



PATIENT

Bagheera Lewis

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

5.15 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

WilVet of Salem

REFERRING VET

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INVOICE

14334

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Presented for loss of appetite and weight loss Current Medications Cerenia, Pantoprazole, Ondansetron, Acetylcystine, Butorphanol, Buprenorphine

Abnormal PE/Chem/CBC/UA Results: Chemistry: Creat 0.6 BUN 13 ALT 156 GGT 16

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 to moderate, 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.

Minor asymmetrical margination was 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 corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia was noted. The left kidney was subnormal in size measuring 2.6 cm in length. The right kidney was mildly enlarged compared to normal renal size for cats and compared to the left kidney measuring 4.9 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 0.55 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. The spleen measured 0.93 cm width at the level of the hilus. No evidence of neoplastic criteria was 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, mechanical pyloric outflow obstruction or foreign material. The gastric body wall width measured 0.25 cm.

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for prominent yet intact jejunal wall layering owing to subjective mildly prominent jejunal mucosa. The jejunum wall width measured up to 0.29 cm. The duodenum wall width measured 0.25 cm. No overt pathology was noted in the area of the ileocolic junction.

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

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Pancreas

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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.

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Free Abdomen

No omental masses, lymphadenopathy or effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis renal pattern with subnormal left kidney size and probable right kidney compensatory hypertrophy
- Overtly normal gastrointestinal tract with subjective propensity for Intact yet mildly prominent jejunal walls
- Low-grade hepatopathy - benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a definitive cause of the patient's loss of appetite and weight loss was not definitively evident, given the lack of overt or significant gastrointestinal or additional visceral pathology.

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No overt evidence of renal neoplastic criteria was noted.

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Chronic inflammatory enteropathy or low-grade to chronic pancreatitis, both of which may present as sonographically normal, could be present. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Potential for low-grade inflammatory hepatopathy given the ALT elevation and therefore possible Triad Disease may be a consideration in this patient.



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Three view chest radiographs and thorough muscular/skeletal/neurological examination is suggested to rule out occult disease, which may be a contributing factor to the patient's clinical signs.

