



**PATIENT**

Jojo Whipple

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

5.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Dr. Kiffney

**INVOICE**

37799

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

P presented for weight loss, low appetite. On exam, p is underweight, dehydrated and hypovolemic, but bright and not acting painful. Labs- anemia of chronic disease/renal disease, neutrophilia (30K), azotemia with inc phos and dec K, increased LEZ, isosthenuric urine. Rads don't show any lung mets. P is indoor only; there is a new kitten in the house. P has been on y/d diet to control hyperthyroidism, it is working.

Abnormal PE/Chem/CBC/UA Results: SDMA 21 ug/dL, Creatinine 3.1 mg/dL, BUN 100 mg/dL non regenerative anemia hyperphosphatemia (11) with normocalcemia, hypokalemia (3.1), increased hepatocellular LEZ (ALT 163, AST 51)

**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 were noted.

The kidneys were borderline subnormal in size, measuring 3.0 cm each. Both kidneys exhibited mild cortical hypertrophy. Minor subjective reduced medullary volume and pinpoint areas of medullary mineral. No evidence of pyelectasia.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were not definitively visualized.

**Spleen**

The spleen was subnormal in size, likely owing to volume contraction. Maintained symmetrical capsule contour and homogeneous parenchyma. The spleen measured 0.40 cm in width at the level of the hilus.

**Liver**

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. No overt pathology in the area of the gallbladder or common bile duct.

**Gastrointestinal**

The stomach exhibited moderate to marked distention with retained variably echogenic yet non-shadowing ingesta/chyme extending into the area of the pylorus. No overt evidence of pyloric outflow obstruction. Gastric body wall measured 0.20 cm.

The visualized segments of small intestine, specifically the upper small intestine, were sonographically unremarkable, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio. Duodenum wall measured 0.20 cm. Ileocolic wall measured 0.29 cm.

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



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**Pancreas**

The left pancreatic limb exhibited subtle prominent size with areas of mild capsule asymmetry. Heterogeneous to mildly hypoechoic parenchyma noted along with subjective mild pancreatic duct dilation.

**Free Abdomen**

No overt lymphadenopathy, omental masses or peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes with pinpoint dystrophic medullary mineral.
- Volume contracted spleen.
- Hepatopathy – suspect low-grade primary or reactive hepatic inflammation, given the ALT elevation.
- Heterogeneous to mildly hypoechoic left pancreas – potential mild chronic to chronic active pancreatitis.
- Moderate to marked gastric distention with retained variably echogenic ingesta/chyme.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the dehydration and degree of azotemia, hospitalization with appropriate diuresis and rehydration protocol with assessment of renal response is recommended. Urinalysis, culture and sensitivity, and baseline UPC on sterile urine sample recommended. Without evidence of mechanical pyloric outflow obstruction, the gastric stasis in this patient is suspected to be metabolic in origin, potentially owing to azotemia. Further assessment of the pancreas and patient's weight loss may include GI panel to include PLI, TLI, cobalamin and folate. CBC pathology review recommended.





