



PATIENT

Joey Lambs Gap

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

11.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Todd

INVOICE

13262ag

DATE

03/23/2023

PRESENTING CLINICAL SIGNS

Joey is a 7 year old, FS, DSH cat who is our clinic cat. She has a chronic (18 month) history of non-regenerative anemia. Extensive work-ups have shown intermittent hematuria (no crystals or UTI), negative Felv/FIV status, no observable hemoparasites, normal anemia PCRs, CT in January 2022 showing high suspicion of renal compensatory hypertrophy on the left and chronic renal disease right kidney. She has been on darbepoetin injections SQ weekly, iron dextran injections Q4 weeks and recently started Vit B12 weekly injections. She does not tolerate Yunnan Baiyou. We have not been able to find the underlying cause of Joey's progressive non-regenerative anemia, but have theorized that she may be having intermittent renal bleeds. I'm guessing we are going to schedule her for a bone marrow biopsy after results of this ultrasound.

Abnormal PE/Chem/CBC/UA Results: attached recent CBC with path review and UA. Chemistry panel recently showed normal renal enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

The left kidney was borderline increased in size with symmetrical capsule contour and a normal 1:3 cortex / medulla ratio. Subtle uniform increased echogenicity of the cortex with mildly enhanced corticomedullary border demarcation was present. No left kidney pyelectasia. The left kidney measured 4.6 cm in length.

The right kidney was borderline subnormal in size with minor asymmetrical margination including focal discrete lateral cortical infarct. Mild loss of corticomedullary border demarcation and pinpoint dystrophic medullary mineral were present. No right kidney pyelectasia. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no visible pathology subjectively measuring 0.25 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole.

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 0.64 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 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.



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Gastrointestinal

Joey Lambs Gap

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.

SPECIES

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.

Feline

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

BREED

Pancreas

DSH

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

Free Abdomen

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

7yr

- Right kidney borderline subnormal size, non-specific chronic renal changes with discrete cortical infarct.
- Left kidney mild compensatory hypertrophy pattern.
- Otherwise sonographically unremarkable abdomen.

WEIGHT

11.1lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the kidneys, which are non-specific in light of recent normal renal parameters and adequate urine concentration without evidence of glucosuria or proteinuria, no evidence of abdominal visceral pathology as an obvious cause of the patient's anemia is present. Baseline UPC given previous mild proteinuria as well as assessment of systemic BP could be considered. Screening C/S suggested if evidence of inflammatory sediment.

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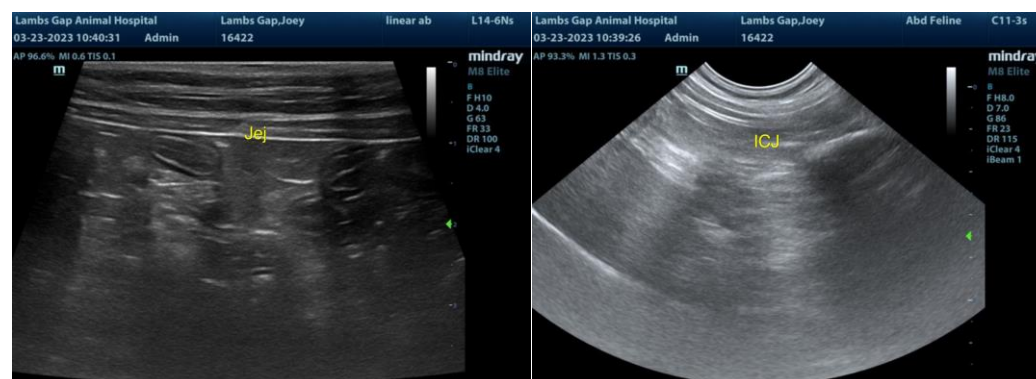
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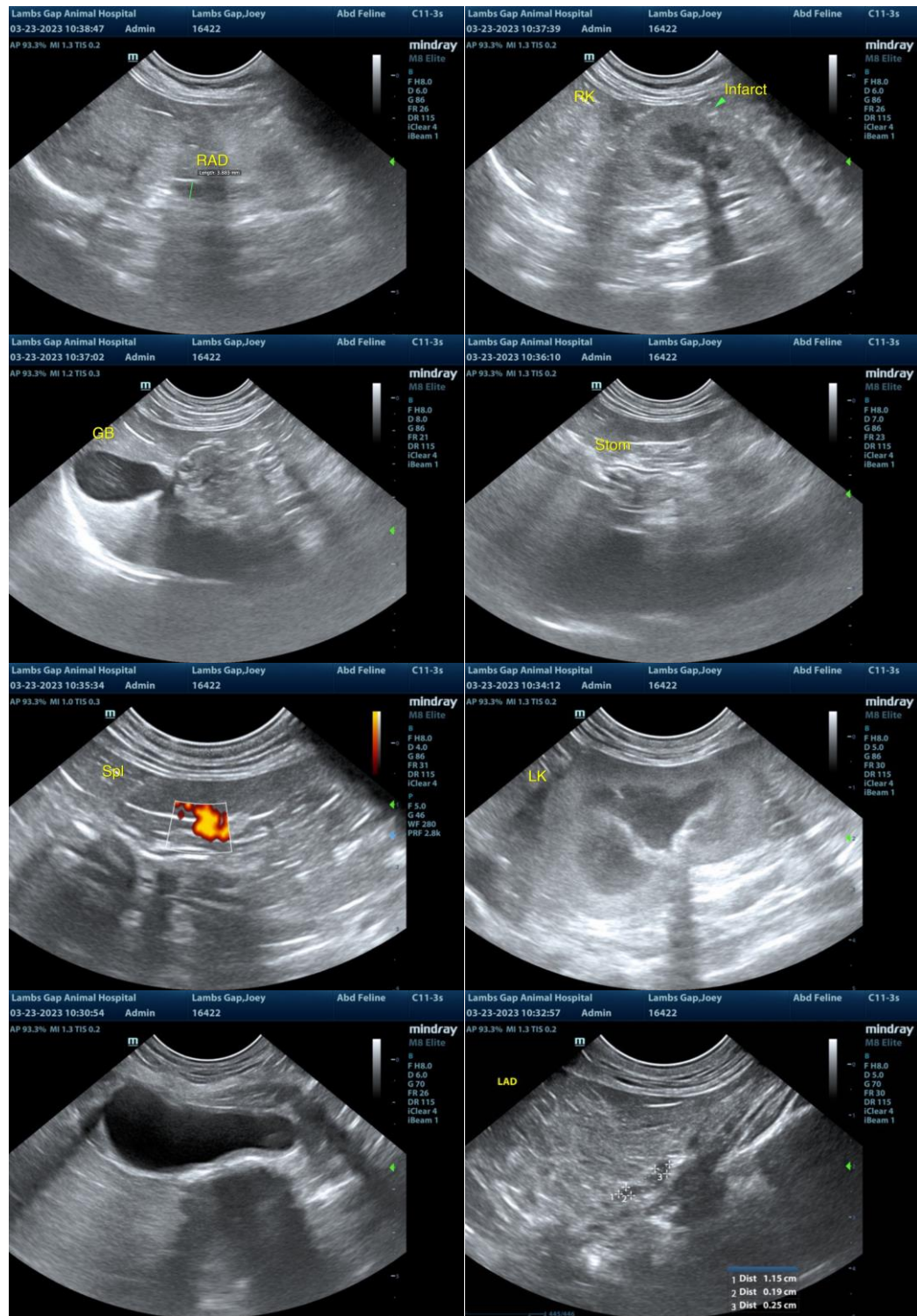
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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