



PATIENT

Suri Meigs

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

17 years

WEIGHT

11.25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hovenden

INVOICE

17290

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Suri's appetite abruptly declined 4 days ago, refused to eat anything today, even with variety in offerings Drinking water normally No recent vomiting. Normal stools She urinated on O's bed today, urine had a strong odor, did not appear bloody More painful recently and growling when the owner touches her Previously treated with Solensia injections- no recent dose. Travel history: None Life style: Indoor only Current diet: Royal Canin, kidney diet and Temptation Treats daily Current preventatives: Revolution Vaccination status: UTD

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 7,090, PCV 32%, TS 9.4 g/dL Chemistry profile: AMY 1540, BUN 32, CRE 2.6, TP 10.0, GLOB 6.4 --> renal values and globulins are elevated but stable since 5-23-23 --> CRF not likely responsible for recent inappetence. Urinalysis: USG 1.015, pH 6, normal sediment exam (no WBC, RBC, bacteria, or crystals) --> poor urine concentration consistent with CRF but no evidence of UTI or cystitis. Current Medications Mirtazapine 1/4 tab q 24 hours, LRS fluid SQ 100 ml SID, Cerenia (1/2 tab q 24 hours), Amlodipine 2.5 mg SID, Clonazepam (1/5 tab of 0.5 mg tab SID), Buprenorphine 0.2 ml (2-3 X a day), Revolution, Administered today: Solensia Injection SQ, and Elura 0.5mls PO Radiographic Findings None

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.

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

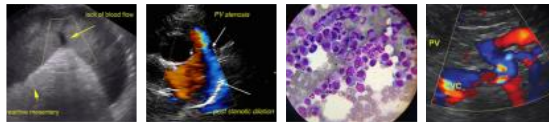
Normal margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney was adequate in size measuring 3.6 cm in length. The right kidney was borderline subnormal in size measuring 3.1 cm in length. Mild right kidney pyelectasia was noted.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited mild variable to asymmetrical enlargement and mild parenchyma heterogeneity. No visualized splenic nodule or mass was noted. The spleen measured up to 1.5 cm width at the mid-spleen.



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Liver/ Gallbladder

Suri Meigs

The liver was subjectively normal in size and vascular volume. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild lobar biliary tree mineralization was present. 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 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. No evidence of retained ingesta or fluid was noted. The gastric body wall width measured 0.24 cm.

The small intestine presented generalized intact, subtly prominent wall layering with a primarily maintained 1:3 muscularis / mucosa ratio. The small intestinal wall width measured 0.28-0.30 cm.

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

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Pancreas

The left pancreatic limb was normal in size with minor capsule asymmetry and isoechoic, mildly nonhomogeneous parenchyma compared to adjacent, non-reactive omentum.

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Free Abdomen

No omental masses, evidence of significant lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild right kidney pyelectasia
- Mild variably enlarged, irregular spleen
- Suspect chronic pancreatitis
- Minor lobar biliary tree mineralization
- Intact, subtly prominent small bowel walls

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there was no evidence of significant visceral pathology, specifically neoplastic criteria as an obvious cause of the patient's acute inappetence. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to chronic pancreatitis, is recommended.

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Although nonspecific with potential for patient variant, the small intestine exhibited subtle prominent wall layering which may suggest underlying enteropathy. However, given the lack of reported GI signs, this finding is nonspecific.



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The mild lobar biliary tree mineral is likely incidental, given no evidence of hepatic enzyme elevations.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as a thorough muscular skeletal / neurological examination to assess for occult disease as a contributing factor may be considered.

