



**PATIENT**

Sophia Constable

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

5 years 9 months

**WEIGHT**

7.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

Dr. Wyman-Greenwald

**INVOICE**

13649

**DATE**

4/13/22

**PRESENTING CLINICAL SIGNS**

Losing weight, vomiting 4-5x daily. No current meds.

Abnormal PE/Chem/CBC/UA Results: BUN 48, Creat 1.7, PSL 63

**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 was present without evidence of calculus formation, which may indicate minor cellular debris or mucus. 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.

The left kidney was normal in size measuring 3.3 cm in length. The left kidney exhibited subjective mild variable cortical hypertrophy with focal lateral capsule asymmetry consistent with cortical infarction. Mild loss of corticomedullary border demarcation was present. No evidence of pyelectasia was noted in the left kidney.

The right kidney was subnormal in size measuring 2.6 cm in length. The right kidney maintained a 1:3 cortex/medulla ratio with mild loss of corticomedullary border demarcation and minor medullary mineral. No evidence of pyelectasia was noted in the right kidney.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.83 cm width.

**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***

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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 and primarily maintained a 1:3 muscularis/mucosa ratio. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.20 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 exhibited normal size and overall contour with subtle heterogeneous parenchyma compared to adjacent omentum.

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***Free Abdomen***

Intermittent mesenteric nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 0.42 cm.

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Bilateral mild chronic renal changes with left kidney lateral cortical infarction and subnormal right kidney size
- Minor mesenteric lymphadenitis - possibly owing to structurally insignificant inflammatory enteropathy
- Subtly heterogeneous pancreas

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The bilateral kidneys may potentially indicate some degree of dysplastic change given the young age of the patient and in light of mild azotemia without overt nephritis criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Wyman-Greenwald

Although no structural evidence of gastrointestinal mural pathology, underlying structurally insignificant gastrointestinal disease i.e., inflammatory enteropathy with potential for low-grade or chronic pancreatitis is suspected. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Three view chest radiographs +/- thorough muscular / skeletal and neurological examination to rule out occult pathology as contributing factors to the patient's weight loss is suggested. Pending additional diagnostics, gastrointestinal +/- pancreatic biopsies may be considered for histopathology.

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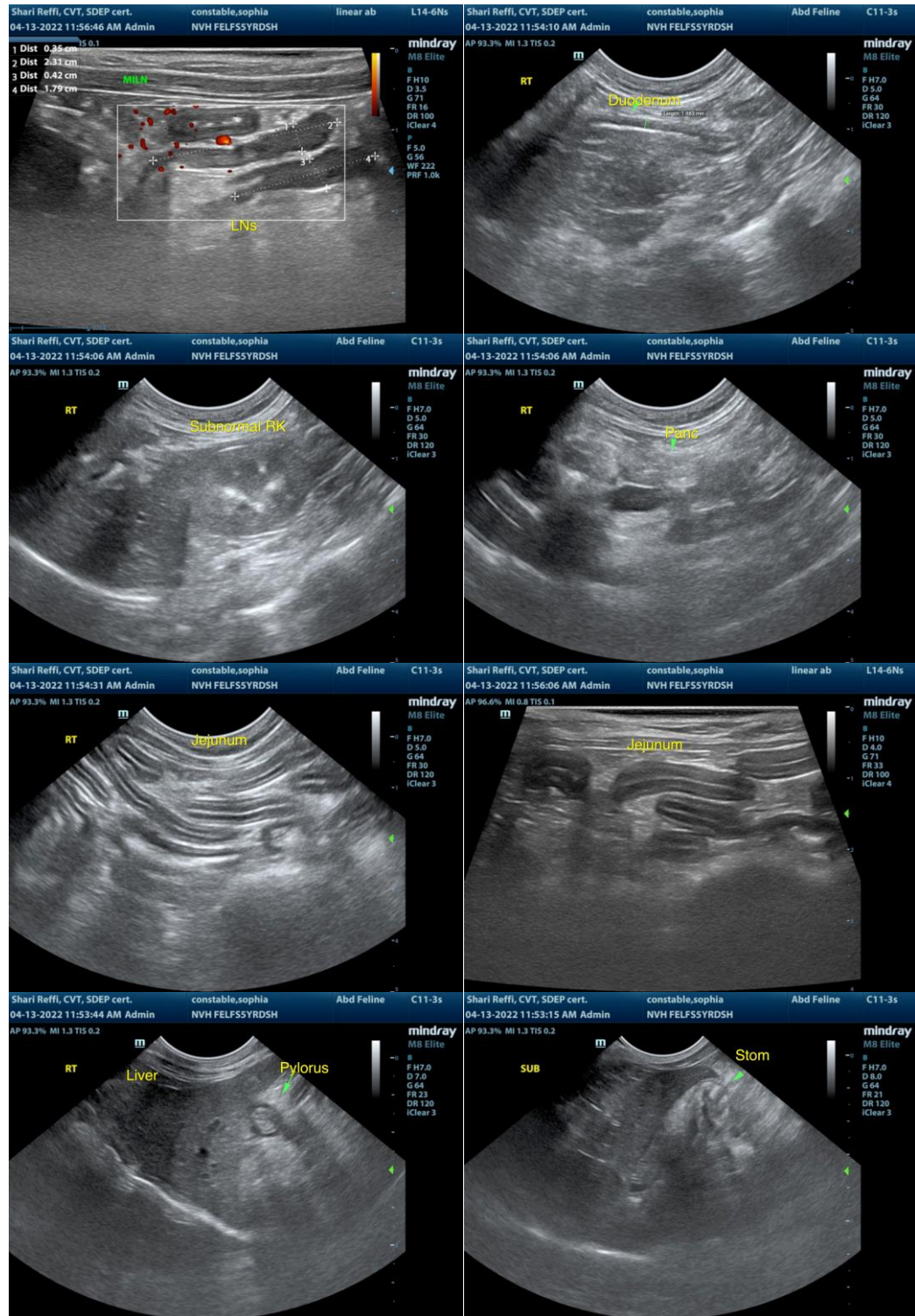
Dr. Wyman-Greenwald

