

**PATIENT**

Sammy Kunz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

11 years

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Molly Bies

**INVOICE**

14071

**DATE**

6/9/22

**PRESENTING CLINICAL SIGNS**

Presented for weight loss. Appetite appears to be the same, no vomiting or diarrhea. PE WNL. Abnormal PE/Chem/CBC/UA Results: In house comprehensive lab profile WNL, TAMU GI panel showed elevation in folate levels and a borderline elevation in PLI (4.2 ug/L).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 criteria, or benign parenchyma changes were not noted. The spleen measured 0.6 cm width at the level of the hilus.

**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.

**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 a primarily maintained 1:3 muscularis/mucosa ratio and without evidence of mural hypertrophy or loss of intestinal wall layering. The jejunum wall width measured 0.23 cm. The duodenum wall width measured 0.23 cm.

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

***Pancreas***

The pancreas was subtly prominent in size yet maintained symmetrical capsule contour with isoechoic to mildly hypoechoic parenchyma compared to adjacent nonreactive omentum.

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***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

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**ULTRASONOGRAPHIC FINDINGS****AGE**

11 years

- Mild urinary bladder sediment
- Nonspecific bilateral renal medullary rim sign
- Overtly normal gastrointestinal tract - potential for chronic to structurally insignificant enteropathy
- Suspect low-grade chronic to chronic active pancreatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Overt evidence of significant gastrointestinal or pancreatic pathology was not evident. The elevated folate level may be considered Inconclusive in cats, yet could potentially indicate dysbiosis or nonspecific intestinal disease in conjunction with the patient's weight loss. However, given the lack of additional gastrointestinal signs such as vomiting or diarrhea, the gastrointestinal presentation is nonspecific. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss If not done.

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As-needed gastrointestinal support which may include dietary therapy such as hydrolyzed or low-carb diet and high colony count probiotics such as Provable, given the possibility of dysbiosis, are recommended. Continued monitoring of weight loss and assessment of caloric plane, is recommended. Eventual gastrointestinal biopsies are likely required for a definitive diagnosis.

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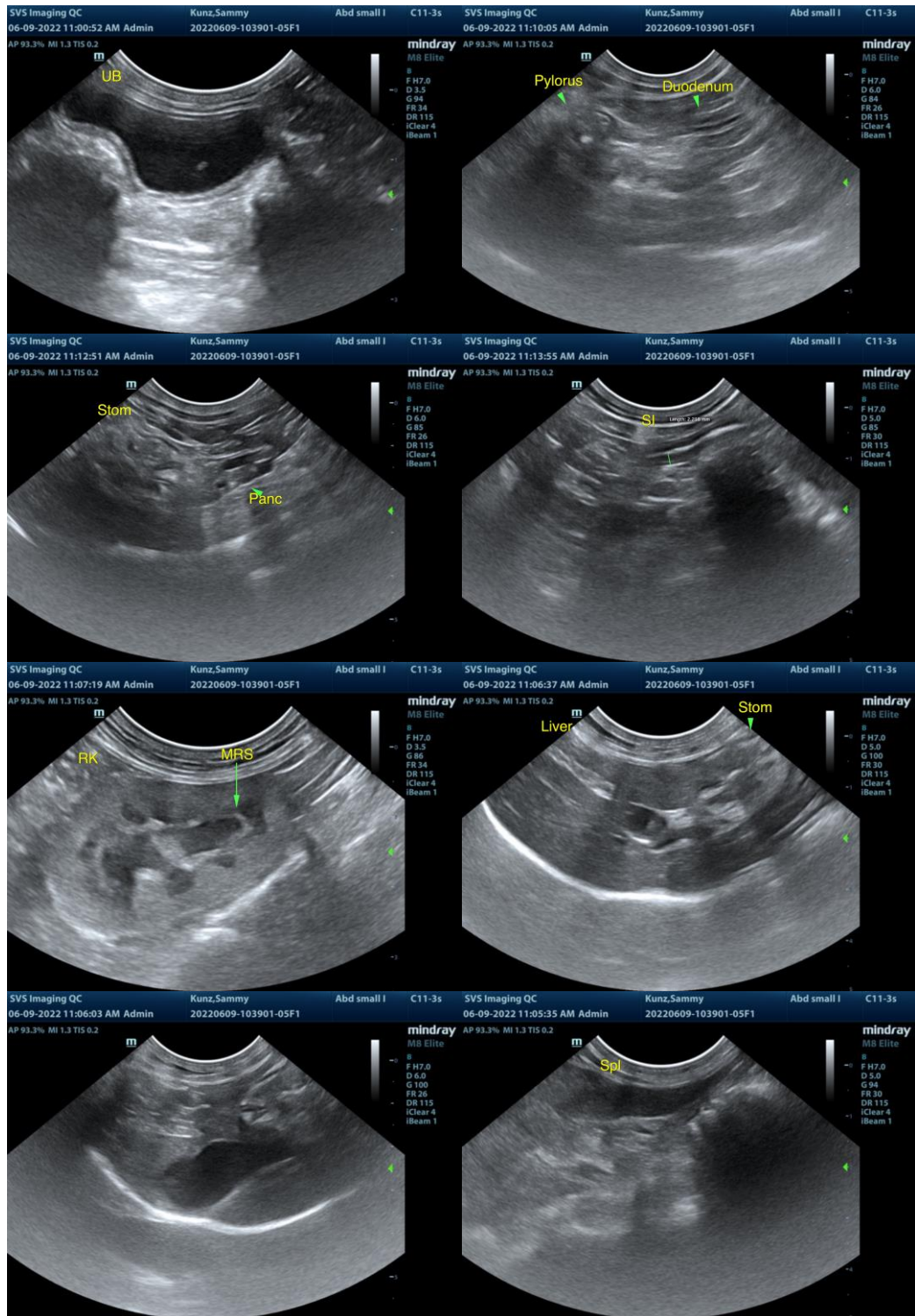
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svsmobileimaging.com 309-737-3070



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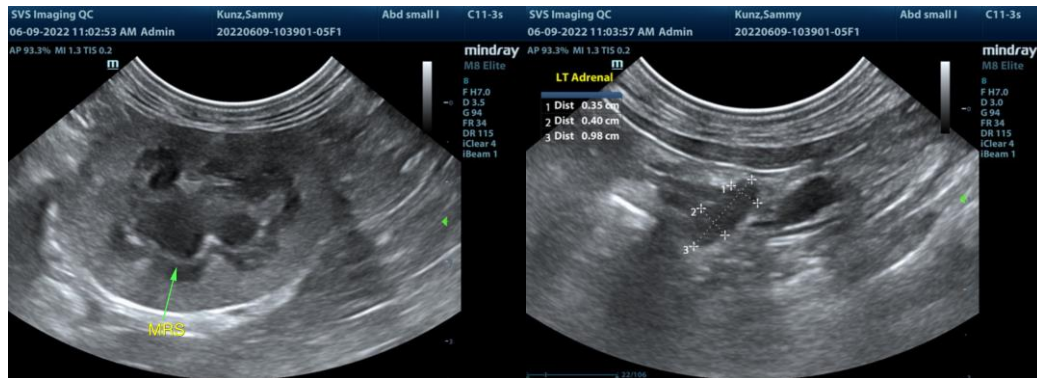
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**