

PATIENT

Sophie Hennig

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Previous echo report attached- No sedation- Weight loss - mild/progressive, HCM - mild, Heart murmur, grade 2 of 6, Dental disease - moderate Static PE aside from mild progressive weight loss . History - Patient well at home, eating well, no V/D, no mobility issues, not PU/PD, no concerns.

Indoor only. Medications: none.

Abnormal PE/Chem/CBC/UA Results: BP-170

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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 minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

16yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild to moderate bilateral pyelectasia was present.

WEIGHT

8.5lb

The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. No overt pathology in the area of the right adrenal gland.

IMAGING BY

Spleen

Loetitia Saint-Jacques,
VET

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion.

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The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Liver

Dr. Fleming

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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PATIENT

Sophie Hennig The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. The cystic and common bile ducts were normal

SPECIES *Gastrointestinal*

Feline 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 0.24 cm in width.

BREED

DSH The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent small intestinal walls were present. Minor segmental ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The duodenum wall measured 0.30 cm in width. The jejunum wall measured up to 0.28 cm in width.

SEX

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

Pancreas

AGE

16yr The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild to moderate pancreatic duct dilation measuring 0.27 cm in diameter was present.

WEIGHT

8.5lb *Free Abdomen*

No peritoneal effusion was present.

INTERPRETED BY

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

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.27 cm in diameter.

IMAGING BY

Loetitia Saint-Jacques,
VET

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with bilateral pyelectasia
- Intact yet segmentally prominent small bowel walls
- Chronic to chronic active pancreatitis pattern
- Intermittent mild mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Fleming

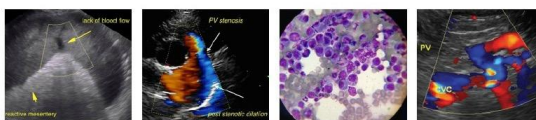
Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas is suggested. Although potential for patient variant, the small intestine exhibited subtle mural changes and prominent wall layering which may suggest underlying chronic inflammatory enteropathy. Given lack of reported GI signs, this finding is non-specific. In some cats, chronic mild progressive weight loss may be the only clinical sign associated with underlying intestinal disease. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Sophie Hennig Three view chest radiographs suggested if not done to assess for thoracic pathology.

SPECIES

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of BP going forward is advised.

Feline

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DSH

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FS

AGE

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WEIGHT

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IMAGING BY

Loetitia Saint-Jacques,
DVM

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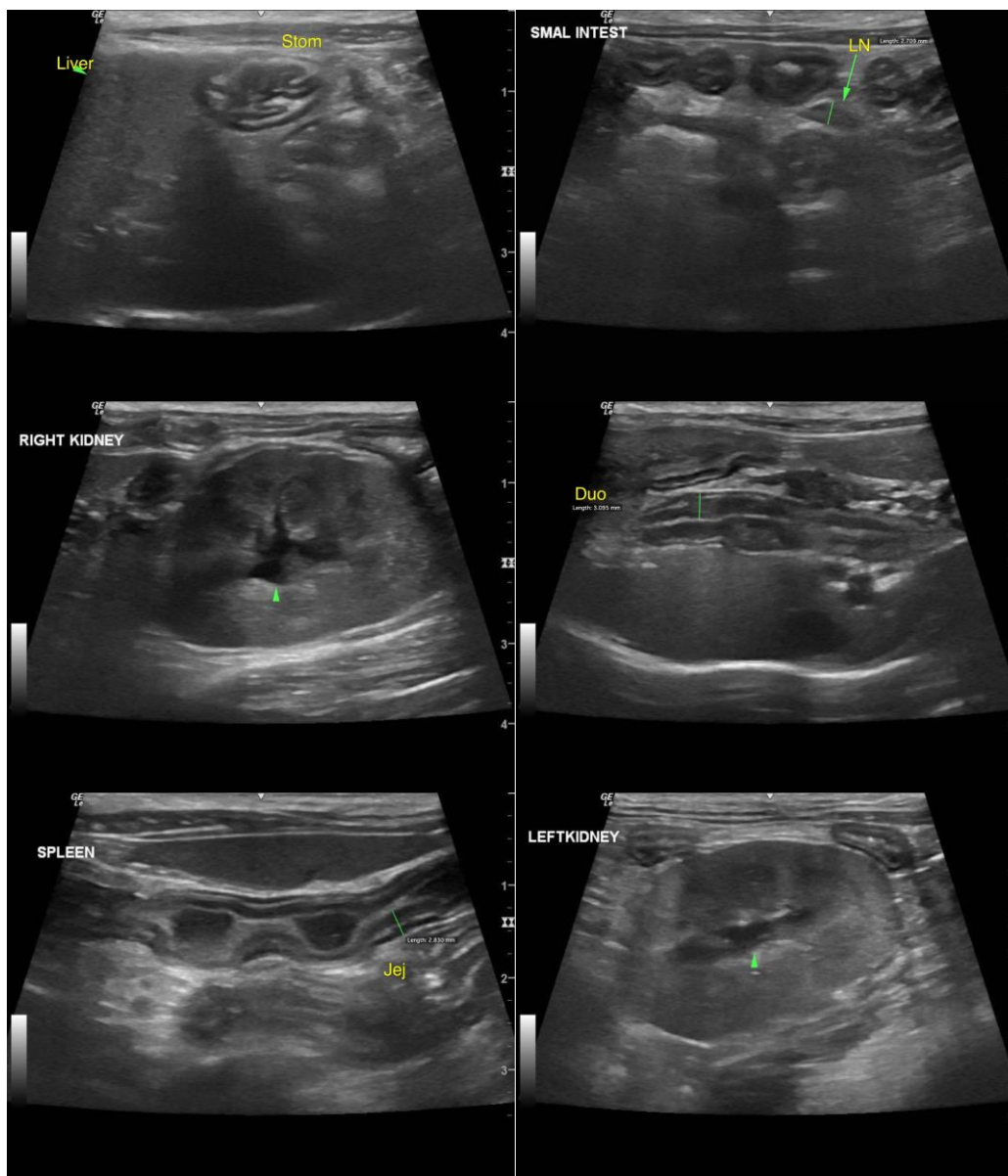
Dr. Fleming

