



PATIENT

Lulu Lindsey

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

Reduced appetite/weight loss of ~ 2lb prior 7 months (~ 17% prior body mass) R/O GI (IBD, neoplasia, chronic FB, other) vs. extra GI (renal, endocrine, hepatic, pancreatitis, other) vs transition to less palatable wet food only diet. Abdominal mass on palpation
Abnormal PE/Chem/CBC/UA Results: Urinalysis - USG 1.019 trace protein occult blood 2+ RBC 2-3 else unremarkable; Thyroid hormones - T4 = 2.5; CBC - Unremarkable; Chemistry profile - BUN 79 Creat 4.9 Ca 11.6 else unremarkable ASSESSMENTS CKD IRIS stage 3/4 Significant progression renal disease now borderline stage 4 CKD r/o underlying AKI (occult pyelo vs. other), likely etiology clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder was overall normal in size and tone. The ventral, apical, and dorsal urinary bladder walls extending into the area of the trigone were sonographically normal. Anechoic urine present without evidence of sediment or calculi. Mild thickening noted in the area of the cystourethral junction, suspected to be extending into the area of the proximal urethra. Cystourethral junction wall measured 0.25-0.30 cm wall width.

AGE

14 Years 8 Months

Both kidneys exhibited normal size and contour. Replacement of discernable medullary parenchyma with anechoic fluid was present in both kidneys, extending into the area of the lateral diverticuli. Remaining cortex exhibited homogeneous parenchymal. The left kidney measured 4.3 cm. The right kidney measured 4.3 cm. Concurrent left and right variable hydroureter exiting both kidneys and extending caudally to the level of the urinary bladder was present. Proximal right ureter measured 0.32 cm in width. Left ureter dilation measured 0.23 cm.

WEIGHT

9.46 Pounds

INTERPRETED BY

Adrenal Glands

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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 1.0 cm.

HOSPITAL NAME

VCA Feline AH

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Vincent Fleming

Gastrointestinal

INVOICE

35684

The stomach presented intact yet prominent wall layering, primarily in the area of the antrum and pylorus with mild retained pyloric fluid. Pylorus wall measured 0.30 cm.

DATE

2/15/22



PATIENT

Lulu Lindsey

SPECIES

Feline

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 0.25 cm. Ileocolic wall measured 0.36 cm.

BREED

DSH

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.

SEX

Spayed Female

Free Abdomen

No omental masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years 8 Months

- Mildly thickened cystourethral junction and visible proximal urethra – concern for emerging neoplasia such as transitional cell carcinoma. Potential for focal cystitis or urethritis possible.
- Bilateral moderate hydronephrosis with concurrent left and right variable hydroureter
- Gastritis pattern with minor retained pyloric fluid, overtly normal small bowel

WEIGHT

9.46 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Some degree of both left and right ureter partial to complete obstruction suspected, given the presence of bilateral hydronephrosis. This correlates with the significant progression of azotemia in this patient with remaining renal function highly questionable, given loss of medullary parenchyma. GI panel to include PLI, TLI, cobalamin and folate could be considered to rule out concurrent structurally insignificant pancreatitis or small intestinal disease. Very guarded to potential unfavorable long-term prognosis.

IMAGING BY

Loetitia Saint-Jacques,
LVT



HOSPITAL NAME

VCA Feline AH

REFERRING VET

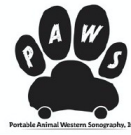
Dr. Vincent Fleming

INVOICE

35684

DATE

2/15/22



Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lulu Lindsey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

