



PATIENT

Zoey Jensen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Riverside AH

REFERRING VET

Sara Cummings
DVM

INVOICE

13890

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Patient presented for AUS due to concerns for dysuria and weight loss. Patient was adopted from HSCO ~ 3 years ago. Indoor/Outdoor cat. Did urinate on owners rugs a couple of times ~6 weeks ago. No blood seen. Howling loudly at night, has always been vocal but slowly getting worse. PU/PD. Weight loss over past 1-2 years. Used to be 9 lb; now 6.6 lbs. Good appetite. Patient was examined by primary care DVM ~ 5 weeks ago. Blood work performed, however unable to obtain urine at that time-- uncertain if UA has been performed.

Abnormal PE/Chem/CBC/UA Results: 3/31/2022 blood work: CHEM: Mild increase in Creatinine was detected, but BUN and SDMA were WNL T4 was 2.4 ug/dL, but FT4 and ft4ED were WNL, indicating no evidence of hyperthyroidism. CBC was unremarkable. No record of UA, reported unable to obtain the day of collection of blood sample. Upon completion of AUS, collected urine via US-guided cysto. USG: 1.020

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. 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.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys exhibited moderate loss of corticomedullary border demarcation with normal margination. Increased medullary echogenicity including hyperechoic medullary striations and pinpoint to focal areas of dystrophic medullary mineral were present. No evidence of pyelectasia was noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 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 0.77 cm in width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

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

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild ingesta / chyme along with luminal gas. No evidence of pyloric outflow obstruction was noted. The pylorus wall width measured 0.26 cm.

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 width measured 0.28 cm. The ileocolic wall width measured 0.39 cm. The duodenum wall width measured 0.22 cm.

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

Pancreas

The left pancreatic limb exhibited subtle prominent size with areas of minor capsule asymmetry and mildly hypoechoic parenchyma including uniform hypoechoic nodule in the distal aspect of the left pancreatic limb. No evidence of parenchymal mineralization or pancreatic cysts was noted. The nodule exhibited primarily symmetrical contour measuring 1.0 cm in diameter.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes exhibiting increased medullary echogenicity, nonspecific hyperechoic medullary striations, and minor dystrophic mineral
- Sonographically unremarkable gastrointestinal tract
- Mildly prominent left pancreas exhibiting hypoechoic parenchyma and nonspecific nodule

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.

The left pancreatic presentation including the nonspecific nodule may potentially suggest regional chronic active to potentially active pancreatitis with a possible area of left pancreatic nodular hyperplasia. Given the uniform symmetrical appearance of the nodule, neoplastic criteria is thought less likely. However, ideally, sonographic monitoring of this nodule for evidence of progression is recommended.

