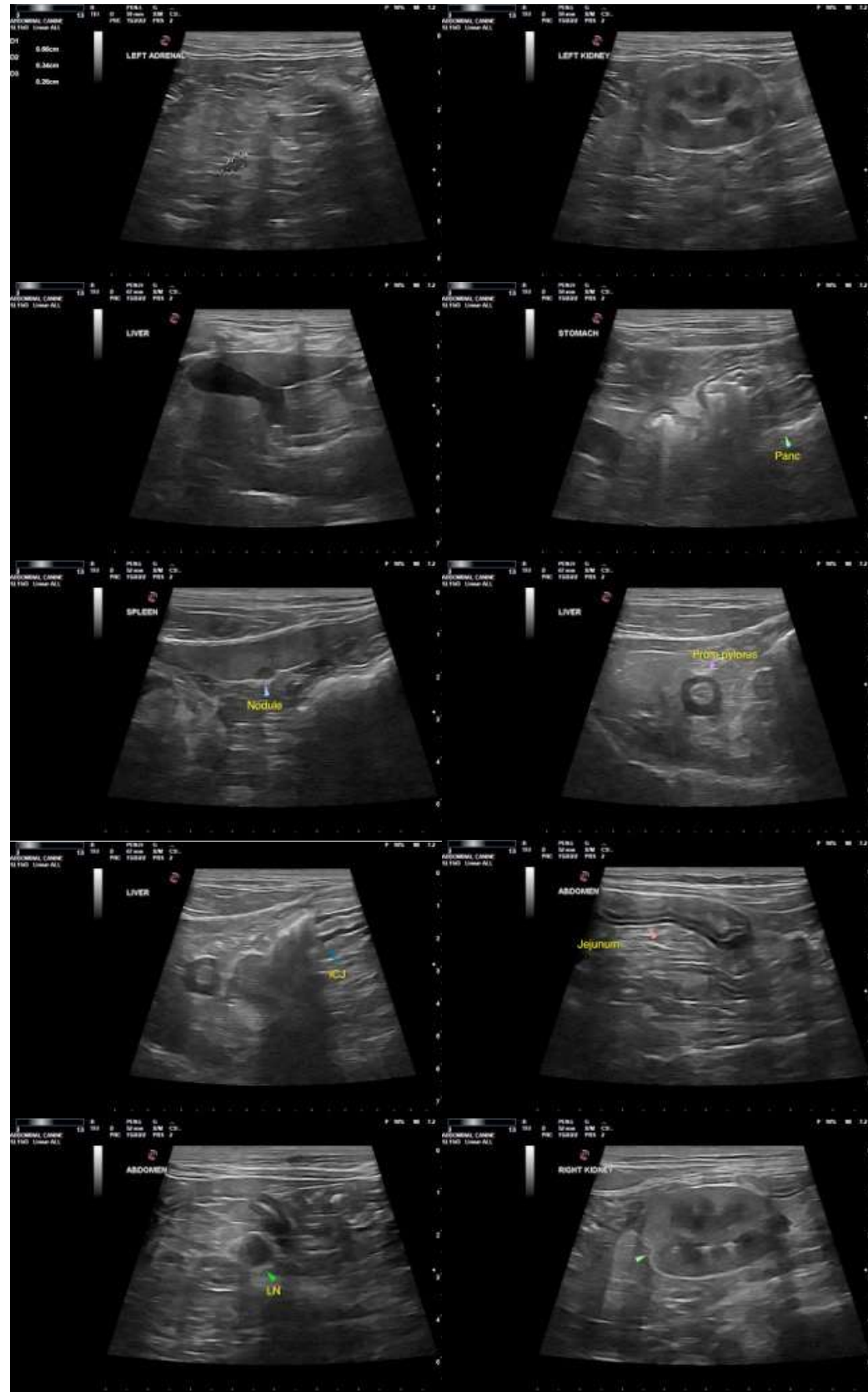
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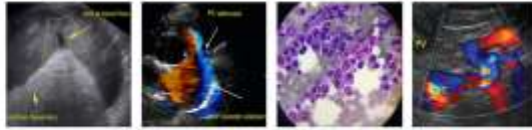
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Domestic Shorthair

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SEX

Neutered Male

AGE

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WEIGHT

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