



PATIENT

Tom Rose

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Chemistry profile - BUN 47 Creat 2.8 K 3.3 else unremarkable; Thyroid hormones - T4 = 2.1; Urinalysis - USG 1.013 protein 1+ occult blood 3+ RBC 21-50 else unremarkable; CBC - Unremarkable ASSESSMENTS Heart murmur, loudness grade III out of VI, LPL lameness, Weight decreased, CKD IRIS stage 2, Hyperthyroidism Adequate control thyroid disease, mildly progressive renal disease, patient presented with suspect dehydration on exam, no clear etiology for progressive weight loss r/o renal vs. other. Mild hypokalemia at 3.3 r/o secondary to renal disease vs. other.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

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

13 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.9 Pounds

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor dystrophic medullary mineral present in both kidneys. Minor pyelectasia noted in the right kidney. The left kidney measured 3.1 cm. The right kidney measured 3.3 cm.

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 0.43 cm in width. The right adrenal gland measured 0.39 cm in width.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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 1.0 cm in width at the level of the hilus.

HOSPITAL NAME

VCA Feline AH

Liver

REFERRING VET

Dr. Vincent Fleming

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. A solitary non-specific, non-expansive, subtle hypoechoic parenchymal nodule was present measuring 0.93 cm diameter. 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.

INVOICE

24758

Gastrointestinal

DATE

8/17/21



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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. Pylorus wall measured 0.32 cm.

SPECIES

Feline

The small intestine presented intact wall layering with segmental minor jejunal corrugation, which may indicate segmental jejunal muscularis hypercontractility. Segmental propensity for mildly prominent jejunal muscularis layer. No evidence of loss of intestinal wall layering or masses. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.25-0.27 cm.

BREED

DSH

Ileocolic wall measured 0.32 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SEX

Spayed Female

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

AGE

13 Years

Free Abdomen

No evidence of intraabdominal lymphadenopathy, masses or effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.9 Pounds

- Mild chronic renal changes with minor right kidney pyelectasia
- Normal bilateral adrenal glands
- Suspect enteropathy
- Possible low-grade chronic active pancreatitis
- Focal non-specific, non-expansive liver nodule

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

Loetitia Saint-Jacques,
LVT

The overall appearance of the kidneys is subjectively consistent with Iris Stage 2 chronic kidney disease. The right renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

HOSPITAL NAME

VCA Feline AH

The hypoechoic liver nodule was nonspecific and may indicate nodular/regenerative hyperplasia, hematopoiesis or granuloma while neoplastic nodule cannot be excluded. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Sonographic monitoring for evidence of progression would be a more conservative approach.

REFERRING VET

Dr. Vincent Fleming

Although not definitive, the small intestine exhibited subtle mural changes, which may suggest potentially chronic inflammation. Given the lack of reported gastrointestinal signs, this finding is non-specific. However, given the lack of additional visceral pathology and without evidence of significant renal disease, cats with underlying intestinal disease may only present with weight loss. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate and 3-view chest radiographs to rule out thoracic pathology.