9.46 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

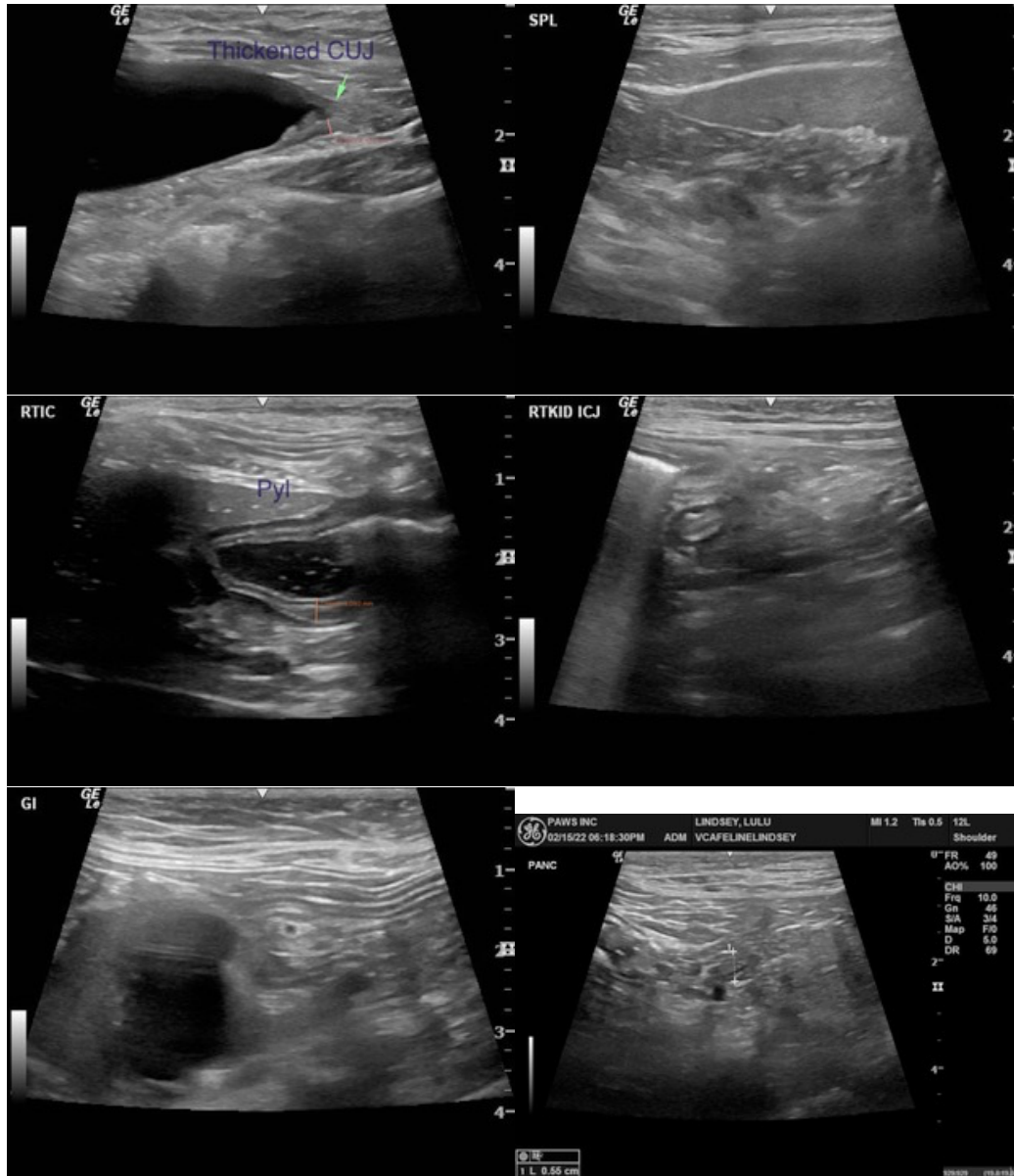
Dr. Vincent Fleming

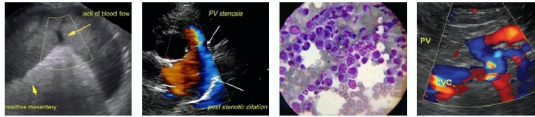
INVOICE

35684

DATE

2/15/22





PATIENT

Lulu Lindsey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

9.46 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

35684

DATE

2/15/22



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