



**PATIENT**

Jax Risi

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

15 Years

**WEIGHT**

10.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Linda Farrington, DVM

**INVOICE**

48969

**DATE**

12-12-21

**PRESENTING CLINICAL SIGNS**

History of gradual inappetance and progressive vomiting since November. 3 pound weight loss since May. On exam: decreased body condition, increased skin turgor, doughy, non-painful abdomen, no palpable mass, soft heart murmur, no gallop, clear lungs. Chem, CBC, T4 all normal except for mildly increased SDMA and creatinine. Treated with Covenia and Cerenia with good response.

**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 were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. Mild pyelectasia was present in both kidneys. A focal cortical infarct within the caudal cortex of the right kidney was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

*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. The spleen measured 0.74 cm width.

*Liver*

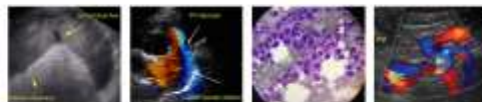
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

*Gastrointestinal*

The stomach presented intact yet mildly prominent wall layering. Mild retained anechoic fluid present in the pylorus. No evidence of retained ingesta or foreign material. The gastric body wall measured 0.35 cm width. The pylorus wall measured 0.30 cm width.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. The lumen of the small intestine was



**PATIENT** empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured up to 0.33 cm width.

Jax Risi

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

**SPECIES** *Pancreas*

Feline

The pancreas exhibited normal size and overall contour with subtle hypoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**BREED**

*Free Abdomen*

DMH

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

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

**Primary**

- Bilateral interstitial nephrosis renal pattern.
- Probable mild gastritis with potential mild pyloric stasis.
- Segmental mildly prominent small intestinal muscularis layer - potential segmental inflammatory bowel.
- Suspect mild chronic active pancreatitis.

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**Secondary**

- Mild gallbladder debris.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Although not definitive, the small intestine exhibited subtle segmental mural changes which may suggest underlying segmental inflammatory enteropathy given the patient's weight loss and gastrointestinal signs. However, this finding is nonspecific. Potential for suspect chronic active pancreatitis often seen concurrently with underlying intestinal disease in cats.

Pamela Harrigan, RDMS

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Full thickness intestinal biopsies potentially with intraoperative use of ultrasound to identify areas of prominent muscularis would be required for a definitive diagnosis.

**REFERRING VET**

Empirically, continue as needed gastrointestinal support, cobalamin supplementation, hydrolyzed diet trial, +/- prednisolone trial at lowest effective dose to control clinical signs could be considered with assessment of clinical response.

Linda Farrington, DVM

If not done, three view chest radiographs suggested to rule out occult thoracic pathology which may cause weight loss in geriatric cats.

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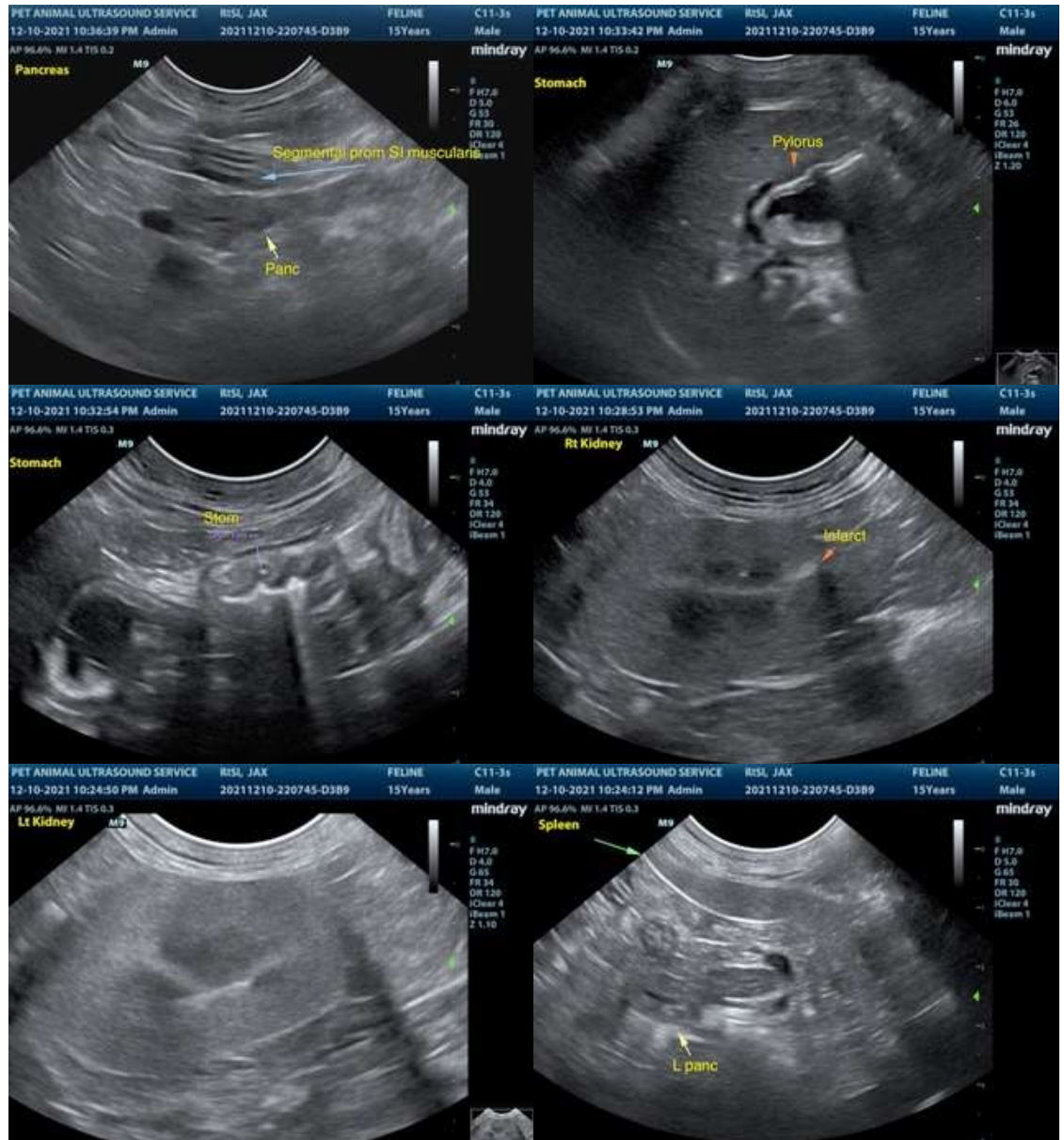
Linda Farrington, DVM

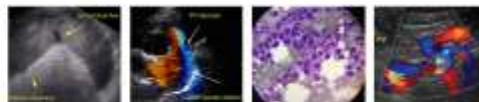
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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