

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Cleo Ross

lethargy and weight loss. Current Medications Mirataz, SQ fluids Primary Question/Differential to Be Answered in This Exam any clues for why such a young cat has renal disease. indoor cat  
Abnormal PE/Chem/CBC/UA Results: Crea = 2.6, BUN 44. slight anemia. otherwise normal

**SPECIES**

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 was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

4 years

The left kidney exhibited potential for borderline subnormal size compared to normal for the species. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.1 cm in length. The right kidney measured 3.8 cm in length.

**WEIGHT**

6.2 lbs.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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. The spleen measured 0.75 cm width at the level of the hilus.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Q Street AH

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. Swanson

**Gastrointestinal**

**INVOICE**

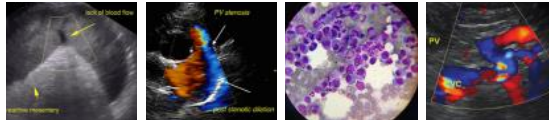
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.24 cm in width.

**DATE**

5/10/22

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 jejunum wall measured 0.21 cm in width.



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

Cleo Ross

**Pancreas**

**SPECIES**

The left limb of the pancreas exhibited normal size with areas of mild capsule asymmetry and nonhomogeneous to subtly hypoechoic parenchyma. The visible pancreatic duct was normal.

Feline

**Free Abdomen**

**BREED**

Several enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm x 0.84 cm.

DSH

**SEX**

No peritoneal effusion was present.

FS

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

4 years

- Sonographically normal kidneys with borderline subnormal left kidney size
- Possible low grade pancreatitis
- Overtly normal GI tract
- Mid abdominal nonspecific mild mesenteric lymphadenopathy-lymphoid hyperplasia, mild reactive lymphadenitis potentially secondary to structurally insignificant GI disease possible, neoplastic lymphatic criteria considered unlikely

