



PATIENT

Louie Lucisano

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14yr

WEIGHT

11.11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

13496ag

DATE

04/17/2023

PRESENTING CLINICAL SIGNS

Louie is a very sweet 14 year-old FEMALE spayed DMH who has a history of pancreatitis, FIC, hyperthyroid, and otitis externa. She also had a URI 9/22. Her thyroid was also unregulated (not getting methimazole regularly at that time), and she has had chronic anemia which rebounded and is now decreasing again (PCV 28.6, 23.3, and most recently 20.5). She did have reticulotytosis but now her reticulocyte count is decreased. In February her blood work showed elevated creatinine (3.0), SDMA (27), BUN (40). Calcium was elevated at 13.3 2/23. Her thyroid is now in the low normal range. Her BUN is normal, SDMA (22) and creatinine (2.5) are lower. The calcium was still slightly elevated (11.4). Three view thoracic rads and AUS were recommended due to the progressive worsening of anemia (owner aware could be kidney disease related). Clinically, Louie is doing better than she has been in several months.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic sand/mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Vary scant bilateral perinephric free fluid was present. The left kidney measured 4.1 cm in length.

Normal size and asymmetrical margination was present in the right 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. A caudal right kidney thinly walled cyst was present. No evidence of pelvic dilation was present. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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 0.7 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A cystic nodule was present in the mid caudal liver measuring 1.4 cm in



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diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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.

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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.

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

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Pancreas

The pancreas was normal in size and contour. Isoechoic mildly non-homogenous parenchyma with minor pancreatic duct dilation was present.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Vary scant bilateral perinephric free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes, more prominent in the right kidney with a right kidney cortical cyst. Scant perinephric free fluid.
- Mild urinary bladder sand/mineral.
- Normal spleen.
- Mild hepatic parenchymal remodeling with benign cystic nodule-cystic nodule consistent with benign biliary cystadenoma.
- Chronic pancreatitis pattern with mild pancreatic duct dilation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No evidence of intra-abdominal neoplastic criteria. A CBC path review and recheck retroviral status could be considered. CKD therapy with monitoring of systemic BP and renal parameters is recommended.

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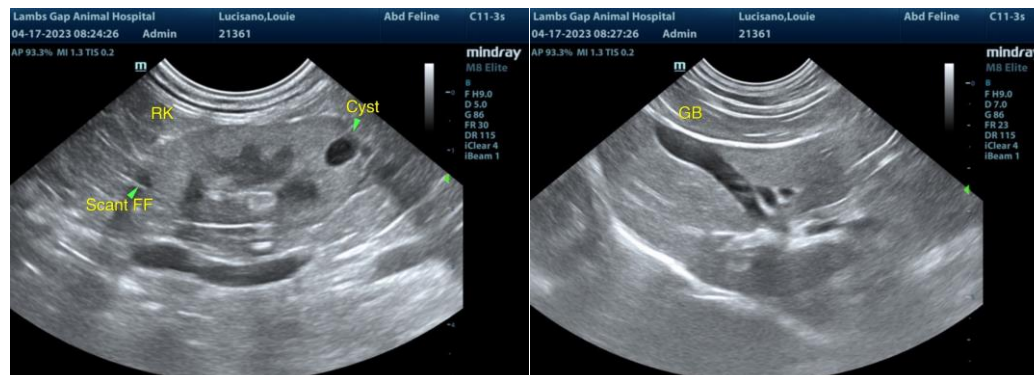
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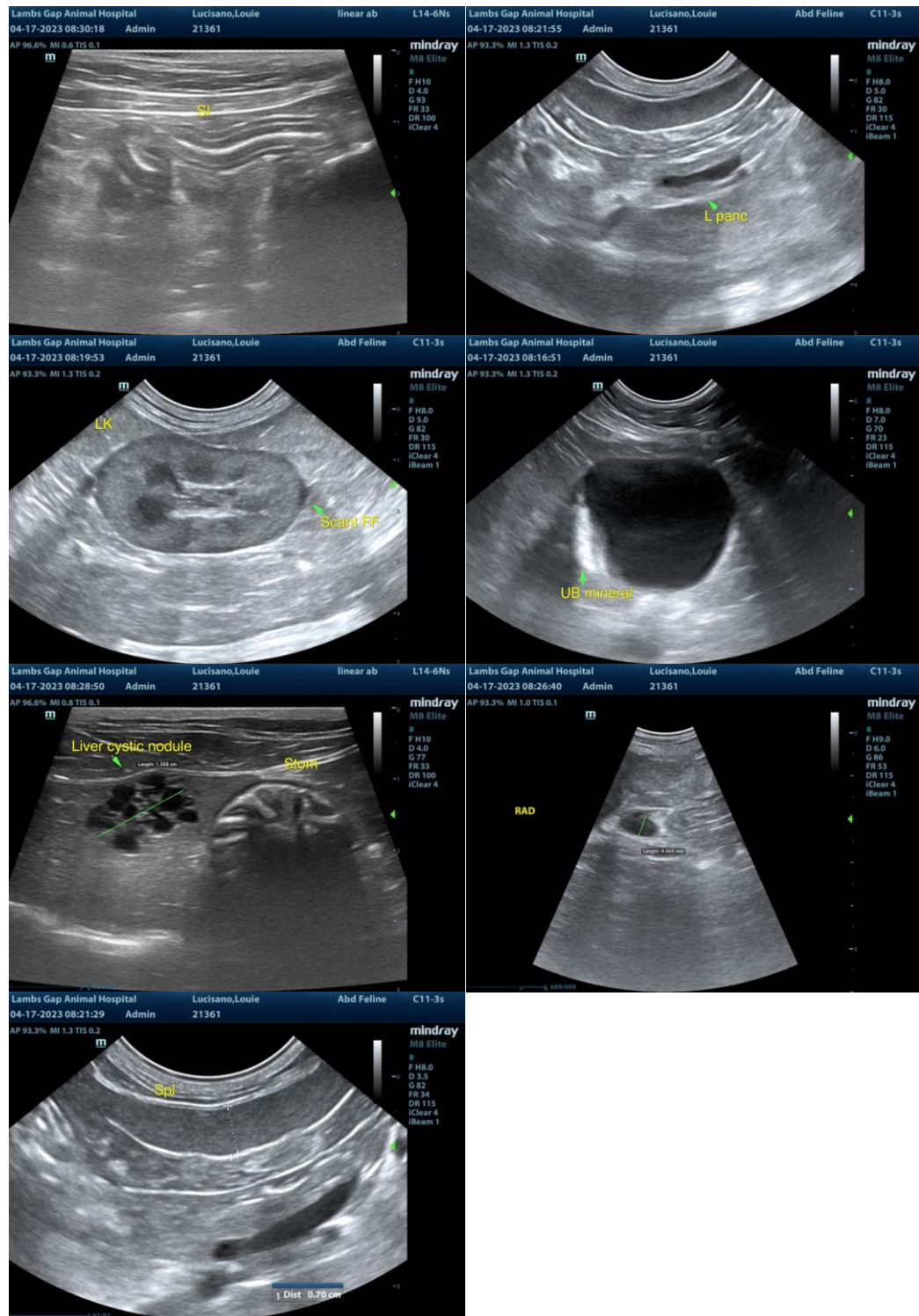
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com

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