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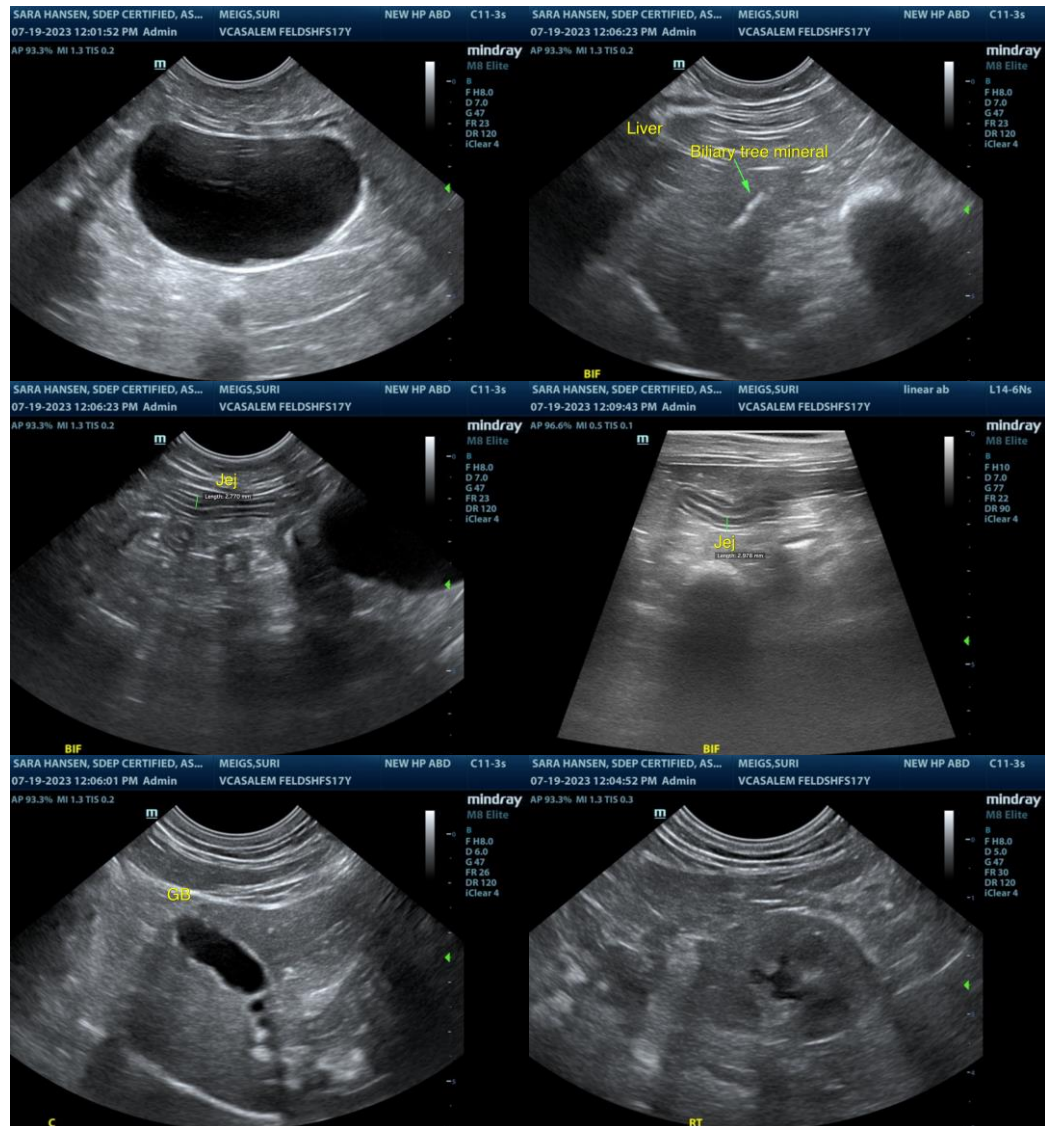
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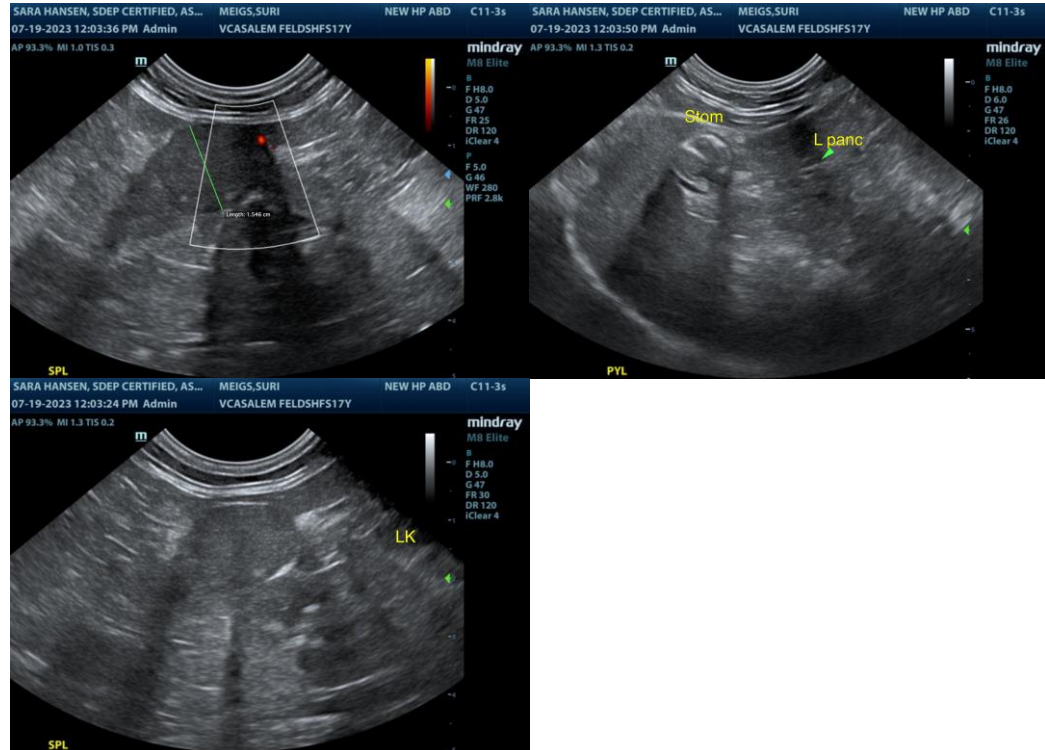
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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