

**PATIENT**

Mosey Schmidt

PRESENTING CLINICAL SIGNS

Presented 12/14/22 for wt loss. Still eating and drinking. Currently stopped eating and very lethargic with continuing weight loss.

SPECIES

Feline

Not on any medications at this time.

Abnormal PE/Chem/CBC/UA Results: Chem: AST 253, ALT 797, Alk Phos 324, T4 18.5, BUN 45.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

MN

AGE

16yr

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. Moderate to marked loss of corticomedullary distinction was also present along with bilateral cortical infarcts. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

6.0lb

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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited subnormal size measuring 0.42 cm in width. Finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was present. 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.

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

Liver

The liver was subjectively normal in size and contour. Subjective decreased parenchyma echogenicity exhibiting moderate coarse echotexture and mildly prominent indistinct portal vascular borders was present. No masses or nodules. The gallbladder was indistinctly visualized without evidence of over distention or obvious post hepatic obstructive criteria.

REFERRING VET

Dr Amin

Gastrointestinal**INVOICE**

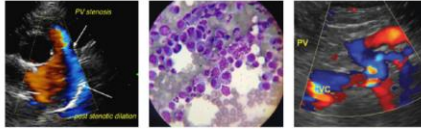
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The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be distended with retained anechoic fluid and mild to moderate luminal gas with no signs of ileus, obstruction or foreign material.

DATE

12/20/2022

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Minor segmental to

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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

SPECIES***Pancreas***

Feline

The left limb of the pancreas exhibited subtle prominent size with capsule asymmetry and mildly nonhomogeneous to subtly hypoechoic parenchyma. Mild pancreatic duct dilation was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED***Free Abdomen***

DSH

No peritoneal free fluid was present.

SEX

MN

Focal, mildly prominent to enlarged ventral abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.2 cm x 0.59 cm.

AGE

16yr

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked chronic renal changes with cortical hypertrophy and cortical infarcts
- Hepatopathy
- Non-specific gastroenteritis pattern with mild non-obstructive gastric and segmental intestinal ileus
- Possible low-grade chronic to chronic active pancreatitis
- Intermittent benign/reactive mesenteric lymph nodes

WEIGHT

6.0lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**
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 (Canine and Feline)

The hepatopathy may indicate primary hepatic parenchymal disease i.e. inflammatory/immune mediated disease i.e. cholangiohepatitis, vacuolar hepatic changes with some contribution owing to uncontrolled hyperthyroidism possible. Occult hepatic neoplasia is considered less likely. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment.

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Empirical cholangiohepatitis protocol with therapy for hyperthyroidism and monitoring of hepatic response would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. As needed GI support is suggested.