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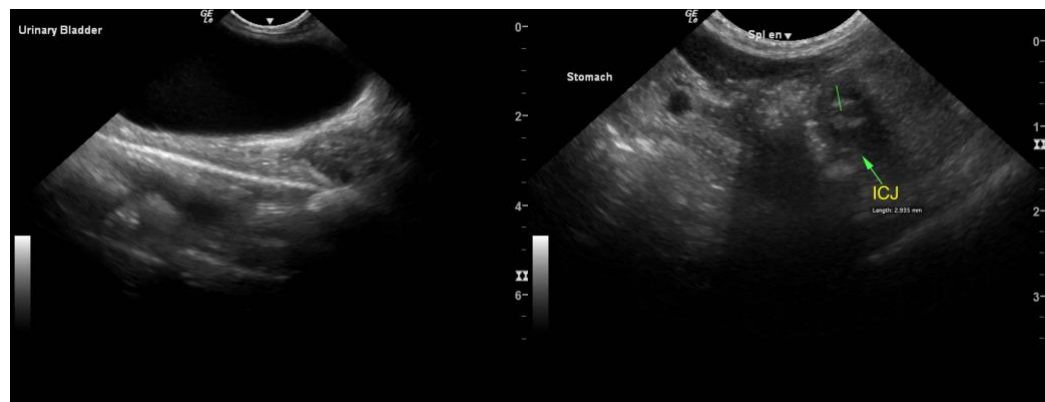
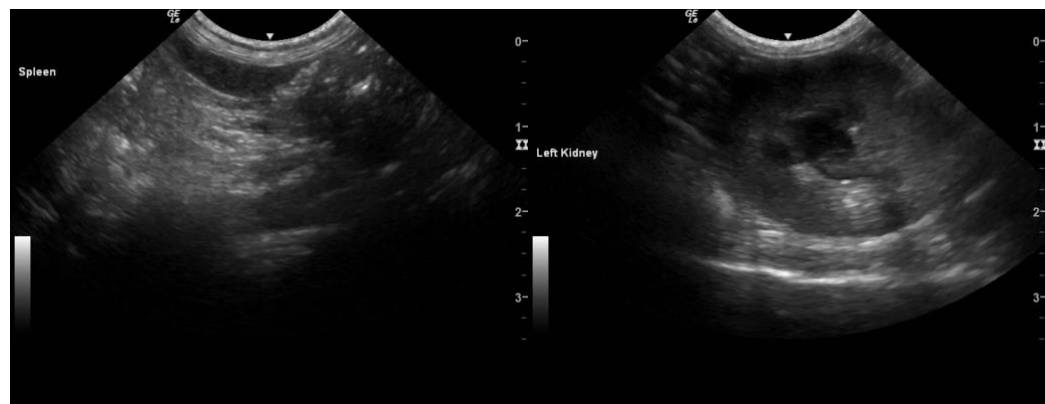
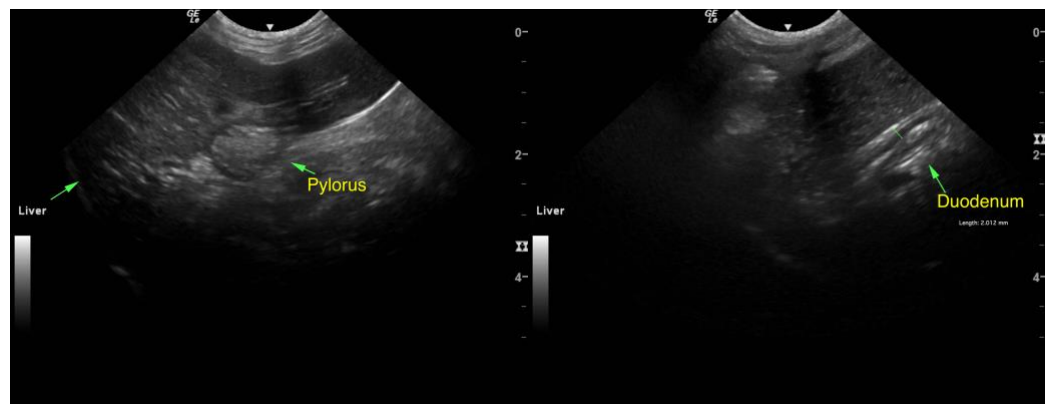
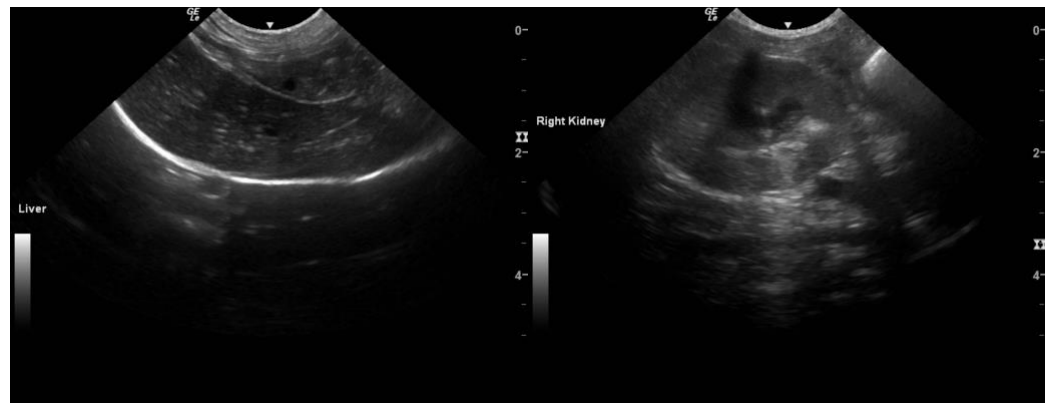
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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