



**PATIENT PRESENTING CLINICAL SIGNS**

Ms. Bean History: sedated alfaxalone/midazolam/butorphanol-

**SPECIES**

Feline

Chemistry profile - BUN 17 Creat 1.9 else unremarkable; Thyroid hormones - T4 2.2; CBC - Unremarkable ASSESSMENTS Weight loss, Heart murmur, grade 2 of 6 No indication etiology weight loss/heart murmur.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed female

**Urinary System**  
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of calculus formation. The sediment is likely consistent with minor cellular or crystalline debris or the potential for mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**AGE**

12 years

Both kidneys exhibited subtle to mild yet variable cortical hypertrophy and asymmetrical margination with areas of associated increased cortex echogenicity consistent with cortical infarcts. Both kidneys exhibited a moderate loss of corticomedullary border demarcation and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

**WEIGHT**

16 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 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques  
RVT LVT

**Spleen**

The spleen exhibited borderline mild generalized enlargement and maintained a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild asymmetrical medial capsule margination was noted. No splenic masses or nodules were noted. The spleen measured 1.0-1.1 cm in width.

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**Liver**

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 primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.23 cm in width.

**REFERRING VET**

Dr. Vincent Fleming

**Gastrointestinal**

**INVOICE**

10062ag

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 measured 0.26 cm.

**DATE**

02/22/2022



## PATIENT

Ms. Bean

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. The jejunum wall measured 0.23 cm.

## SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.31cm.

## Pancreas

## BREED

DSH

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. The pancreas exhibited intermittent subtle hypoechoic nodules. No signs of active inflammation or neoplasia.

## Free Abdomen

## SEX

Spayed female

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

12 years

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

16 pounds

- Mild urinary bladder sediment.
- Bilateral chronic renal changes with cortical infarcts.
- Heterogeneous to subtly nodular pancreas-patient variant with areas of nodular hyperplasia parenchymal remodeling owing to previous inflammation or low grade to chronic pancreatitis possible.
- Minor non obstructive proximal common bile duct dilation. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
- Overtly normal gastrointestinal tract.

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

## IMAGING PERFORMED BY

Loetitia Saint-Jacques  
RVT LVT

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

## HOSPITAL NAME

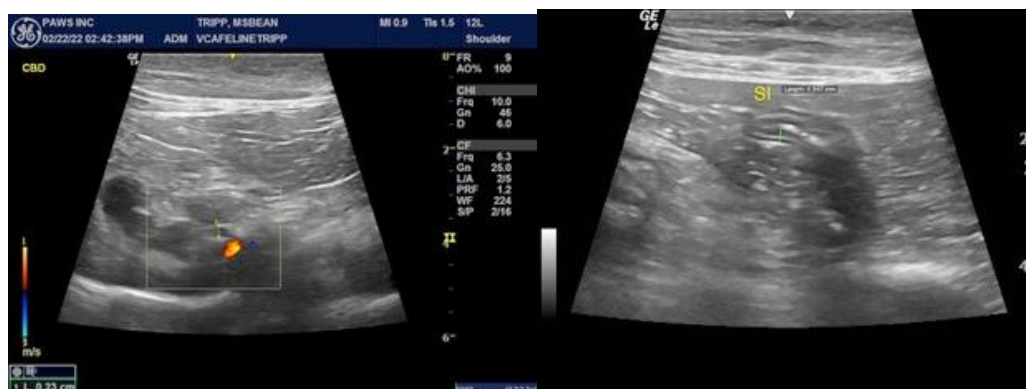
VCA Feline Animal  
Hospital

## REFERRING VET

Dr. Vincent Fleming

## INVOICE

10062ag



## DATE

02/22/2022



**PATIENT**

Ms. Bean

**SPECIES**

Feline

**BREED**

DSH

**SEX**

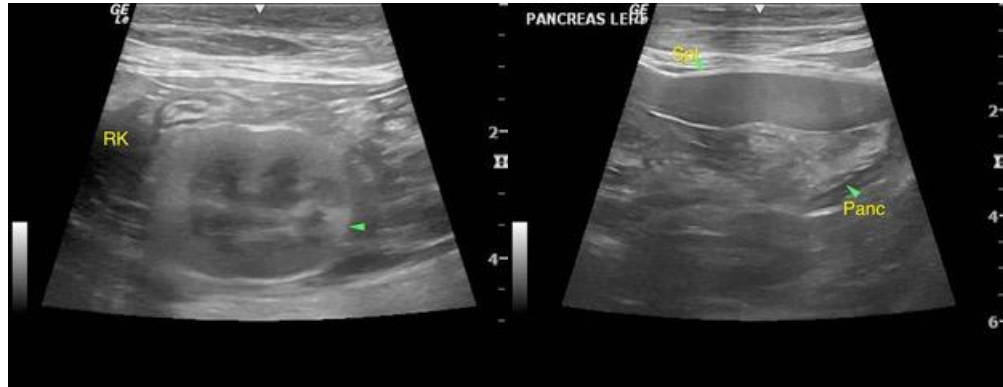
Spayed female

**AGE**

12 years

**WEIGHT**

16 pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques  
RVT LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

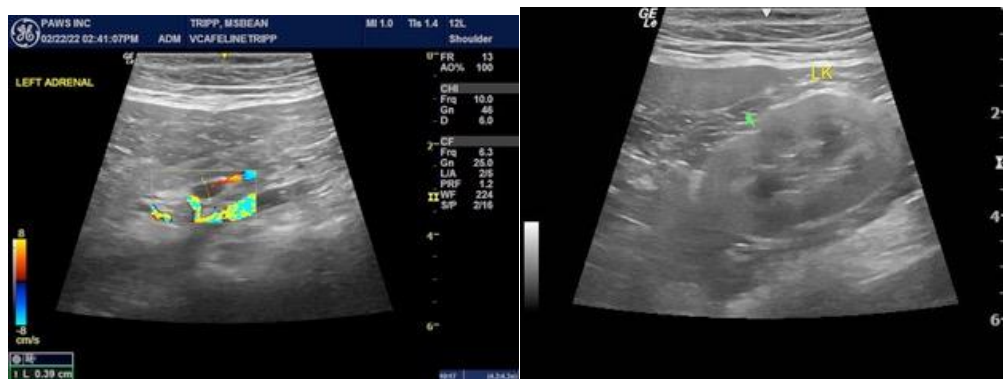
Dr. Vincent Fleming

**INVOICE**

10062ag

**DATE**

02/22/2022





**PATIENT**

Ms. Bean

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

16 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques  
RVT LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Vincent Fleming

**INVOICE**

10062ag

**DATE**

02/22/2022

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