

**PATIENT PRESENTING CLINICAL SIGNS**

Lucy Henry Strong appetite but weight loss. PU/PD.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ull panel with T4 done in February and T4 normal. renal values normal CREA = 1.7, BUN = 33. Partial panel done 6/15/23 and lab work shows Crea = 2.7 and BUN = 52. otherwise, normal, SDMA 17

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary System**

**SEX** 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.

Spayed Female

**AGE** The area of the aortic trifurcation was free of pathology.

13 yrs Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length. Mild pyelectasia was noted in the right kidney.

**WEIGHT** 7 lbs

**INTERPRETED BY Adrenal Glands**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

**IMAGING PERFORMED BY Spleen**

Jenna Walsh, CVT 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 0.73 cm width level of the mid spleen.

**HOSPITAL NAME Liver/ Gallbladder**

Q Street Animal Hospital

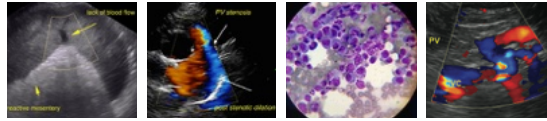
**REFERRING VET** The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with anechoic luminal content primarily minor echogenic gallbladder sediment. No evidence of inflammatory gallbladder criteria. The cystic and common bile ducts were normal.

Dr. Bretschneider

**INVOICE** 10333 **Gastrointestinal**

**DATE** 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.

7/17/2023



**PATIENT**

Lucy Henry

The small intestine exhibited intact segmental to generalized mildly prominent wall layering owing to propensity for segmental to generalized mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured up to 0.30 cm width. The ileocolic wall measured 0.37 cm width.

**SPECIES**

Feline

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

**BREED**

DSH

**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.

**SEX**

Spayed Female

**Free Abdomen**

No peritoneal effusion or omental masses was present.

**AGE**

13 yrs

Minor, intermittent mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**WEIGHT**

7 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mild chronic renal changes with mild right kidney pyelectasia. Likely secondary to chronic renal changes or potential pelvic scarring. Full urinary work up including urine analysis, screening C/S, and baseline UPC levels suggested.
- Intact mildly prominent small bowel walls.
- Minor gallbladder sediment.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street Animal  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited minor mural changes which although potential for patient variant may suggest underlying inflammatory criteria. Technically, minor potential for emerging neoplastic enteropathy with round cells i.e., low-grade lymphoma, possible yet thought less likely.

**REFERRING VET**

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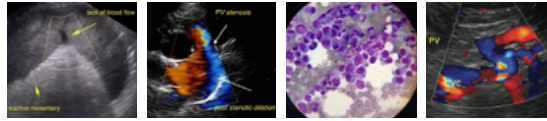
A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

