



PATIENT

Milkdud Smith

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

History - Patient doing generally well at home with exception of chronic vomiting, weight loss, 2-3x daily vomiting, recently migrated from DM to C/D as predisposed to UTIs per owner. Still very active, eating generally well, seems to drink significant amount water.

Abnormal PE/Chem/CBC/UA Results: IN JUNE NOTES: Weight loss, Stress hyperglycemia, CKD IRIS stage 2 - early, Wellness/Preventive care, Dental Disease - mild, Intermittent vomiting
Weight loss of 1.1 lb over prior four years (13% prior body mass) R/O GI (IBD, neoplasia, chronic FB, other) vs. extra GI (renal, endocrine, hepatic, pancreatitis, other), prior labs generally unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

16 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.2 Pounds

The left kidney was subnormal in size with right kidney borderline subnormal size compared to normal size for this species. The left kidney measured 2.8 cm. The right kidney measured 3.0 cm. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineralization present in both kidneys.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.22 cm in width. The right adrenal gland measured 0.37 cm in width. No overt evidence of adrenal tumors.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Spleen

HOSPITAL NAME

VCA Feline AH

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 0.68 cm in width.

REFERRING VET

Dr. Vincent Fleming

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent subtly hypoechoic, non-expansive parenchymal nodules. Example of nodule measured 0.26 cm diameter. The hepatic and portal

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PATIENT

Milkdud Smith 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.

SPECIES

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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 was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

SEX

Spayed Female

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.24 cm.

Ileocolic wall measured 0.27 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

AGE

16 Years

Pancreas

The pancreas exhibited normal size with mild asymmetrical contour and mild hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

WEIGHT

7.2 Pounds

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.42 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of effusion.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Bilateral mild chronic renal changes with pinpoint dystrophic medullary mineralization – sonographically consistent with Iris Stage 2 CKD.
- Chronic active pancreatitis
- Sonographically unremarkable gastrointestinal tract
- Intermittent, non-expansive, subtly hypoechoic hepatic nodules – likely benign, suggestive of probable areas of nodular to regenerative hyperplasia or hematopoiesis.
- Intermittent mild mesenteric lymphadenopathy – lymphoid hyperplasia or minor reactive lymphadenitis likely.

HOSPITAL NAME

VCA Feline AH

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic intermittent vomiting and weight loss in this patient may be owing to chronic active pancreatitis. However, the possibility of underlying inflammatory enteropathy without evidence of mural changes (often seen concurrently with chronic active pancreatitis in cats) cannot be excluded. Further assessment would include GI panel to include PLI, TLI, cobalamin and folate. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated

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Milkdud Smith with the pancreas recommended. Empirically, as-needed gastrointestinal support and medical therapy for chronic active pancreatitis could be considered. Baseline renal staging including urine culture and sensitivity and UPC on sterile urine sample may be considered if not recently done.