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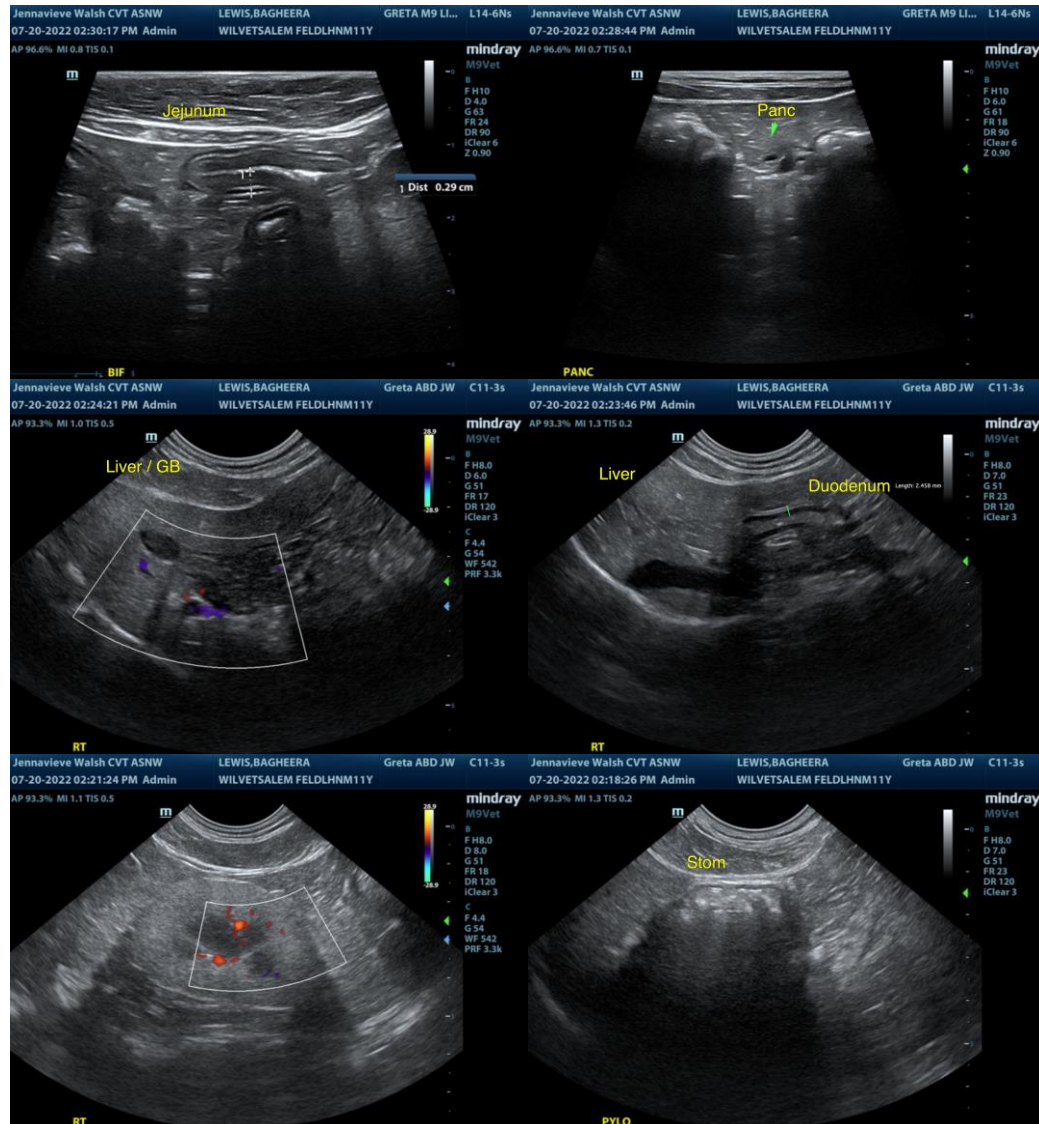
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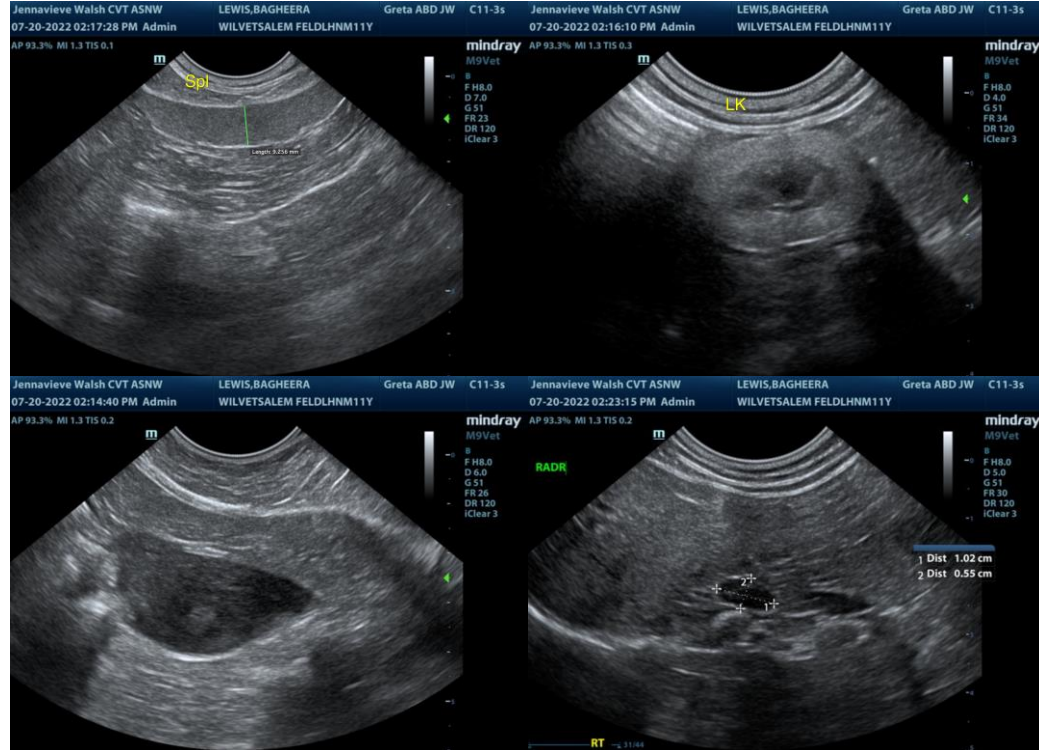
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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