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**SPECIES**

Feline

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**SEX**

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**AGE**

13 yrs

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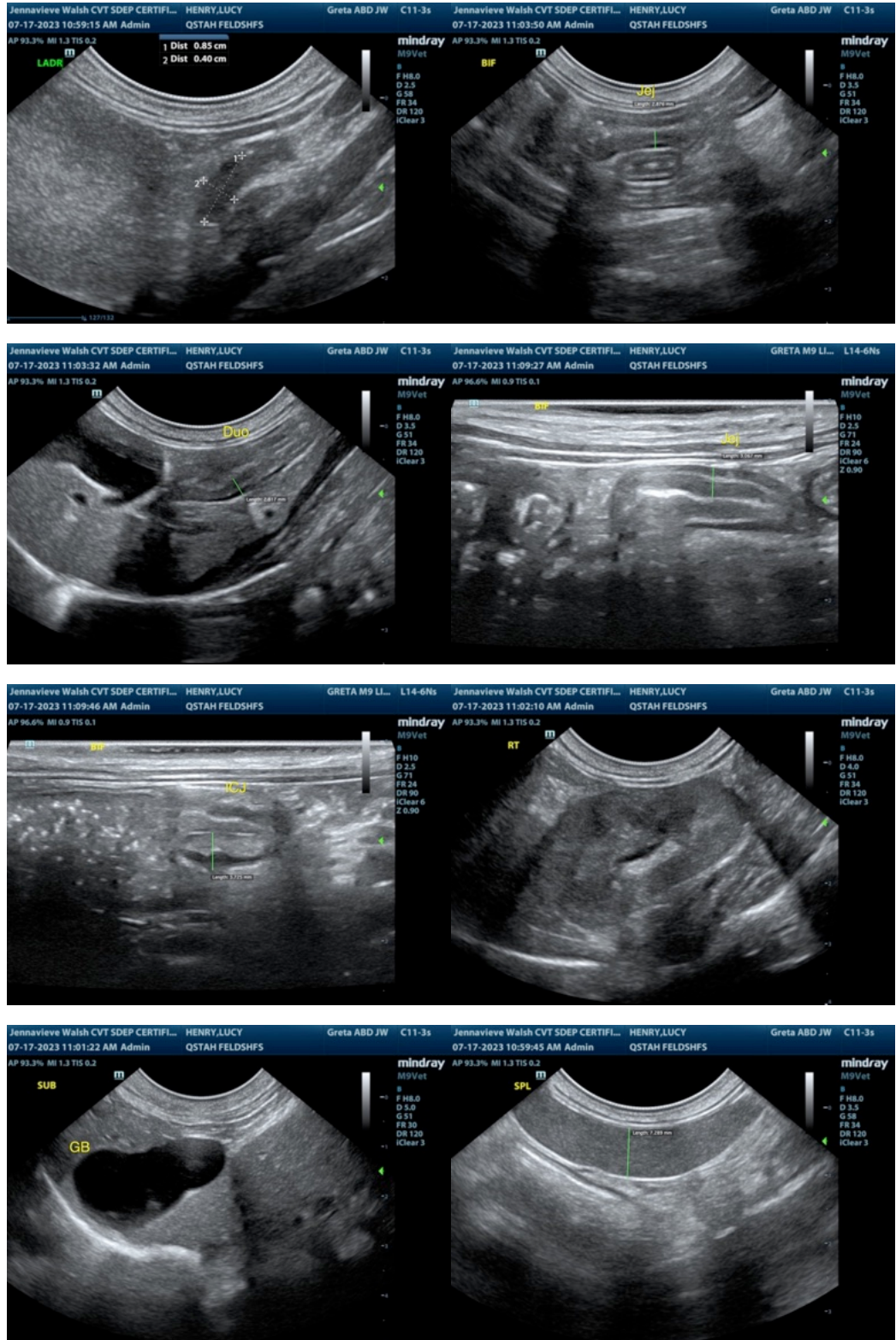
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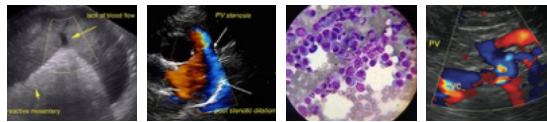
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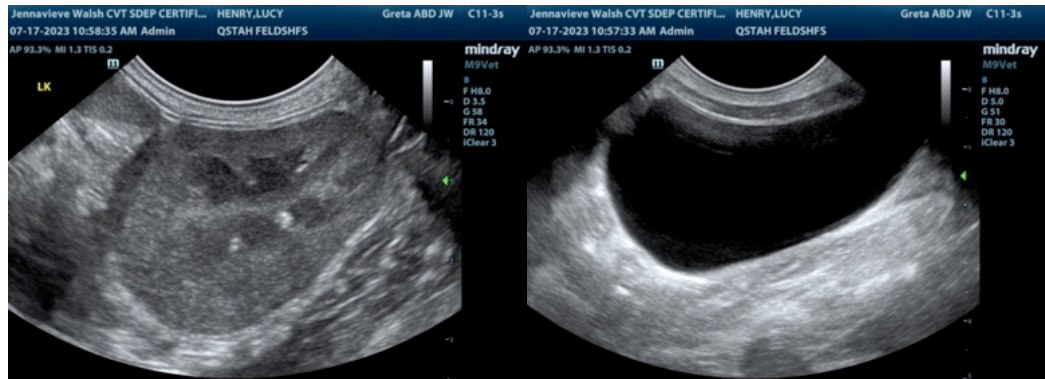
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com