



PATIENT

Topper Sammies Friends

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

geriatric

WEIGHT

14 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

16811

DATE

8/10/22

PRESENTING CLINICAL SIGNS

elevated kidney values and weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor 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.

Normal renal size with asymmetrical margination was present in both kidneys. Moderate cortical hypertrophy was noted, exhibiting increased cortex echogenicity. Moderate loss of corticomodullary distinction was also present. Increased medullary echogenicity was noted with decreased medullary volume. Mild pyelectasia was present in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 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 0.48 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm.

Spleen

The spleen was normal in size and contour. Generalized mild splenic parenchyma heterogeneity was noted. Focal to intermittent nondisruptive uniform hyperechoic splenic nodules were present. Although not specific, the splenic nodules are suggestive of benign myelolipomas. No overt evidence of splenic neoplastic criteria noted. An example of nodule size measured 0.29 cm in diameter.

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.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer yet without evidence of overt intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine



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Topper Sammies Friends was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.26 cm. The duodenum wall measured 0.30 cm. The ileocolic wall measured 0.28 cm.

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

Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild pancreatic duct dilation was present.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.87 cm length.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern, potential for interstitial nephritis. Neoplastic criteria is considered unlikely.
- Suspected inflammatory enteropathy with associated minor benign/reactive intermittent mesenteric lymphadenopathy
- Chronic active pancreatitis pattern
- Minor urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle to mild mural changes, which although potential for patient variant, may suggest underlying inflammatory enteropathy/IBD, given the patient weight loss. Chronic active pancreatitis is suspected to be a contributing factor and is often seen concurrently with underlying intestinal disease in cats. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

CRD therapy with monitoring of systemic blood pressure going forward would be reasonable.

3 view chest radiographs are suggested to rule out occult pathology as a contributing factor to the patients weight loss.

