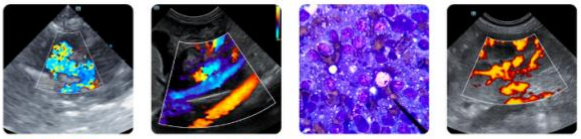


PATIENT

Max Chandler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Amy Murphy CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Haynes

INVOICE

13590

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- P has several month history of polydipsia, defecating outside the litterbox, and daily vomiting. No vomiting when eating rabbit-based food. P has lost 1.5 pounds in 2 months. Bloodwork revealed mild nonregenerative anemia; moderate azotemia; markedly elevated total protein and globulin; moderately decreased albumin; mild hypokalemia and hyponatremia; moderate hypocholesterolemia. Protein electrophoresis and Urinalysis results pending. Screening for GI tract disease (i.e inflammatory bowel disease, neoplasia), renal disease (i.e.CKD, neoplasia); other causes of weight loss, blood panel abnormalities.

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. Echogenic to particulate nondependent mild sediment was present with minor dependent lumen sand. 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.

Borderline subnormal size and asymmetrical margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were present with possible cortical infarcts. The left kidney measured 3.0 cm in length.

Mild enlargement with asymmetrical margination was present in the right kidney. 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. Loss of corticomedullary distinction was also present. The right kidney measured 4.8 cm in length.

Adrenal Glands

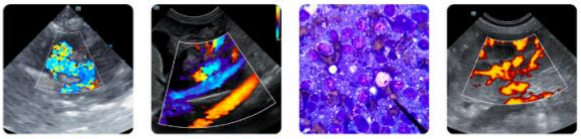
No obvious pathology in the areas of the left and right adrenal glands without definitive adrenal visualization.

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 width level of the mid spleen.

Liver & Gallbladder

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.



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The gallbladder was subnormal to contracted in size secondary to gastric ingesta. No obvious pathology. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to progressively shadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta without obstructive pattern to the level of the colon.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with gastrointestinal ingesta- most consistent with food echogenicity.
- Heterogeneous remodeled pancreas- age variant, remodeling owing to previous inflammation, chronic pancreatitis.
- Bilateral chronic renal changes, subnormal left kidney size exhibiting mild medullary mineral and possible cortical infarcts with probable right kidney compensatory hypertrophy.
- Mild urinary bladder sediment/sand.
- Sonographically normal liver/spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal neoplastic criteria. Correlation with pending protein electrophoresis and urine analysis, +/- culture sensitivity or UPC level for renal staging is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