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the bilateral kidneys was nonspecific yet not overtly consistent with significant chronic or degenerative renal disease. This may indicate a more chronic renal disease or insult. A full urinary workup including urine C/S and baseline UPC is suggested. A GI panel to include PLI/TLI/Cobalamin and Folate for correlation with the pancreatic presentation as well as assess for occult GI disease is recommended. Three view chest radiographs may be considered to rule out thoracic pathology as a contributing factor to the patient's weight loss. 24-48 hour hospitalization with IVF and assessment of renal response in light of the clinical signs could be considered.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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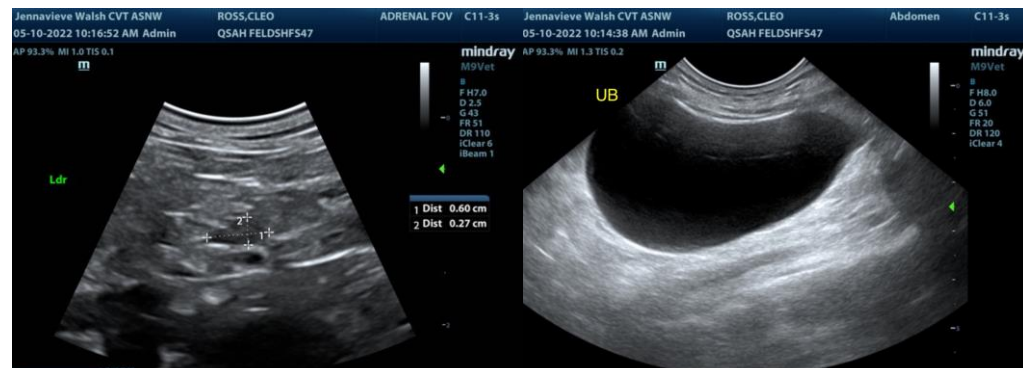
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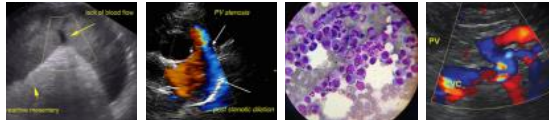
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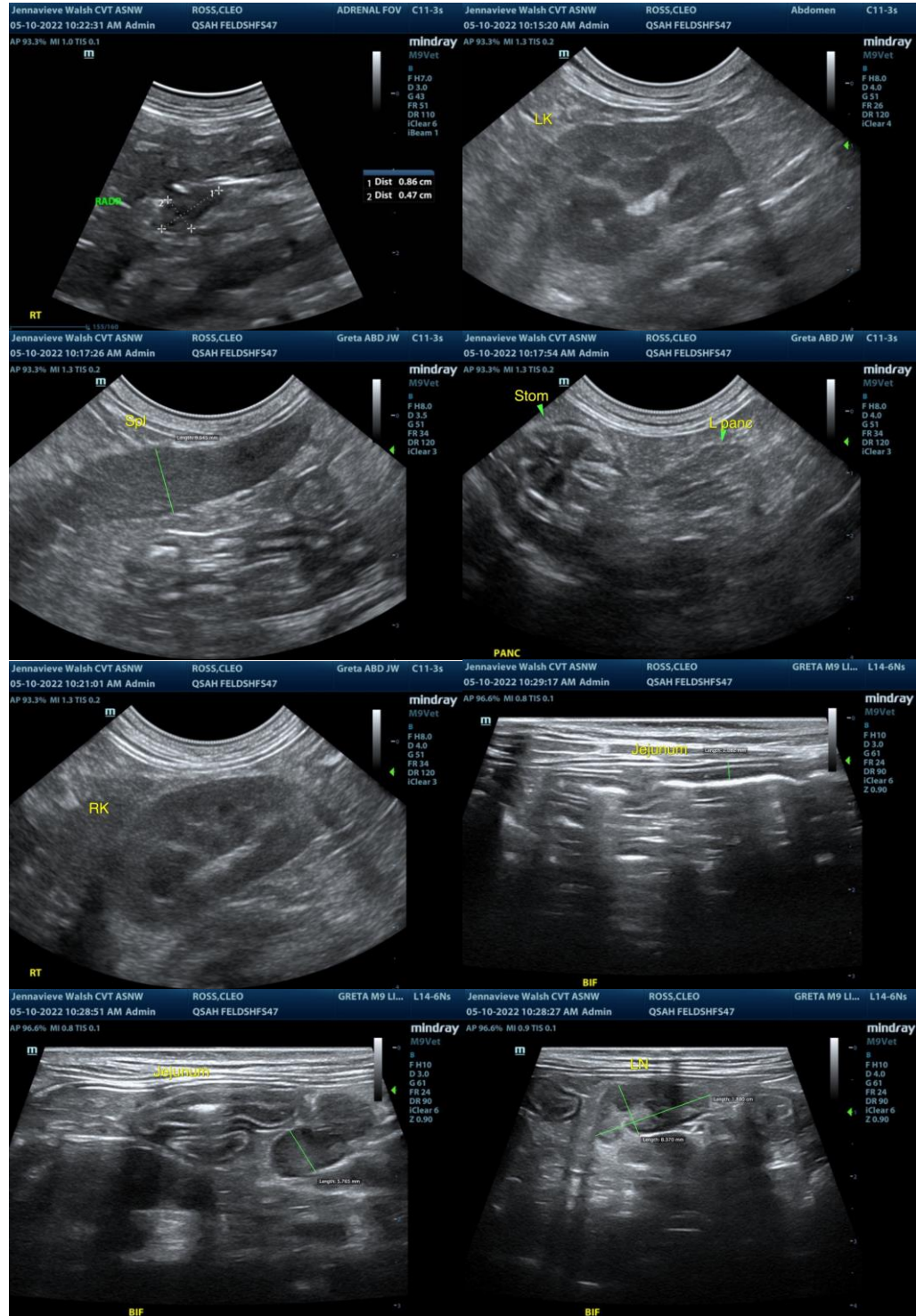
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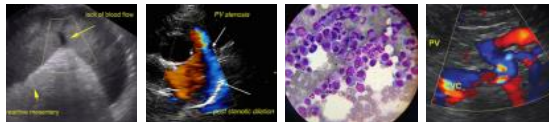
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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