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WEIGHT

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HOSPITAL NAME

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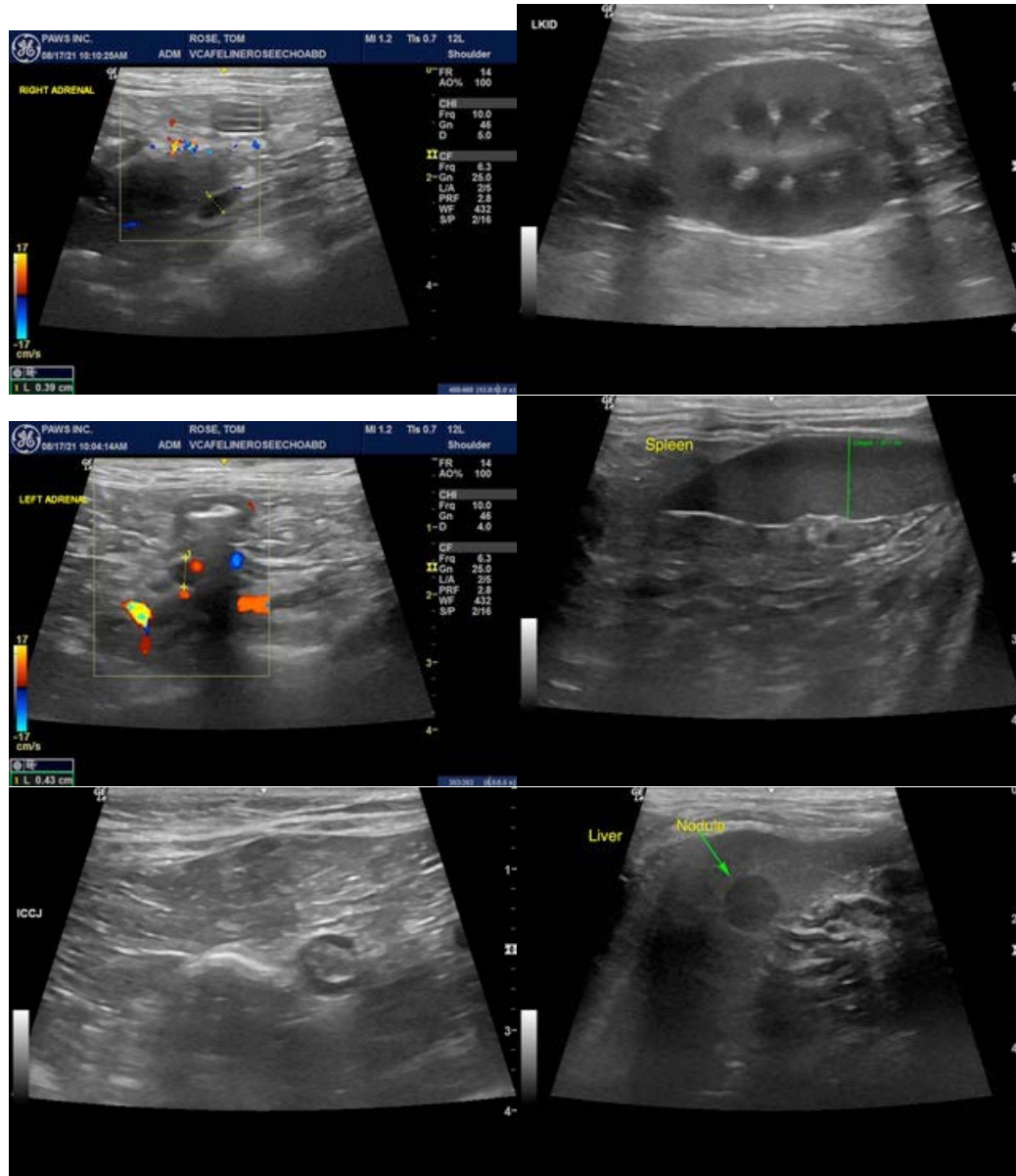
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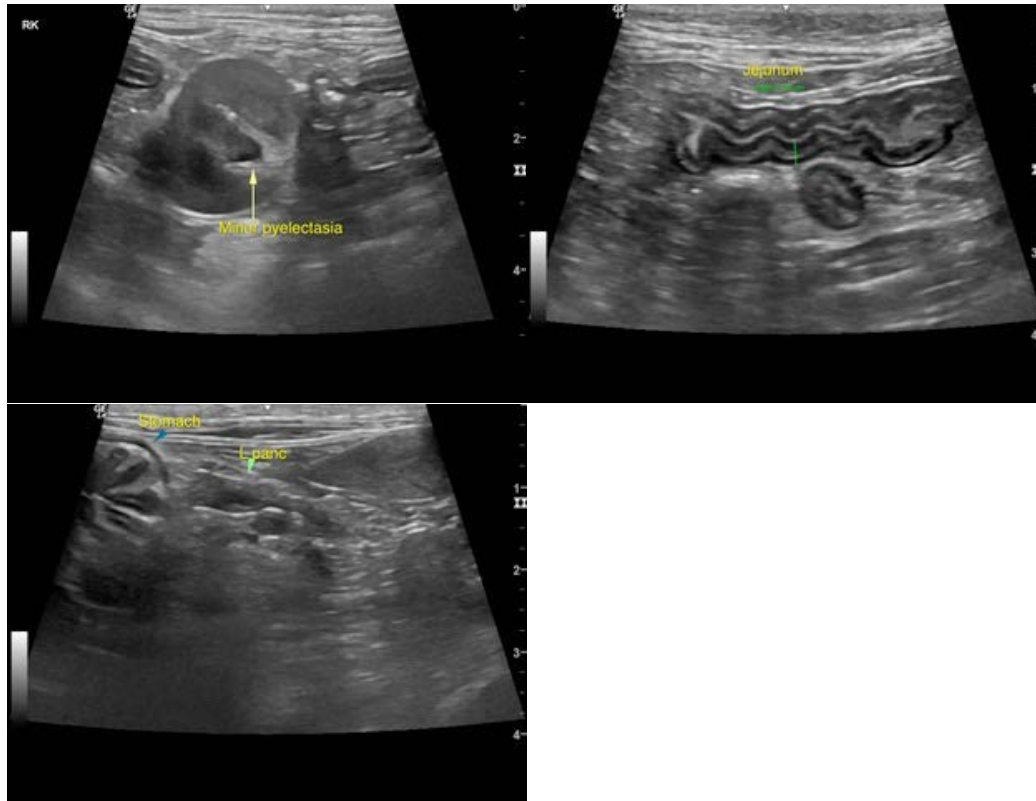
Spayed Female

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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