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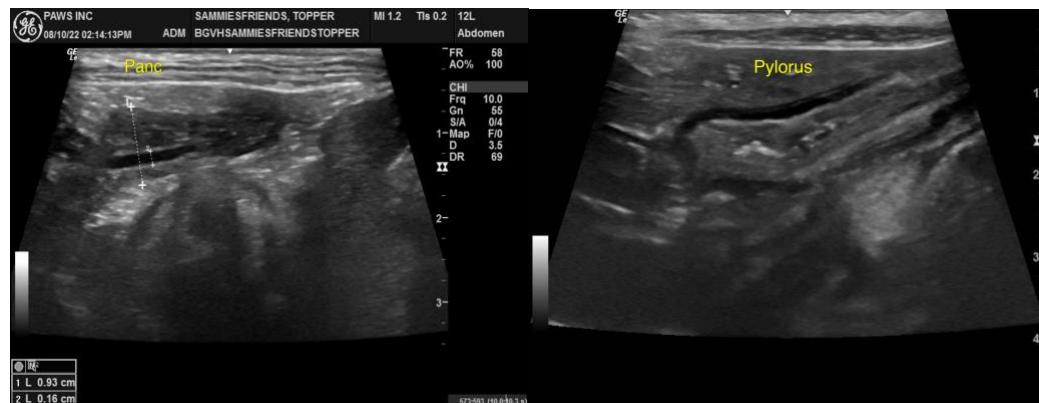
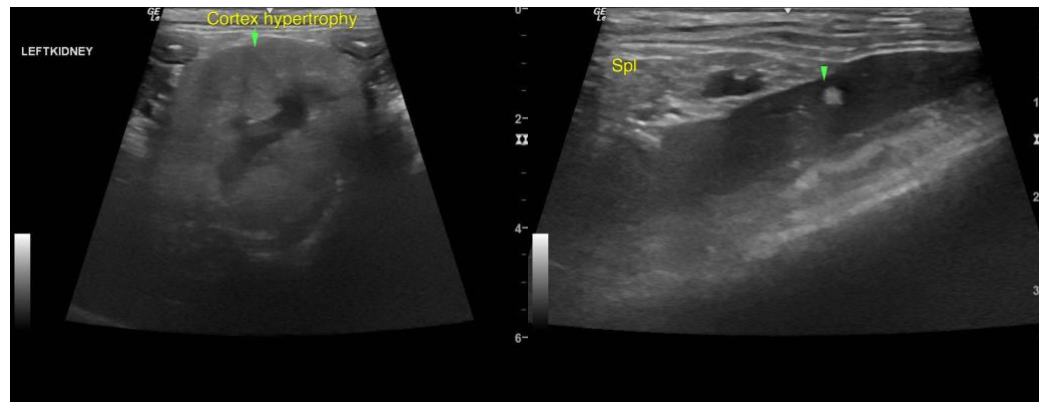
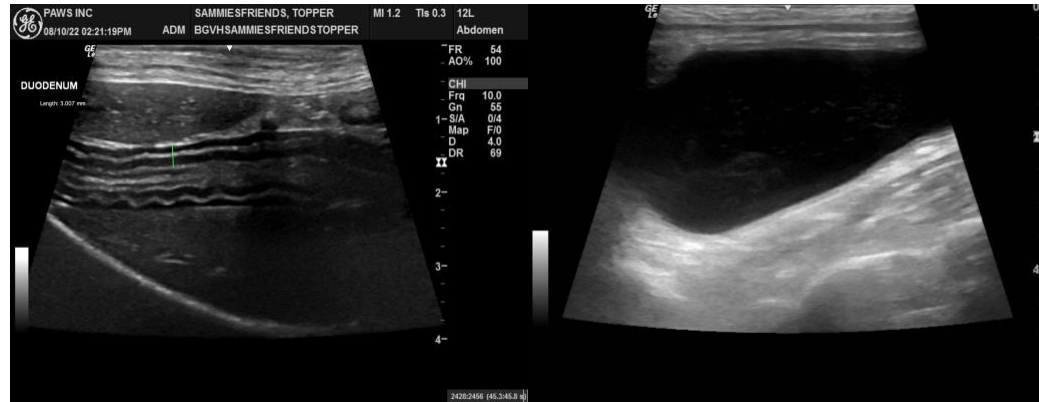
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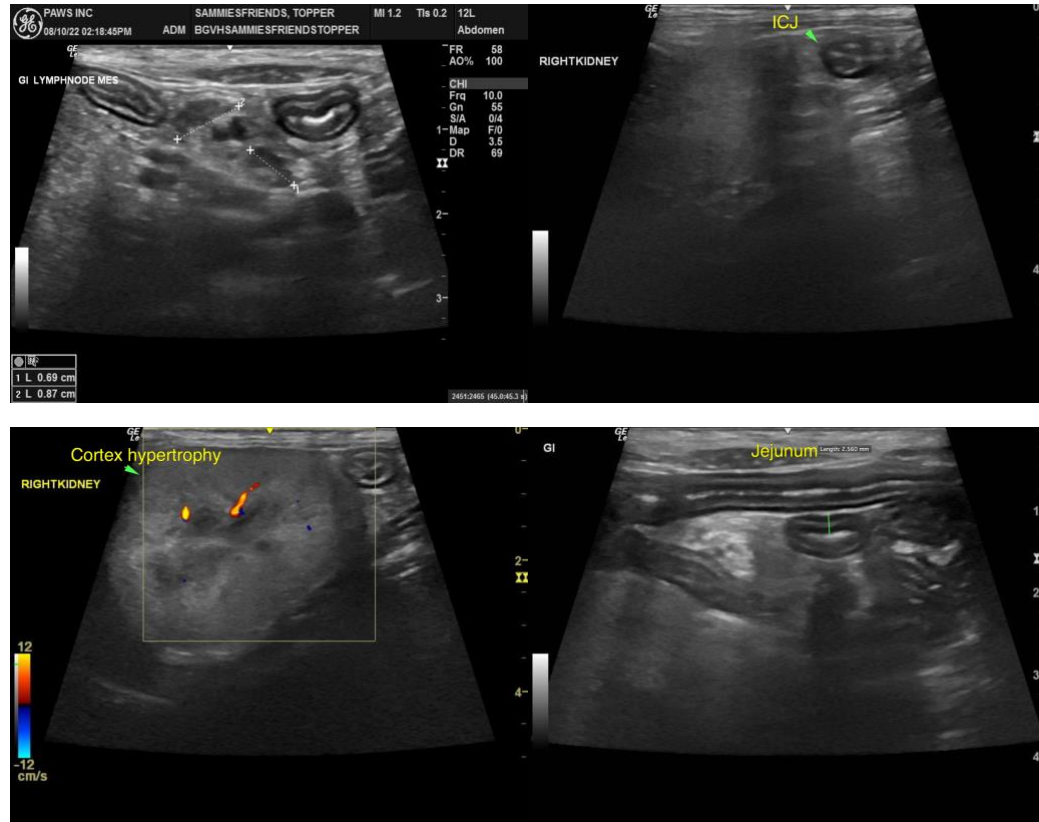
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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