**PATIENT**

Tai Ahlgrim

SPECIES

Feline

BREED

Siamese Mix

SEX

NM

AGE

15 years

WEIGHT

10.3 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

14081

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Not eating, weight loss, lethargic, and polydipsia.

Abnormal PE/Chem/CBC/UA Results: Chronic Renal Disease and elevated kidney values. Kidneys felt small upon palpation.

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 was noted.

Mild asymmetrical margination was present in the kidneys. The medulla and cortices were uniform in texture with subjective mild increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Potential for pinpoint areas of medullary fibrosis. No evidence of pyelectasia was present. Small cortical infarcts were noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.1 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 0.36 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 0.85 cm in width at the level of the hilus.

Liver/ Gallbladder

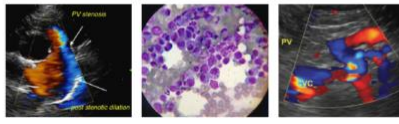
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present, primarily in the antrum and pylorus. The gastric body wall measured 0.26 cm. The pylorus wall measured 0.33 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Small areas of minor retained jejunal chyme present. No evidence of mechanical obstruction or foreign material. The

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duodenum wall measured 0.23 cm. The jejunum wall measured 0.20-0.25 cm. The ileocolic junction wall measured 0.37 cm.

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

SPECIES***Pancreas***

Feline

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

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**AGE**

15 years

- Bilateral, moderate, chronic renal changes with small cortical infarcts
- Heterogeneous pancreas, exhibiting minor pancreatic duct dilation- potential for low-grade to chronic pancreatitis
- Overtly normal gastrointestinal tract with mild retained anechoic gastric fluid and segmental jejunal chyme

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging, including full urinalysis (if not recently done), urine culture and sensitivity and baseline UPC, as well as assessment of systemic blood pressure is warranted. Depending on the degree of azotemia, the clinical signs in this patient may be owing to chronic renal disease based on the sonographic presentation, although potential contributing factors, such as low-grade to chronic pancreatitis or structurally insignificant gastrointestinal disease may be possible. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate. Empirically, as needed supportive care for CRD with assessment of hydration status as well as needed gastrointestinal support +/- conservative therapy for low-grade to chronic pancreatitis and potential structurally insignificant gastrointestinal inflammation would be reasonable.

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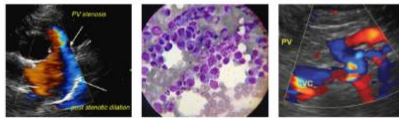
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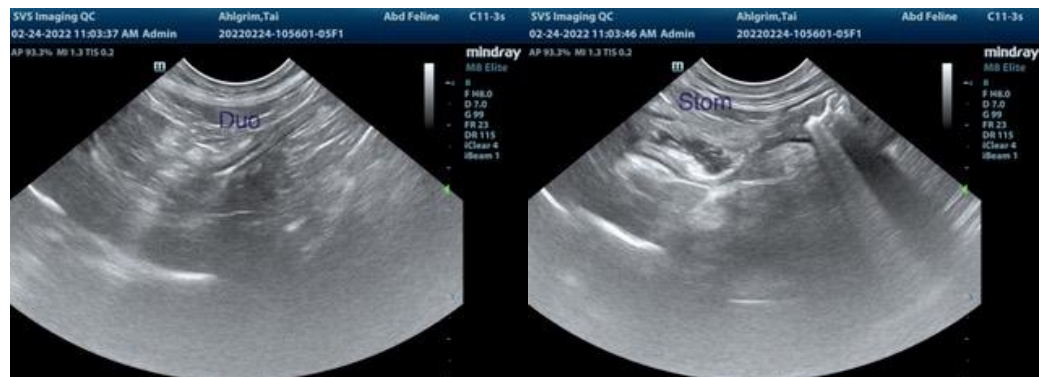
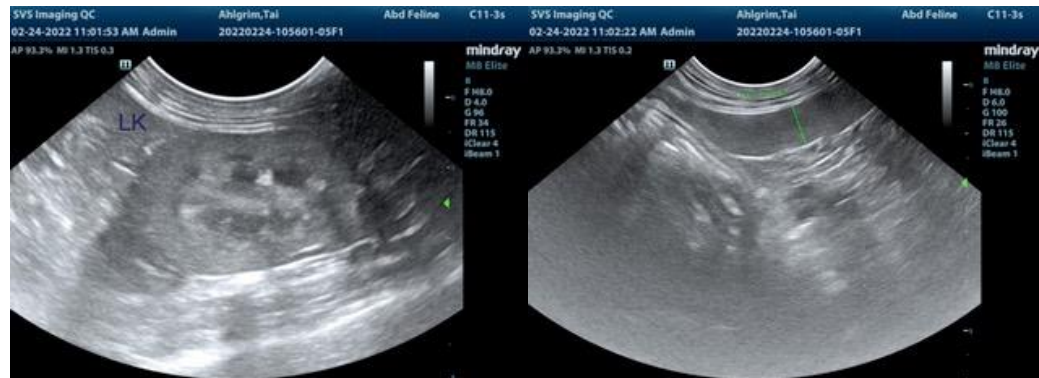
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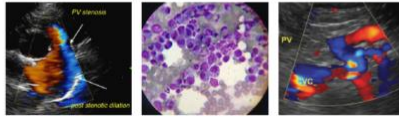
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

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1-800-838-4268 info@sonopath.com SonoPath.com

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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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