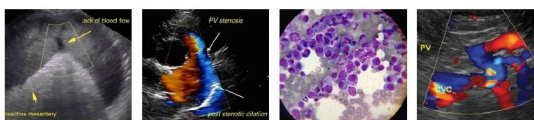
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SPECIES

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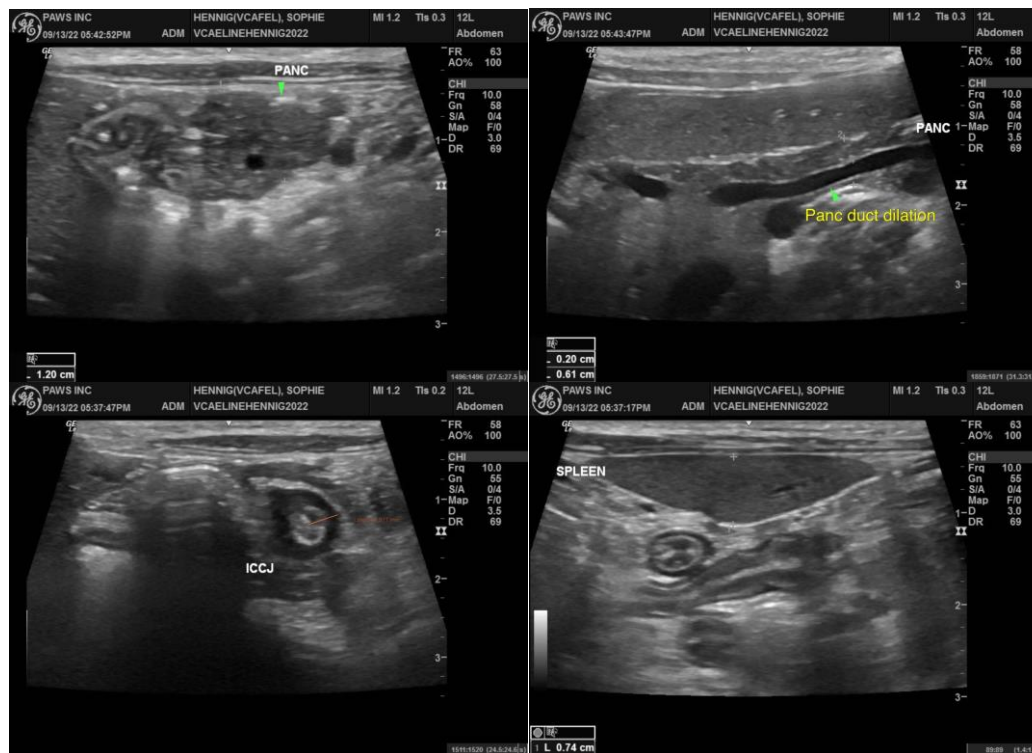
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AGE

16yr

WEIGHT

8.5lb



INTERPRETED BY

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

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.

IMAGING BY

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VET

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