



PATIENT

Clyde Vaughan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

9.72

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Kaitlyn Rudie, DVM

INVOICE

14477ag

DATE

08/02/2023

PRESENTING CLINICAL SIGNS

Ate small meal 5 hours prior to study. Clyde has HTD and was treated with IL-131 therapy on 4/10/23. Following this he had reduced appetite, and lethargy. In June he his kidney values had worsened and he had developed pancreatitis. He was started on 100 mL SQ LRS once per week, K/D, buprenorphine, cerenia and mirtazapine transdermal. He had a topical reaction to mirtazapine and was started on the oral formulation. Since then he has needed mirtaz and cerenia to keep him eating. When O tried to discontinue cerenia he started vomiting again within 1 week. He stopped eating K/D but tolerates wet food.

Abnormal PE/Chem/CBC/UA Results: TT4 WNL 2.1 (1.5-3) 1 month post IL-131, Creat 2.5 vs 1-1.5 pre-IL-131. 6/1/23: SDMA 24, Creat 2.5, USG 1.016 (no proteinuria); fPL high 7/24: T4 2.4, SDMA 15, Creat 1.9, fPL 7.9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly enhanced yet indistinct corticomedullary definition was present. Mild uniform cortex hyperechogenicity was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. No overt pathology in the area of the right adrenal gland.

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.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 moderate non-shadowing variably echogenic ingesta. Within the gastric ingesta, shadowing echo suggestive of probable non-obstructive hairball density measuring 0.78 cm in diameter was present. The pylorus wall measured 0.24 cm in width.

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The small intestine presented intact wall layering with segmental borderline to subtle prominent muscularis layer and borderline prominent wall width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.34 cm width.

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

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Pancreas

MN

The pancreas was mildly prominent in size exhibiting symmetrical contour and mild uniform hypoechoic parenchyma. No evidence of neoplastic criteria.

AGE

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Mild to moderate non-specific chronic renal changes.
- Mildly prominent hypoechoic pancreas-suspect mild chronic active pancreatitis.
- GI ingesta with suspect non-obstructive lumen hairball density.
- Intact segmental borderline prominent small bowel walls.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered despite no evidence of proteinuria. The kidneys did not appear to be end stage, yet potential progressive CKD often masked by hyperthyroidism may be a concern.

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The subtle to borderline prominent small bowel wall is non-specific with potential for patient variant given lack of additional GI signs such as diarrhea or weight loss. Emerging to low grade inflammatory enteropathy may be considered if progressive GI signs or weight loss arise. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if clinically indicated.

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Empirically as needed GI support, hairball therapy if clinically applicable, pancreatitis/CKD protocol with assessment of clinical response and monitoring of renal parameters would be reasonable. No evidence of intra-abdominal neoplastic criteria.

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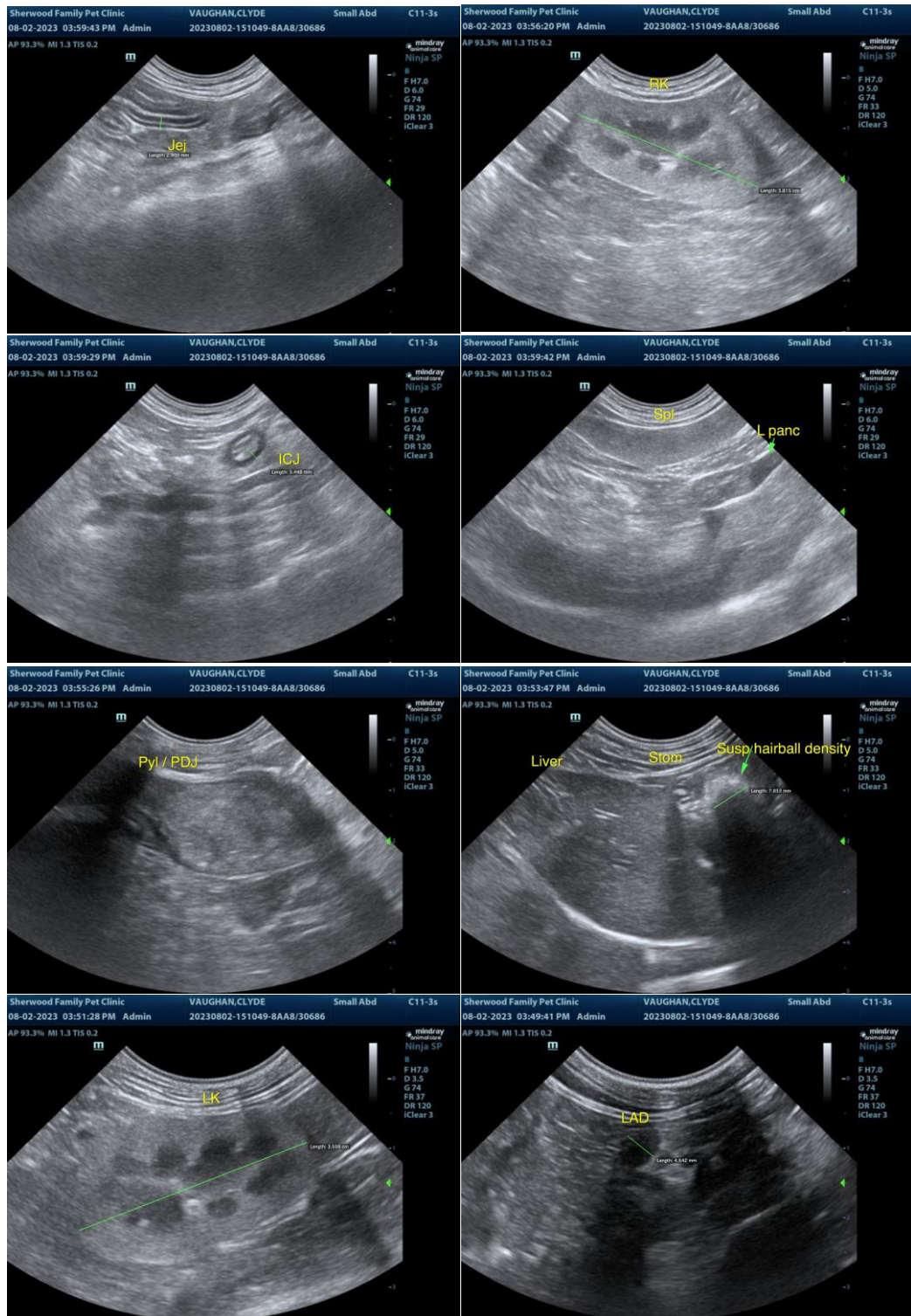
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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