


**PATIENT**

Pumpkin Gawlyrlash

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

5.86 kg

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

 Beatties East Hamilton  
 PH

**REFERRING VET**

Dr. MacDonald

**INVOICE**

13393

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

History: 7-9% dehydrated with sunken eyes, prolonged skin tent and tacky MM's Marked generalized muscle wasting Firm area mid-abdomen, enlarged kidney vs mass. Buprenorphine.

HCT 0.31, Reticulocytes 154.2, WBC 14.5 with mild neutrophilia, Unremarkable chemistry panel

**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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment along with mild dependent mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Indistinct mildly hyperechoic cortical striations were present in the left kidney. No evidence of pyelectasia or retroperitoneal inflammation / effusion was noted. Cortical infarctions were present in both kidneys, more prominent in the left kidney. The left kidney was borderline enlarged compared to normal for the species, as well as compared to the right kidney measuring 4.3 cm in length. The right kidney was normal in size measuring 3.4 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 0.37 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.

**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.

**Liver/ Gallbladder**

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 contained mild congealed yet nonorganized, nonmineralized gallbladder debris. The gallbladder was otherwise normal and nondistended. Subtle



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dilation of the cystic biliary duct was present. No evidence of concurrent common bile duct dilation was noted.

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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.

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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 width measured 0.26 cm.

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

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**Pancreas**

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

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**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion were present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder mineral and nondependent particulate sediment
- Bilateral chronic Interstitial nephrosis renal pattern with borderline left renomegaly
- Overtly normal gastrointestinal tract
- Mild gallbladder debris - nonspecific, potentially secondary to fasting or nonclinical cholestasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include full urinalysis, urine C/S as well as baseline UPC on a sterile urine sample may be considered. Given the lack of azotemia, the clinical significance of the renal presentation is unclear. However, both kidneys appear to exhibit primarily chronic yet nonspecific renal changes without overt evidence of neoplastic criteria.

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Even though evidence of structural gastrointestinal pathology or pancreatitis was not noted, cats with an underlying gastrointestinal disease may at times exhibit muscle wasting or weight loss as the only presenting complaint. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Reassessment of clinical status following appropriate rehydration is recommended. No evidence of intra-abdominal masses or lymphadenopathy was noted.

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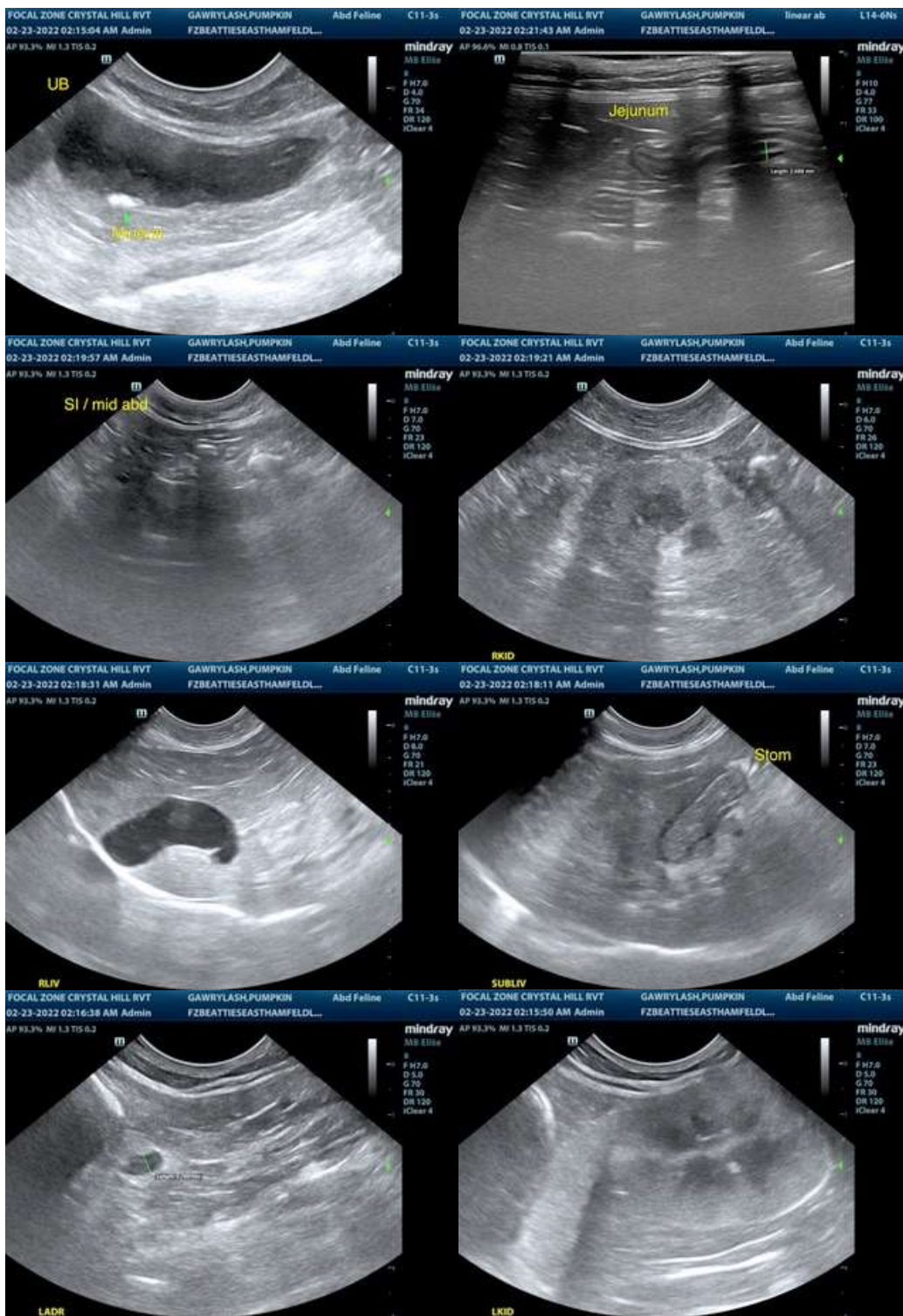
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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**

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