



**PATIENT**

Charlie Coon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years

**WEIGHT**

9.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jennifer Todd

**HOSPITAL NAME**

Lambs Gap Animal  
Hospital

**REFERRING VET**

Dr. Jennifer Todd

**INVOICE**

17085

**DATE**

6/13/23

**PRESENTING CLINICAL SIGNS**

Charlie is a nine year old, MN, DSH cat with a history of chronic renal disease. He is currently being treated with 100 ml SQ fluids three times weekly, aluminum hydroxide, gabapentin, mirtazipine transdermal, cerenia, cosequin, laxatone 3x/wk. He eats royal canin Hydrolyzed protein/Renal dry and Z/D canned for suspected IBD. Recently, Charlie has a decreased appetite and is restless and agitated in and out of litter box straining to produce small drops of soft fecal material. He has been slowly losing weight. Anal glands were full with thick material, but otherwise, rectal exam was normal Charlie's last AUS was on 12/6/22 and was read by Dr. Daniel

Abnormal PE/Chem/CBC/UA Results: 5/27/23: increased renal enzymes, Creat=2.9, phos=6.2 increased Calcium=12.1

**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. Primarily anechoic urine was present in the lumen. Mild non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 3.3 cm in length.

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.48 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.

**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



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containing primarily anechoic content with mild echogenic lumen gallbladder sediment. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.

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***Gastrointestinal***

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.

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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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.33 cm width.

**SEX**

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Normal visible colon wall layers were present with subjective formed fecal matter. No evidence of distal colon overdistention was noted.

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***Pancreas***

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.

**WEIGHT**

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Static bilateral chronic kidneys
- Sonographically unremarkable gastrointestinal tract
- Mild gallbladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of progressive gastrointestinal mural changes with normal appearing gastrointestinal wall and maintained wall layer ratio was noted in this study. Continued dietary therapy, given the previous history, is suggested. A definitive cause of the decreased appetite and reported abnormal defecation was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered, given the patient's weight loss and assuming no evidence of pathology on three-view chest radiographs. Serial monitoring of urinalysis +/- renal staging to include screening C/S and baseline UPC level is recommended. Continued CRD therapy with monitoring of systemic BP is suggested.

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Although no reported hepatic enzyme elevations, gallbladder sediment, at times, has been associated with cholestasis and / or hepatobiliary inflammation in cats.



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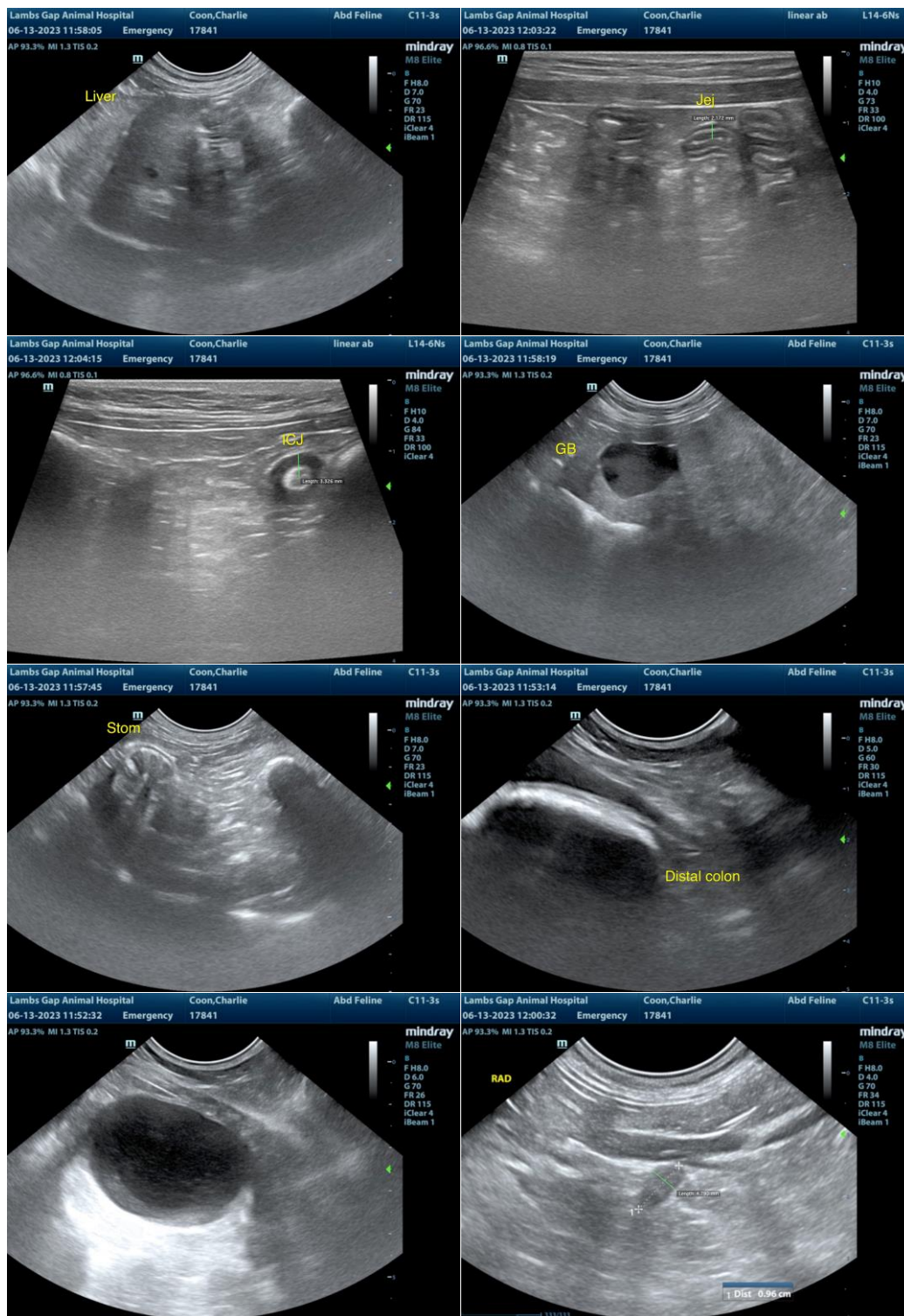
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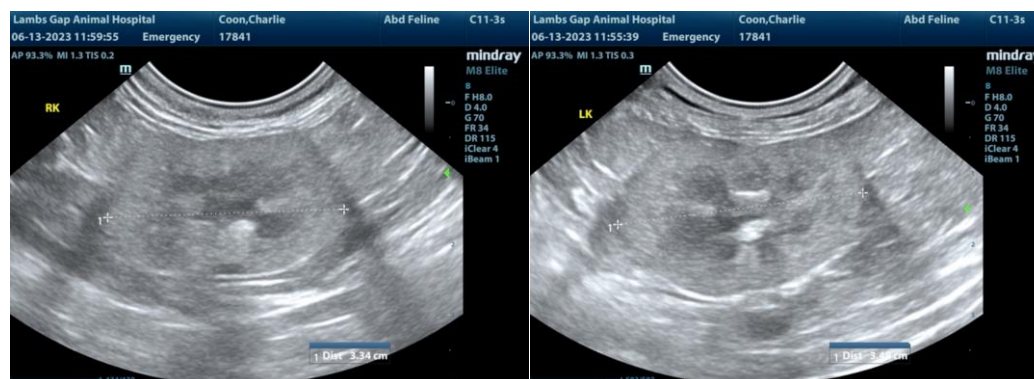
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)