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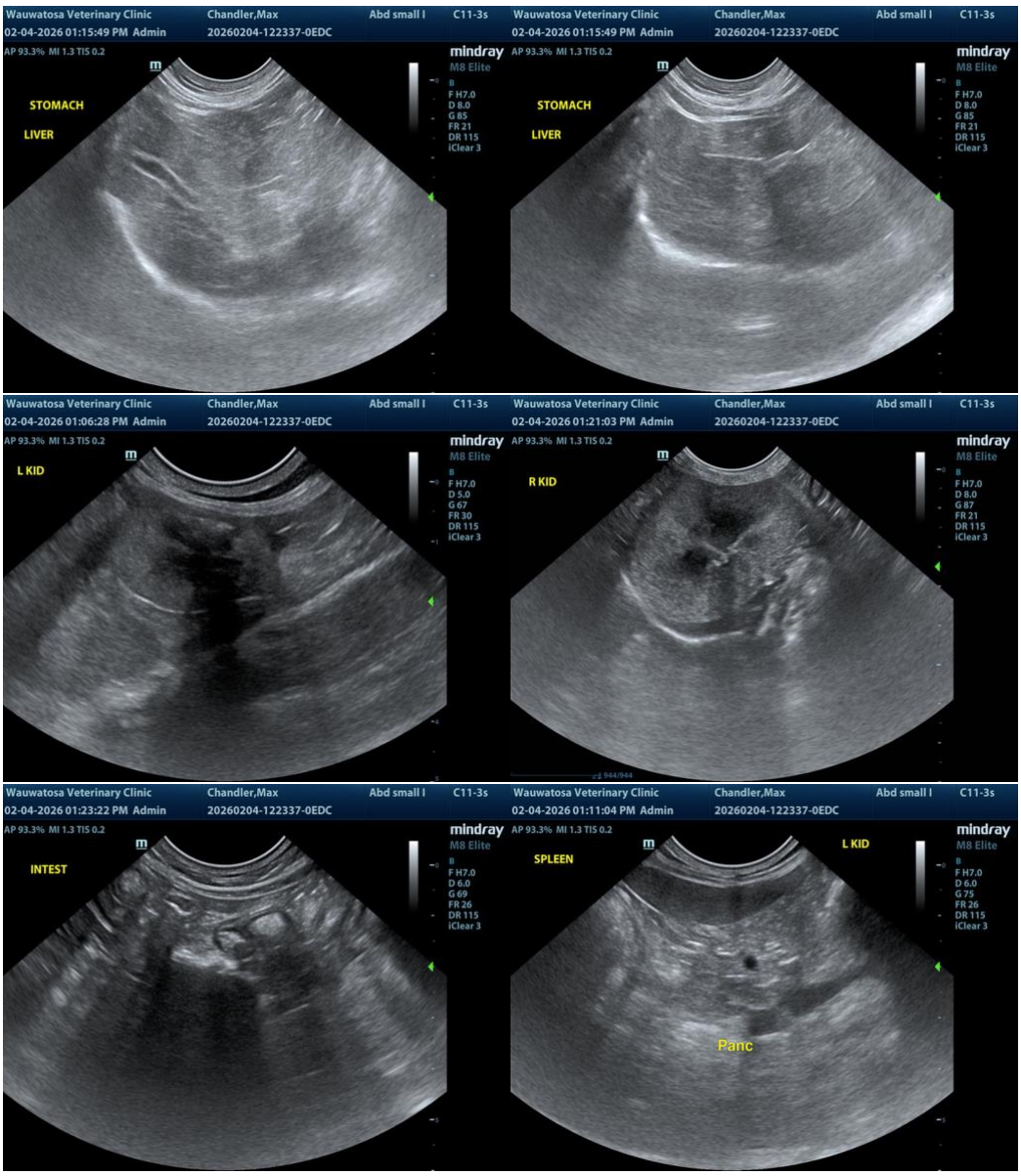

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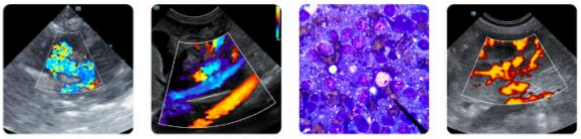

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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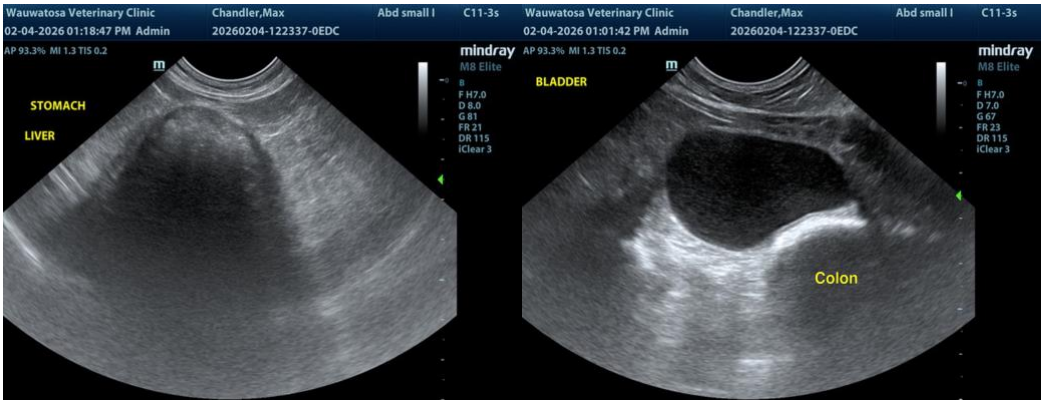

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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