



PATIENT PRESENTING CLINICAL SIGNS

Ayrrim Strobl Weight loss, decreased appetite for several months, no vomiting or diarrhea, no recent diet or environmental changes, elevated liver values, hypercalcemia.

SPECIES Unremarkable CBC, BUN 27, Creatinine 1.7, SDMA 17, Calcium 14.3, Na/K ratio 25, ALP 144, AST 69, TBlli 0.1, Urine specific gravity 1.014, tract protein, T4 2.2
Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

SEX

MN The area of the aortic trifurcation was free of pathology.

AGE Normal renal size with asymmetrical margination were present in both kidneys. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

8.8 *Adrenal Glands*

INTERPRETED BY The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.39 cm width. The right adrenal gland measured 0.37 cm width.

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

Spleen

The spleen was normal in size and contour exhibiting a primarily finely textured and homogenous parenchyma with a solitary, small, well-demarcated, nondisruptive, hyperechoic splenic nodule measuring 0.25 cm diameter.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with overly normal to mildly hyperechoic gallbladder walls containing primarily anechoic content with mild, congealed, variably hyperechoic potentially mineralizing debris in the caudal lumen and the area of the gallbladder neck. The cystic and common bile ducts were normal. No evidence of post hepatic obstruction was noted.

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REFERRING VET

Dr. Eckman

INVOICE *Gastrointestinal*

16669 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 0.24 cm.

DATE
 4/20/23



PATIENT

Ayrrim Strobl

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. The small intestinal wall width measured 0.25 cm. No evidence of pathology was noted at the level of the ileocolic junction, measuring 0.33 cm wall width.

SPECIES

Feline

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

Pancreas

BREED

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 were evident.

Free Abdomen

SEX

MN

No omental masses or evidence of peritoneal free fluid were noted. No overt significant omental lymphadenopathy was noted.

AGE

2006

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern
- Structurally unremarkable gastrointestinal tract
- Low-grade subjective benign hepatopathy
- Nondistended gallbladder with mild variably echogenic potentially mineralizing debris
- Sonographically unremarkable pancreas
- Normal splenic size with small nondisruptive subjectively benign nodule - nodule is most suggestive of benign myelolipoma

WEIGHT

8.8

INTERPRETED BY

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. A definitive cause of the patient's clinical signs and weight loss was not obvious. The potential for low-grade cholangiohepatitis is possible, given the concurrent presence of gallbladder debris. Likewise, structurally insignificant gastrointestinal disease or low-grade pancreatitis may present as sonographically normal.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

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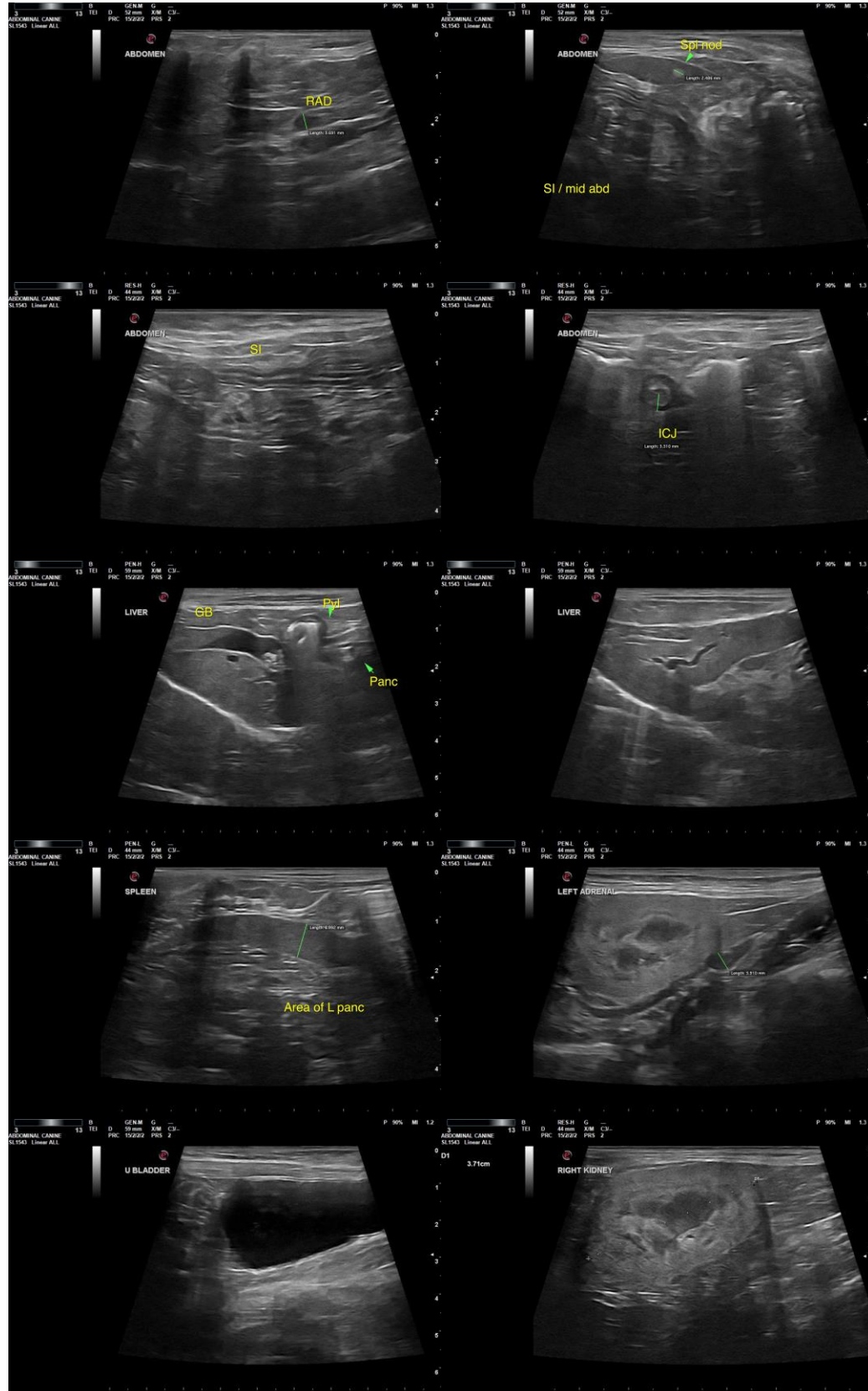
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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