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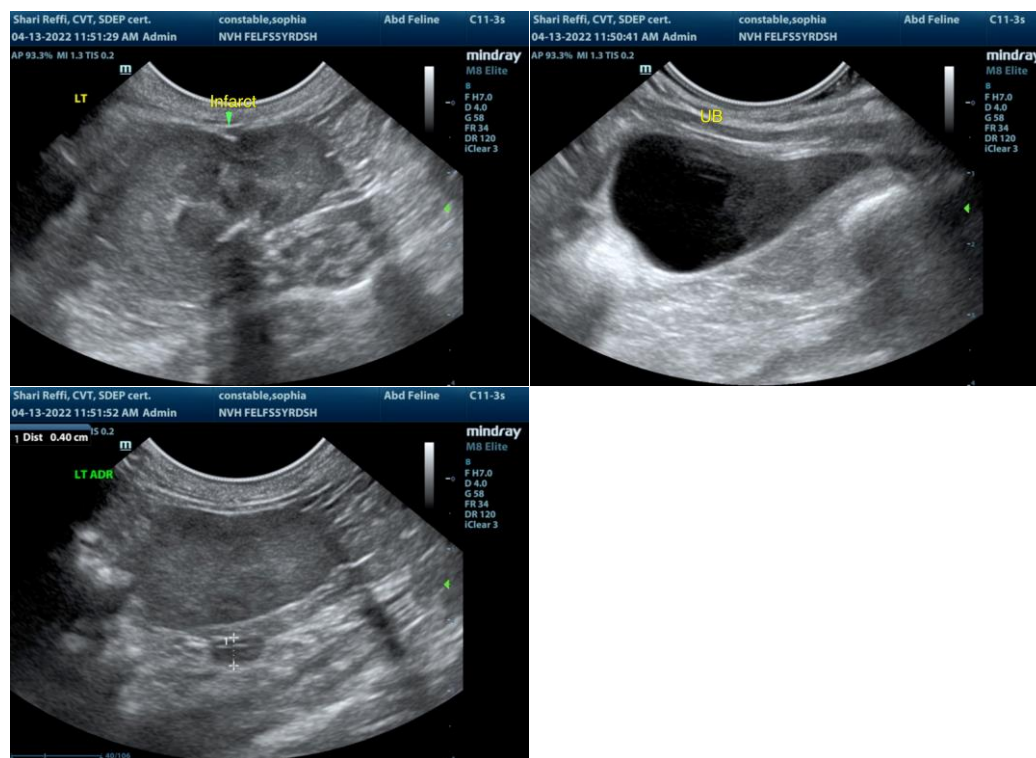
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com