



**PATIENT PRESENTING CLINICAL SIGNS**

Calie Lyons 1 year duration decreased appetite, lethargy, weight loss, history of chronic kidney disease, mild liver elevations. Medication: Elura SDMA 16 ALT 187 ALP 61

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** 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 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.

DSH

**SEX** 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 moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Mild bilateral pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

FS

**AGE** The area of the aortic trifurcation was free of pathology.

2008

**Adrenal Glands**

**WEIGHT** The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.48 width and the right adrenal gland measured 0.38 width.

8.6

**Spleen**

**INTERPRETED BY** 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.

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 DVM, DABVP  
 (Canine and Feline)

**Liver/Gallbladder**

**IMAGING PERFORMED BY** 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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME** Alburdis AH

**Gastrointestinal**

**REFERRING VET** 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 gastric body wall measured 0.25 cm in width.

Borrelli

**INVOICE** The small intestine presented intact borderline prominent 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. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.36 cm width.

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

**DATE** 08/09/2023  
**Pancreas**



**PATIENT**

Calie Lyons

The left pancreas was mildly prominent to asymmetric in appearance with non-homogenous hypoechoic parenchyma. Potential pancreatic cyst and probable left limb pancreatic duct limb was present. Subtle evidence of peripancreatic hyperechoic omentum.

**SPECIES**

Feline

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**BREED**

DSH

Several to multiple variably sized focally cystic colic lymph nodes were present, an example measured 0.75 cm in diameter.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes with bilateral mild pyelectasia.
- Chronic left limb chronic pancreatitis pattern.
- Hepatopathy-subjectively benign.
- Mild gallbladder sediment.
- Probable chronic enteropathy.
- Cystic colic lymphadenopathy.

**AGE**

2008

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on the GI sonographic presentation and concurrent chronic pancreatitis pattern, chronic IBD or other chronic inflammatory enteropathy and triaditis is considered most likely. Intestinal full thickness/surgical biopsy +/- hepatopancreatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**WEIGHT**

8.6

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

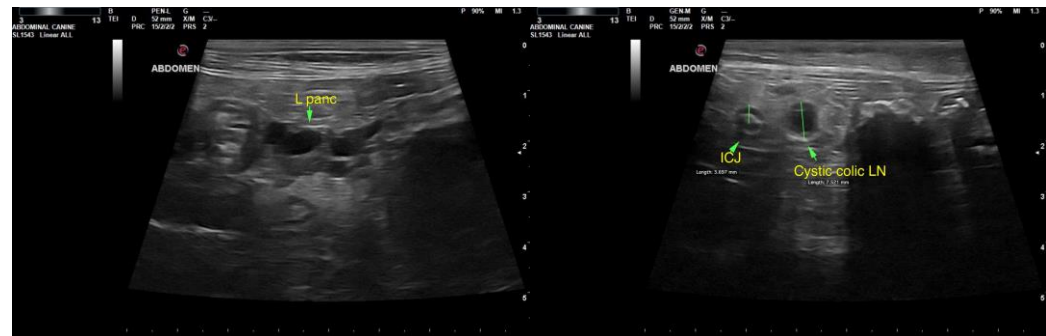
**INTERPRETED BY**

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Empirically as needed GI support, therapy for chronic pancreatitis +/- triaditis with monitoring of clinical response and body weight would be reasonable.

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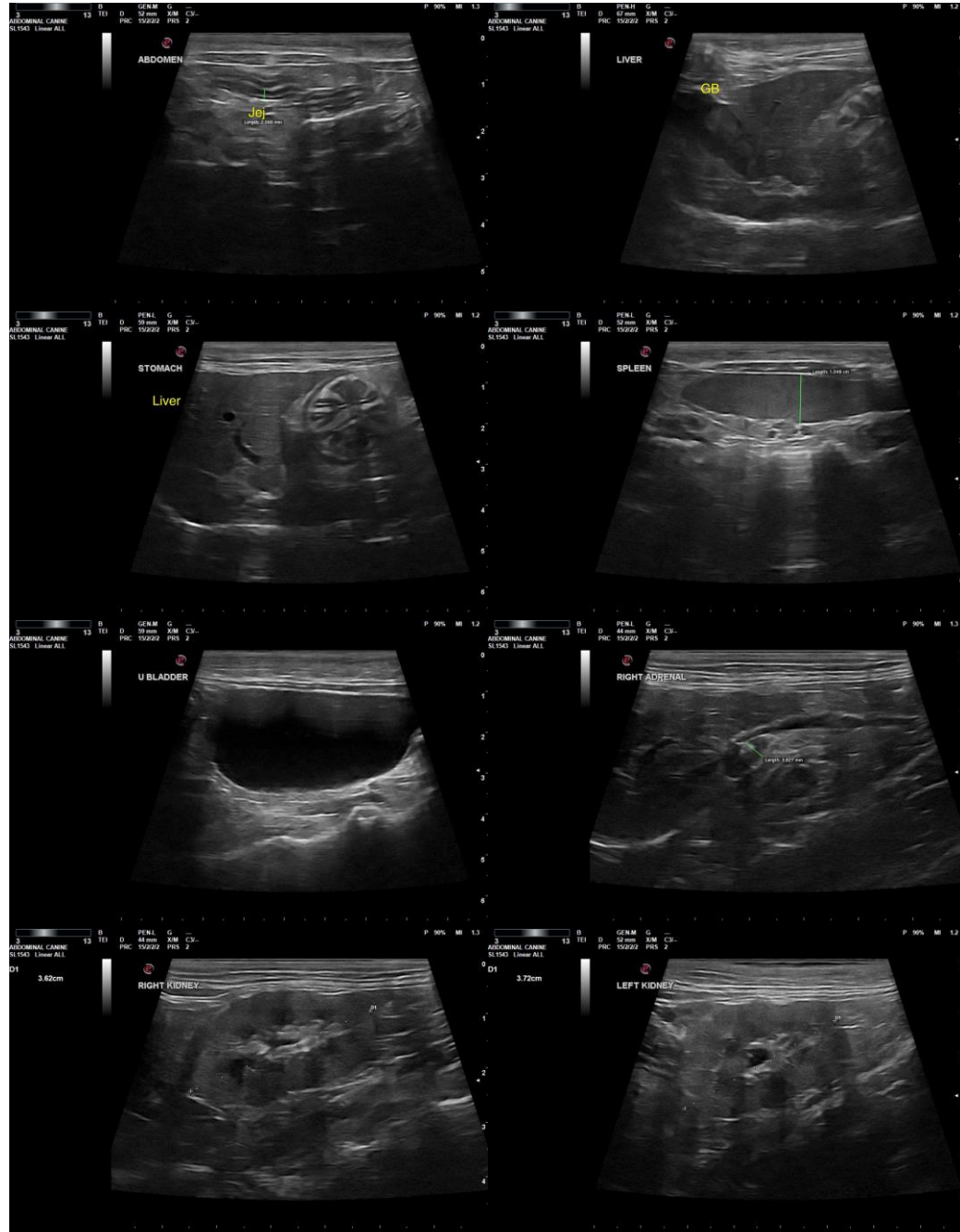
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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