



**PATIENT PRESENTING CLINICAL SIGNS**

Luci Maddy History: -tachycardia -anemia -weight loss -right anal sac abscess -heart murmur -lethargic Current Medications Amoxiclav, prednisone, mirtazapine Primary Question/Differential to Be Answered in This Exam R/O source of weight loss

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: RBC 3.45 L HCT 15.5 L WBC-46.84 H Neu\_37.5 H lym-7.67 H Mono-1.4 H Glu-167 H SDMA 67 H CREA-7.5 H BUN-> 130 H ALT- 237H

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

8.46 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Reid VH

**REFERRING VET**

Dr. Heider

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8/11/23

**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 were noted.

Both kidneys were normal in size with mild asymmetrical margination and borderline subnormal right kidney size compared to the left. Moderate loss of corticomedullary border demarcation was noted with mild increased medullary echogenicity. No pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.0 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 0.32 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

**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 0.41 cm in width at the level of the mid spleen.

**Liver**

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**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid. The gastric body wall measured 0.26 cm.

The small intestine presented intact wall layering with current maintained 1:3 muscularis/mucosa ratio. No evidence of previously noted thickened intestinal wall. Mild segmental jejunal corrugation was noted, which is nonspecific yet may suggest segmental jejunal inflammation or hypercontractility. The duodenum wall measured 0.24 cm. The jejunum measured 0.20 cm. The ileocolic wall measured 0.36 cm.

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

***Pancreas***

The left and right pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic /duct dilation was present.

***Free Abdomen***

Intermittent, minor prominent 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). No evidence of omental masses or peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes
- Suspect chronic enteropathy, exhibiting current normal wall layer ratio and segmental jejunal corrugation- no evidence of intestinal masses or obstructive pattern.
- Intermittent, minor sonographically benign/reactive mesenteric lymphadenopathy
- Probable chronic pancreatitis
- Low grade hepatopathy- subjectively benign, subjective low grade cholangiohepatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary work up, including screening culture and sensitivity and baseline UPC level for further renal staging is recommended. Sonographically, the kidneys did not overtly appear to be end-stage. Consideration for potential acute renal insult on top of chronic renal changes, i.e., toxin, infectious disease may be indicated. No overt evidence of intraabdominal neoplastic criteria, although current prednisolone may potentially be masking intraabdominal pathology. Chronic triad disease may be a potential consideration in this patient.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three view chest radiographs are suggested to rule out occult intrathoracic pathology as a contributing factor to the patients signs and weight loss. CBC pathology review is recommended.



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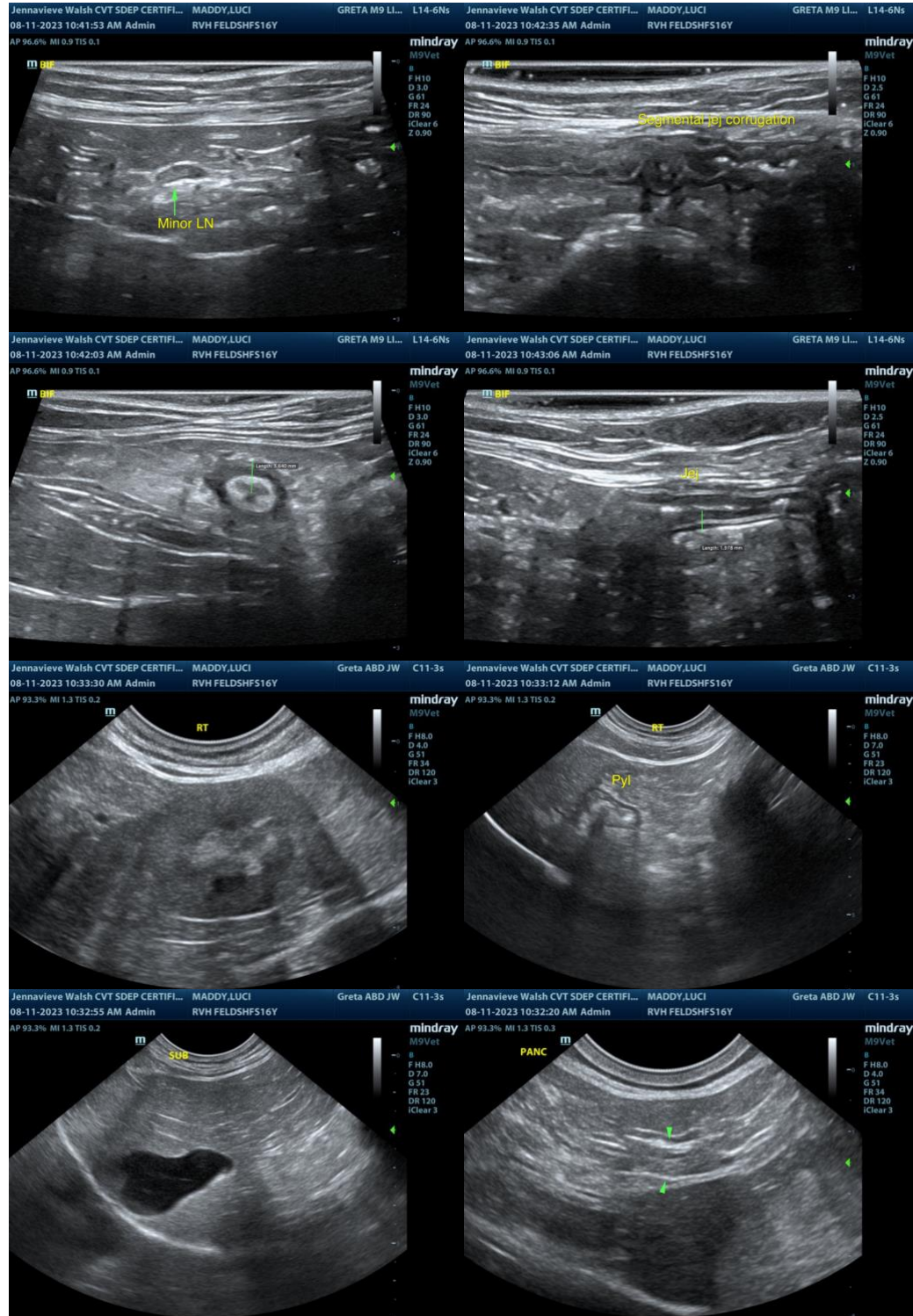
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



**PATIENT** visible in the image/video clips provided.

Luci Maddy 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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