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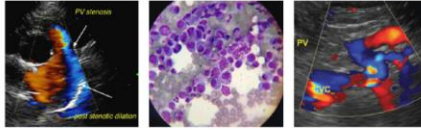
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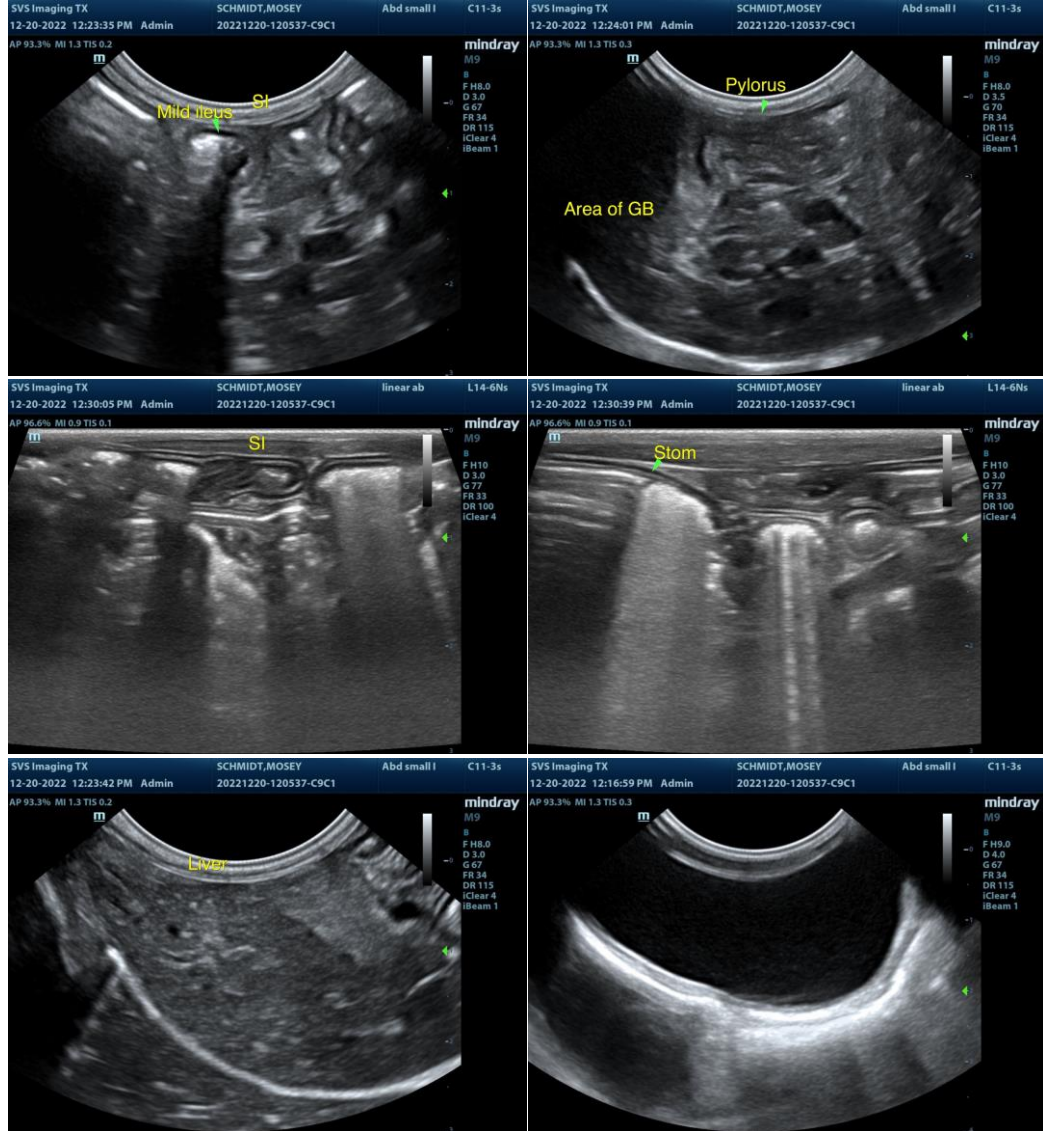
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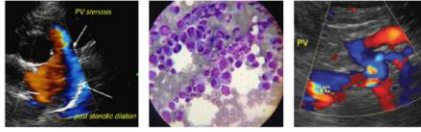
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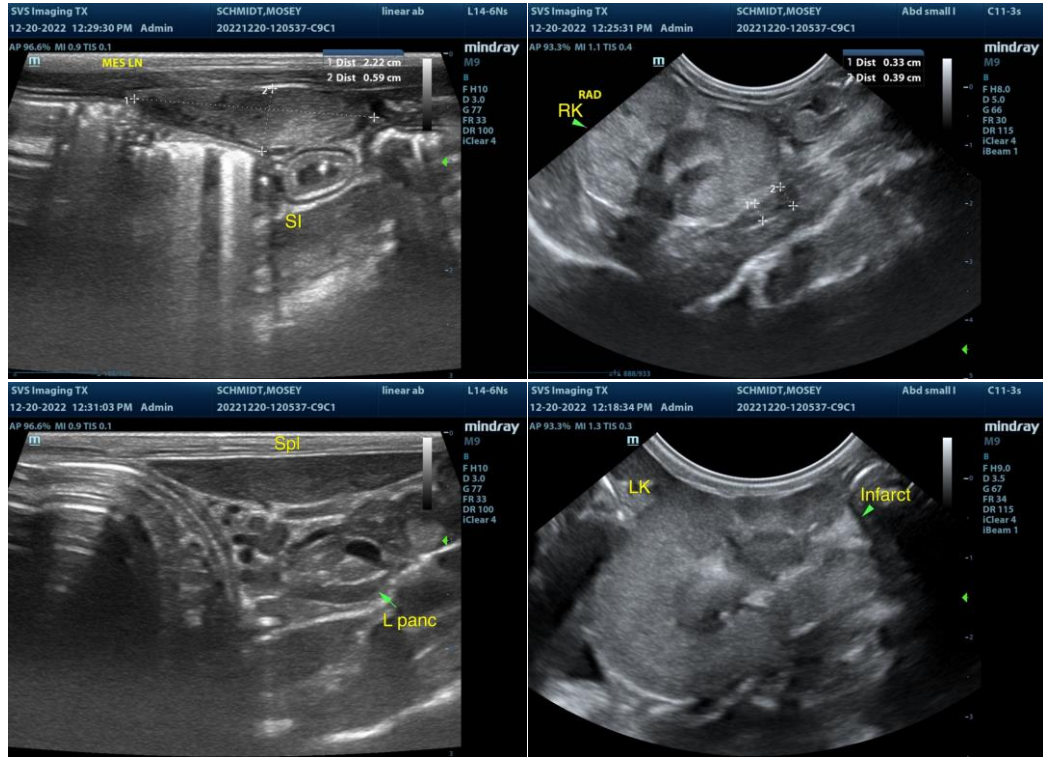
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com