Some degree of pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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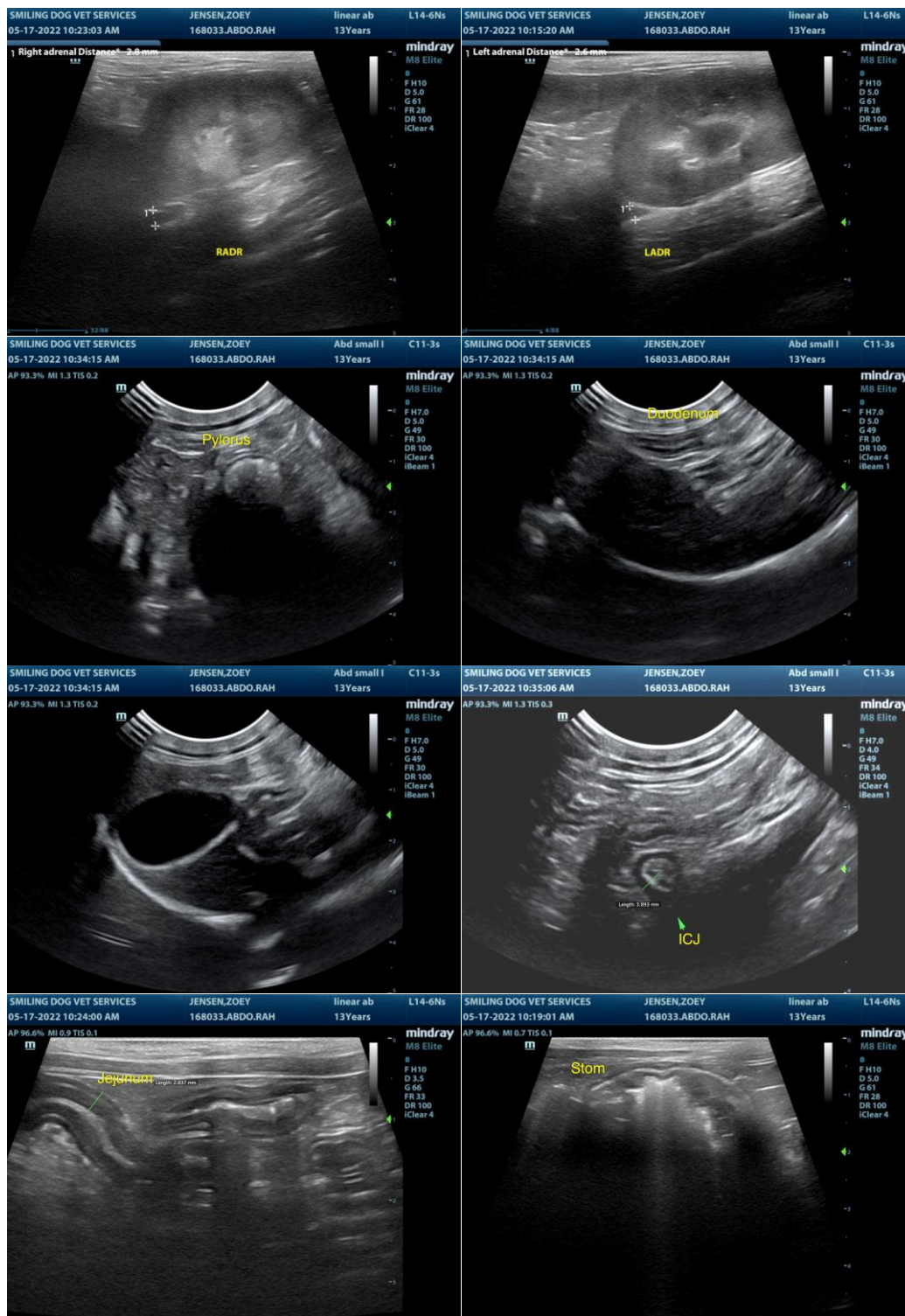
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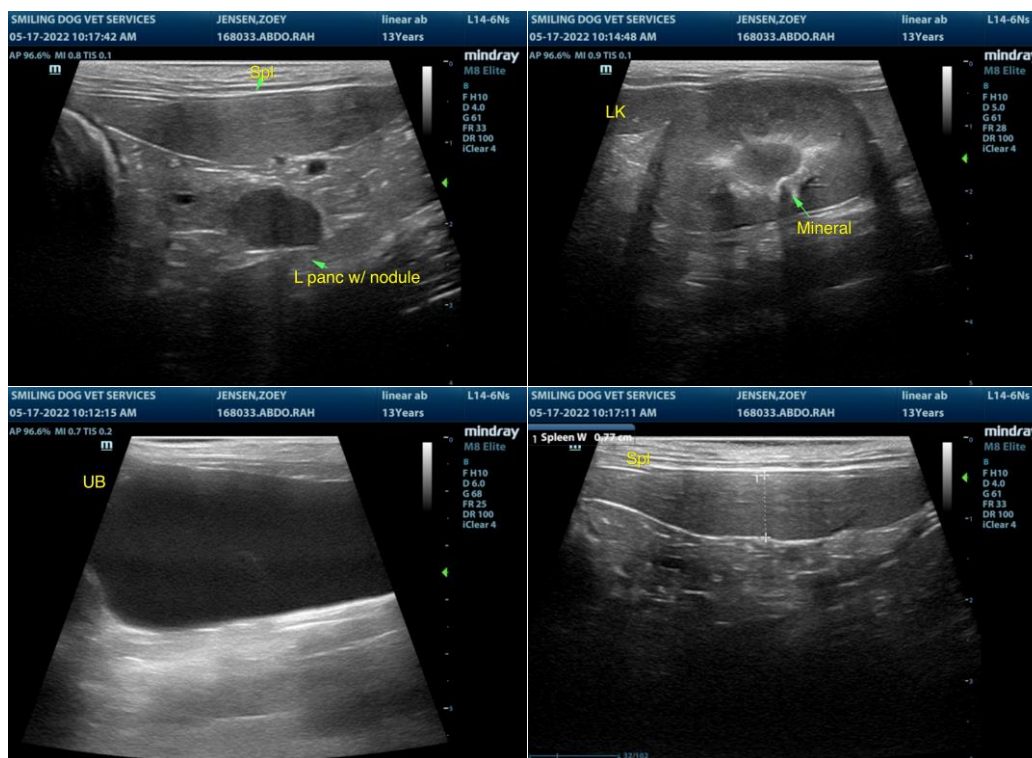
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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