



PATIENT

Gino Luke

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

15 years

WEIGHT

7.48 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-
Maki

INVOICE

12542

DATE

11/5/21

PRESENTING CLINICAL SIGNS

Gino has a chronic history of diarrhea, occasional vomiting, intermittently poor appetite, and weight loss. His intestines palpate thickened, he does not maintain hydration, and he has lost significant muscle condition. He has concurrent history of hyperthyroidism and chronic renal insufficiency.

Current Medications Methimazole, Entyce

Abnormal PE/Chem/CBC/UA Results: Senior Screen: CBC: Neutrophils 19,959, monocytes 744

Chemistries: Kidney values have all increased slightly compared to September 16: SDMA was 12, now is 16; creatinine was 1.2, now is 1.7; BUN was 27, now is 37. Total protein and albumin previously were low and now are normal. Urinalysis: Urine is near isosthenuric (SG 1.015) with inactive sediment T4: In spite of increase in methimazole dose, T4 increased from 4.1 to 4.5.

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. 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.

The area of the aortic trifurcation was free of pathology.

Normal 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 border distinction expected for the age of the patient. Focal areas of minor medullary mineral were present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney was mildly prominent in size compared to normal kidney size for the species, yet normal symmetry and overall architecture, measuring 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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.

Spleen

The spleen exhibited mild subnormal size likely owing to volume contraction with 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. The spleen measured 0.5 cm width.



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Liver/ Gallbladder

Gino Luke

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. No evidence of Inflammatory criteria was noted. The cystic and common bile ducts were normal.

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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. The gastric body wall width measured 0.25 cm.

The small intestine presented generalized intact wall layering with segmental to generalized propensity for mildly prominent mucosa layer, along with intermittent mucosal speckling. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.3 cm.

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Normal visible colon wall layers were present with subjective semi-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.

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Free Abdomen

Small pockets of scant peritoneal free fluid were present. No overt lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with mild prominent right kidney size and focal mild left kidney medullary mineral
- Active to chronic active pancreatitis
- Subjective mild hepatomegaly with minor gallbladder debris
- Chronic enteropathy
- Scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported hepatic enzyme elevations, potential for chronic Triad Disease may be a consideration in this patient, given the short half-life of hepatic enzymes in cats. Minor potential for hepatic or gastrointestinal round cell neoplasia i.e., lymphoma, which may present in a similar sonographic manner cannot be excluded.

Assuming normal clotting status, screening hepatic FNA for cytology, as well as a GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further assessment. UPC level on a sterile urine sample could be considered for further renal staging. Empirically, IBD / Triaditis protocol, which may include as-needed analgesia if evidence of cranial abdominal or subxiphoid discomfort on palpation, empirical cobalamin supplementation, hydrolyzed diet, as-needed GI support, as well as Prednisolone trial at lowest effective dose to control clinical signs could be considered. Three view chest radiographs are suggested to rule out occult or concurrent thoracic pathology which may account for weight loss.





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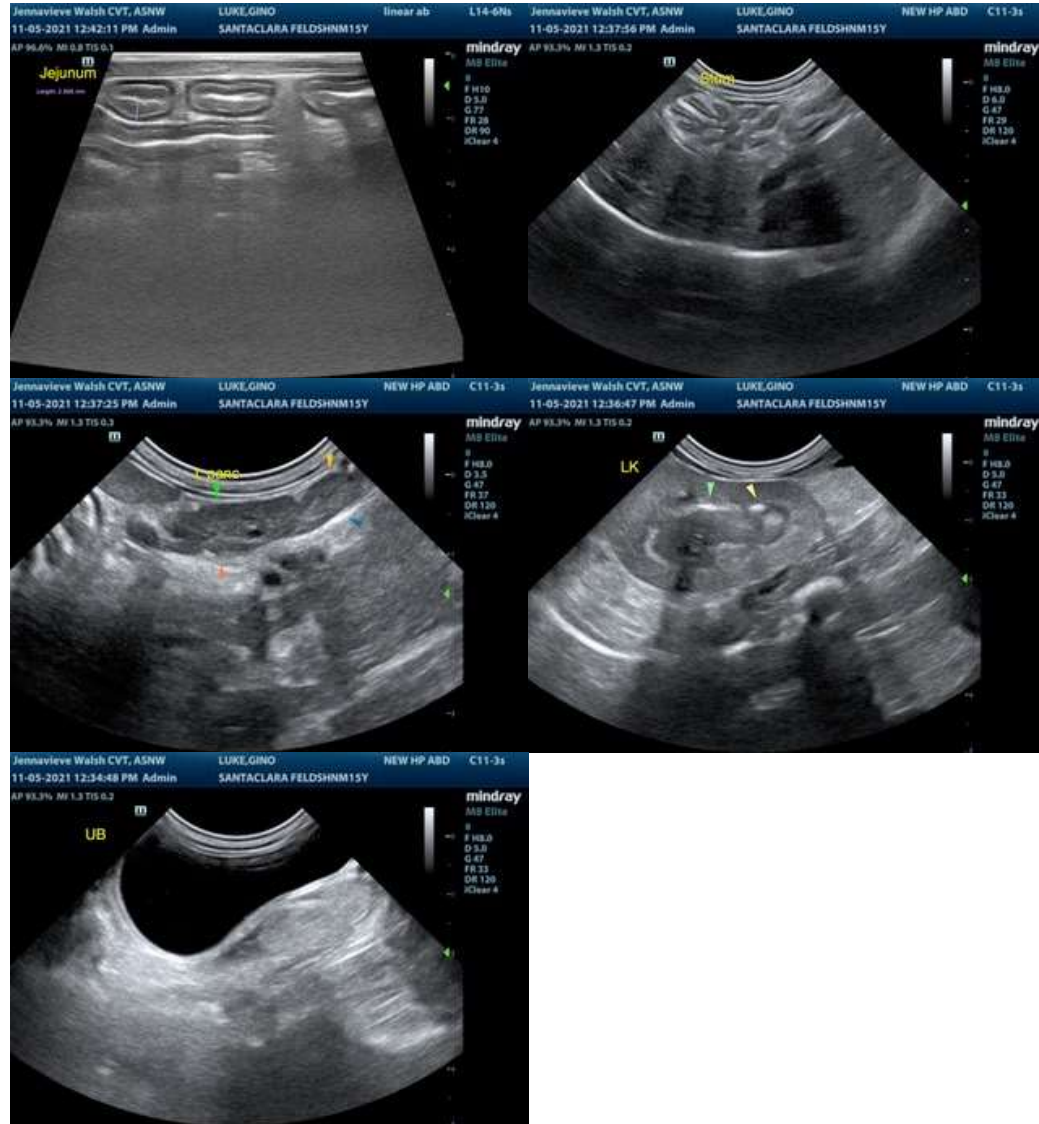
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com