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IMAGING BY

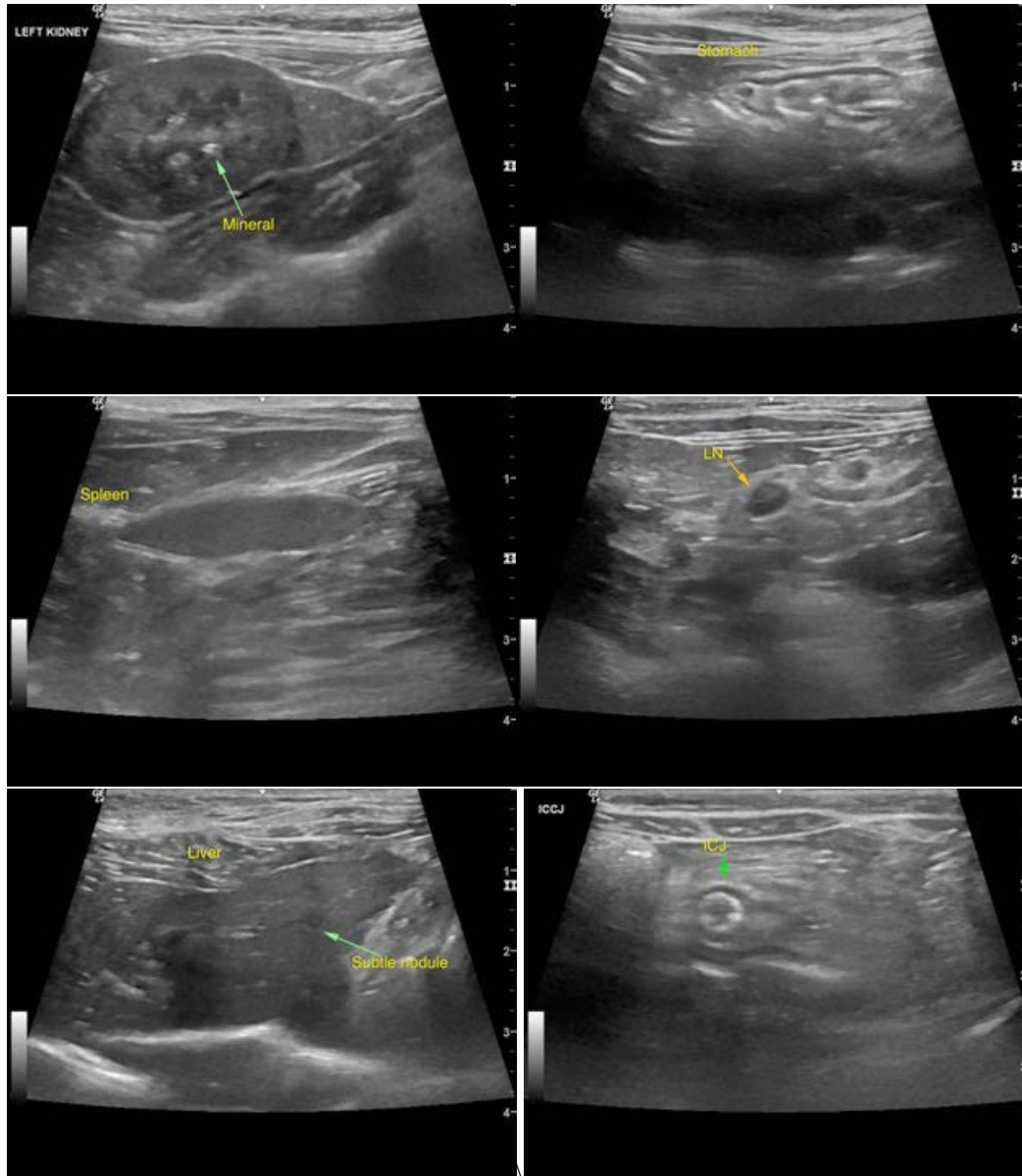
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Milkdud Smith

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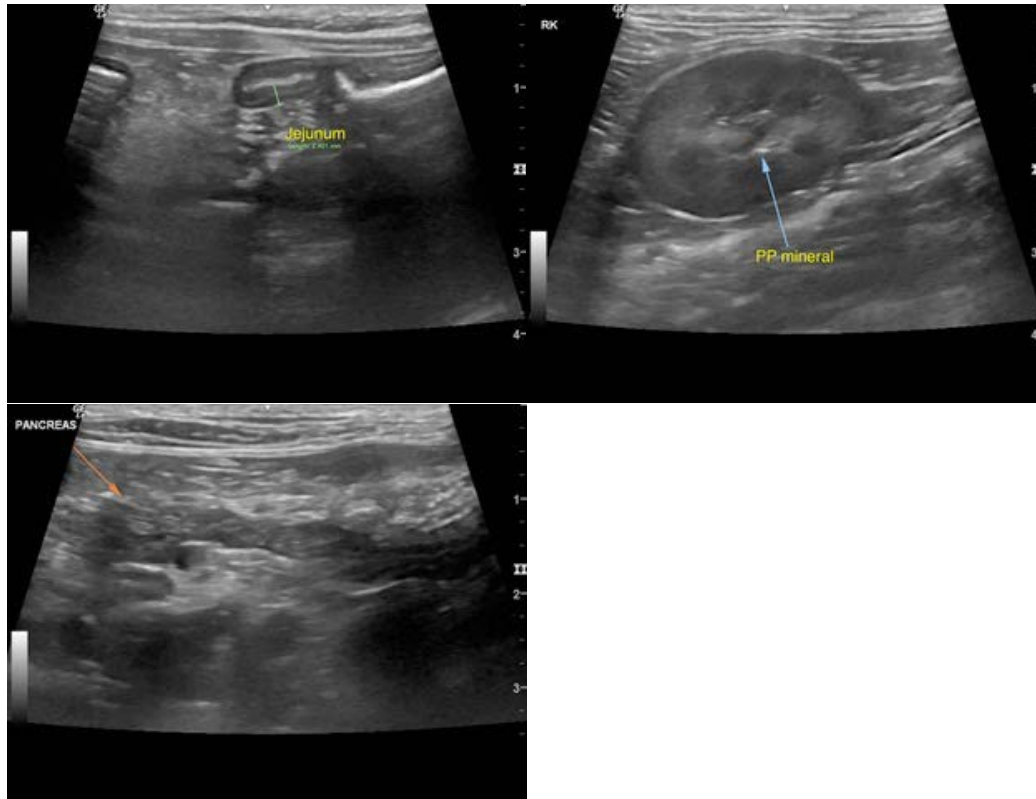
Spayed Female

AGE

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WEIGHT

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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 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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