


**PATIENT**

 Titty Croissants  
 Murray-Landry

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

4.0 kg

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

Dr. Robinson

**INVOICE**

14549

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

History: Owner was away for the weekend. Cats were checked in on. When owners returned, Titty was flat and depressed. Weight loss. Is in hospital on IVF, Cefazolin, Cerenia, Mirtazipine, Codeine. Not moving around much. Urinating where she lays.

Abnormal PE/Chem/CBC/UA Results: Elevated WBCs, Neuts, Mono, Baso, SDMA elevated 34, Urea elevated 18, Creatinine not read, Phosphorous elevated 2.89, decreased AIKPHOS. FPL abnormal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder was normal to mildly subnormal in size, containing primarily anechoic urine with very mild nondependent particulate sediment, which may indicate cellular debris/protein. Mild crystalline debris or mucus was present. Urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Evidence of mild left and right retroperitoneal inflammation, exhibited by left and right increased retroperitoneal echogenicity and scant free fluid. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 0.9 cm in width at the level of the hilus.

**Liver**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.

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.



**PATIENT**

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

Titty Croissants  
Murray-Landry

**Pancreas**

The left pancreatic limb was normal in size with areas of mild pancreatic capsule asymmetry with nonhomogeneous to mildly echogenic parenchyma, exhibiting suspected intermittent well demarcated hypoechoic left pancreatic nodules. An example of a left pancreatic nodule measured 0.5 cm in diameter.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

No omental masses, lymphadenopathy or effusion.

DLH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Acute on chronic nephritis renal pattern with mild left and right retroperitoneal inflammation
- Nonhomogeneous mildly echogenic left pancreas with probable benign parenchymal nodules- The nodules are likely consistent with areas of benign nodular hyperplasia. Overall, pancreatic presentation not consistent with primary significant or active pancreatitis. Potential for low-grade chronic pancreatitis or potential fibrosis suspected.
- Overtly normal gastrointestinal tract

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

4.0 kg

The bilateral kidneys exhibited both expected chronic renal changes for patient age, as well as acute inflammatory criteria, exhibited by evidence of left and right mild retroperitoneal inflammation. The kidneys did not overtly appear to be end-stage with maintained discernable 1:3 cortex to medulla ratio and normal renal size. Given this presentation, acute on chronic kidney injury or insult, renotoxic insult, infectious disease (i.e., acute pyelonephritis) or other nephropathy is suspected.

**INTERPRETED BY**

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

Further renal work up, including urine culture and sensitivity and baseline UPC recommended. Hospitalization with appropriate diuresis protocol with monitoring of body weight, urine output and renal response with as needed gastrointestinal support and conservative therapy for possible low-grade pancreatitis would be reasonable. Guarded prognosis, pending renal response.

**IMAGING PERFORMED BY**

Crystal Hill

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs for further assessment of the pancreatic presentation as well as rule out concurrent occult gastrointestinal or thoracic pathology as contributing factors to the patients clinical signs and weight loss may be considered.

