



PATIENT PRESENTING CLINICAL SIGNS

Lucky Benson History: grade 2-3 systolic murmur, previous episodes of ataxia/tachypnea, history of CKD, chronic vomiting, slight weight loss, meds: PEG powder, B12, cerenia, gabapentin

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached BW

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

Neutered male

Normal renal size with asymmetrical margination was 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. Bilateral scant pyelectasia was noted. The left kidney measured 2.8 cm in length. The right kidney measured 3.2 cm in length.

AGE

12 years

WEIGHT

2.82 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left and right adrenal gland. The left adrenal gland subjectively measured 0.22 cm width. The right adrenal gland measured 0.29 cm width

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

East Credit VH

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.

REFERRING VET

Dr. Webster

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was mildly distended with gas and retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.22 cm in width.

INVOICE

10294ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with a mild generalized small intestinal gas pattern without evidence of loss intestinal layering, intestinal masses or mechanical/metabolic ileus. The jejunum wall measured 0.17 in width. The ileum wall measured 0.27.

DATE

04/04/2022



PATIENT

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

Lucky Benson

Pancreas

The pancreas presented normal in size with subtle areas of asymmetrical contour with heterogeneous to mildly hypoechoic parenchyma and minor pancreatic duct dilation.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

- Chronic renal changes with scant bilateral pyelectasia.
- Mild gastric distention with retained fluid and gas.
- Sonographically unremarkable small bowel.
- Suspect mild chronic to chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 years

Potential mild gastric hypomotility given the retained fluid and gas is possible. Overall, no overt evidence of significant gastrointestinal pathology such as classic IBD pattern or evidence of gastric neoplasia. Mild to low grade chronic pancreatitis as well as structurally insignificant gastroenteropathy is possible given the chronic vomiting and weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirically and in addition to current gastrointestinal support, limited antigen hydrolyzed diet trial +/- GI prokinetic agent such as metoclopramide may prove beneficial.

WEIGHT

2.82 kg

Sonographically the appearance of the bilateral kidneys is consistent with IRIS stage 2 CKD. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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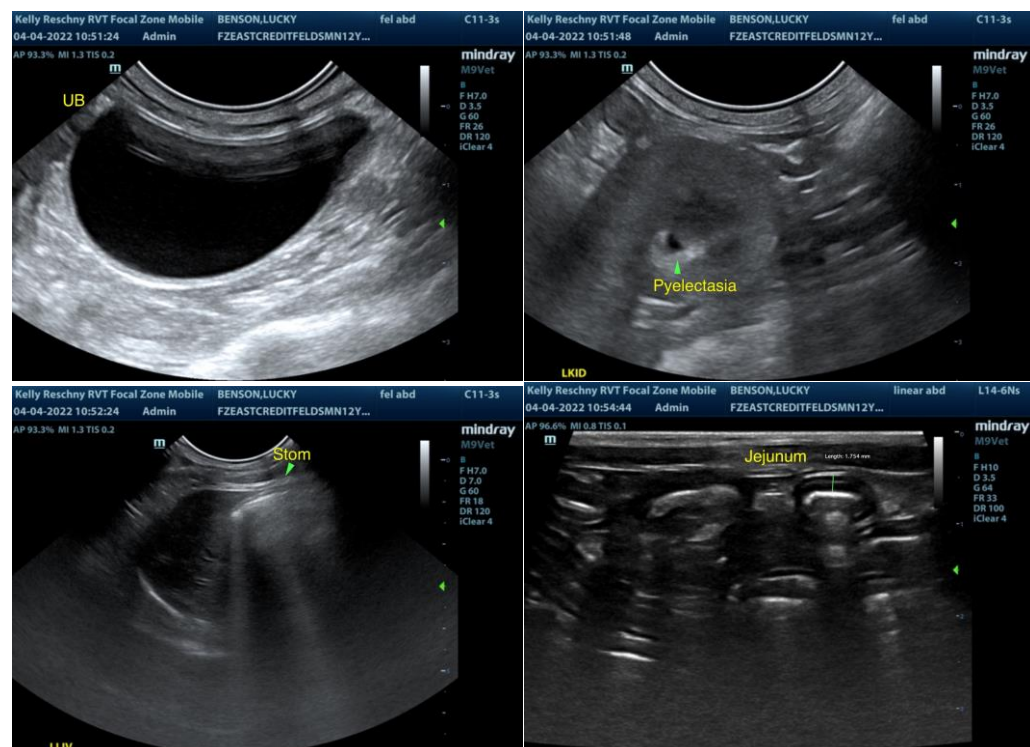
Dr. Webster

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PATIENT

Lucky Benson

SPECIES

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SEX

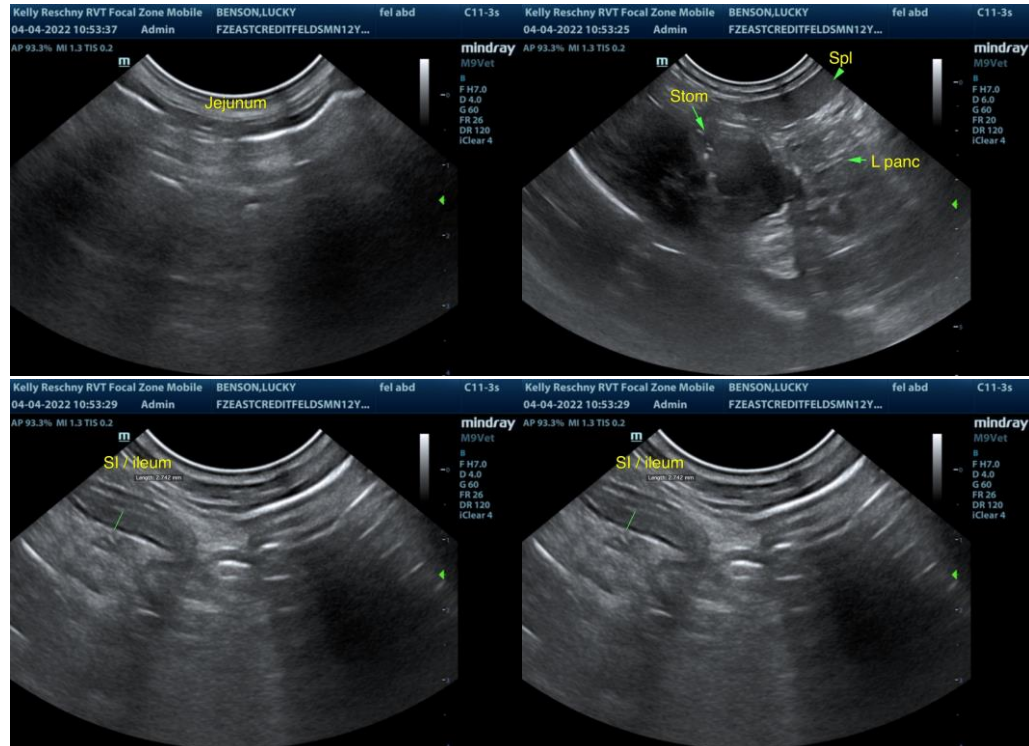
Neutered male

AGE

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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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