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

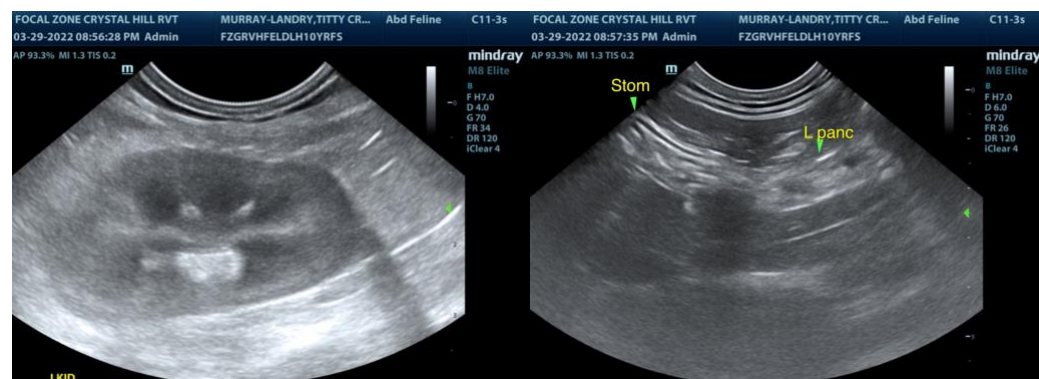
Dr. Robinson

**INVOICE**

14549

**DATE**

3/29/22





**PATIENT**

Titty Croissants  
Murray-Landry

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

4.0 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

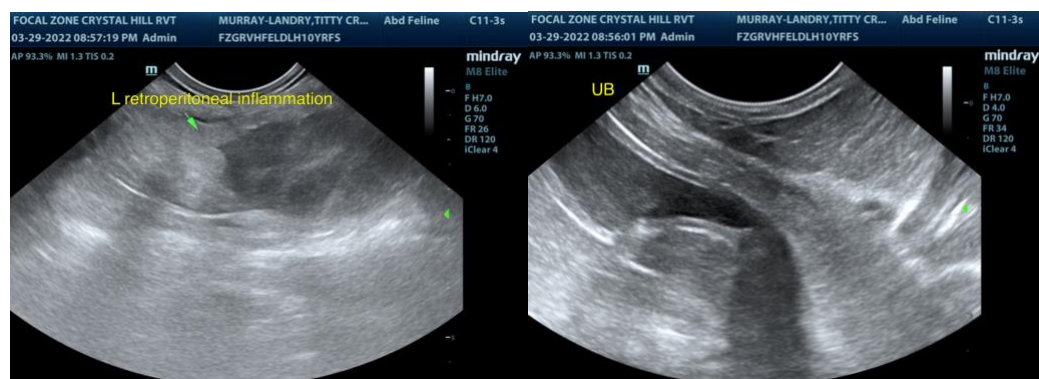
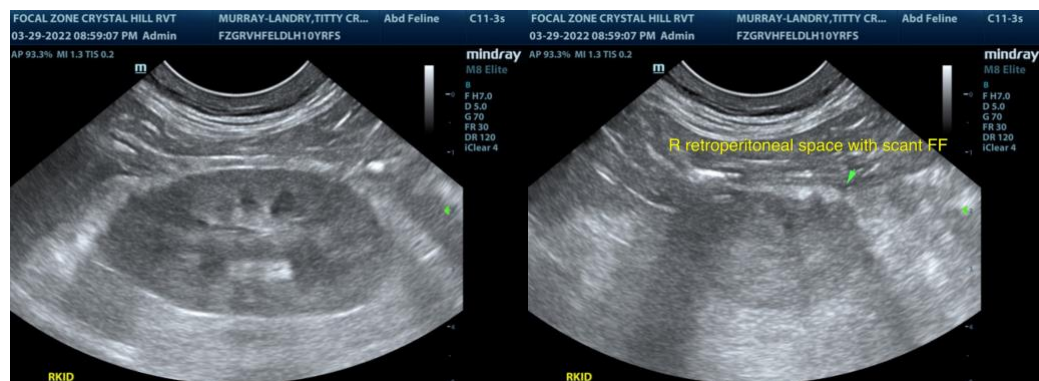
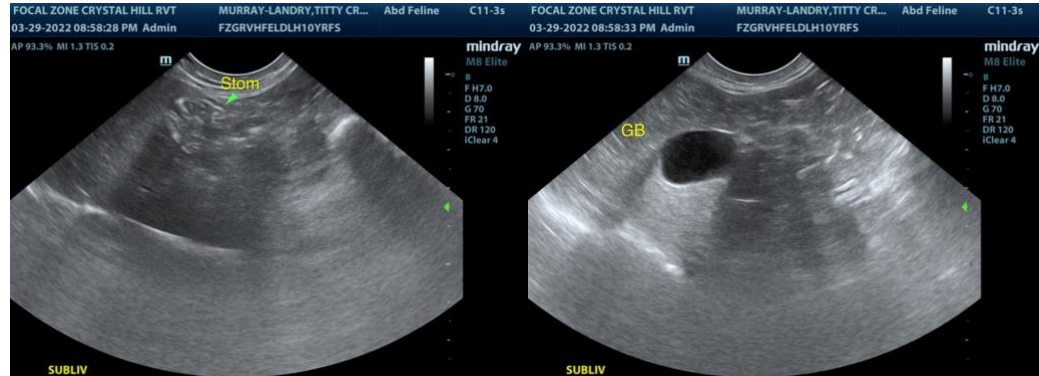
Dr. Robinson

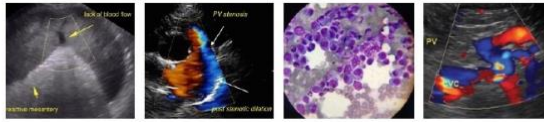
**INVOICE**

14549

**DATE**

3/29/22





**PATIENT**

Titty Croissants  
Murray-Landry

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

4.0 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

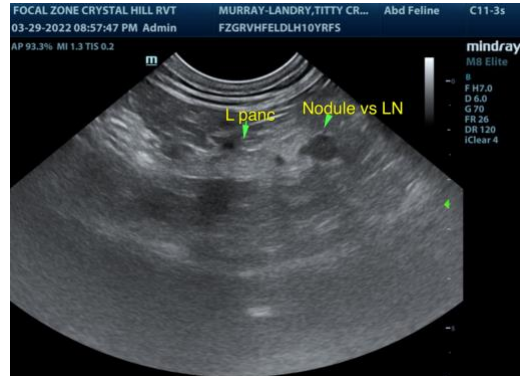
Dr. Robinson

**INVOICE**

14549

**DATE**

3/29/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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