



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bella Blevins	Petite cat with chronic low grade weight loss and poor appetite. Persistent Lymphocytosis. methimazole 2.5 mg in am and 1.25 mg in pm.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Persistent lymphocytosis over 5 years. 60% Lymphocytes on multiple CBC's over 5 years. SDMA 15 Hyperthyroid cat treated with methimazole and current T4 1.2
Feline	All other parameters including spec fPL and proBNP normal.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DLH	<b>Urinary System</b>
<b>SEX</b>	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 was noted.
Spayed Female	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
14 years	
<b>WEIGHT</b>	The left kidney was subnormal in size yet maintained a 1:3 cortex / medulla ratio with uniform increased cortex echogenicity. Nonobstructive medullary and pelvic mineralization were present in the left kidney. The left kidney measured 1.9 cm in length.
6.75 lbs	
<b>INTERPRETED BY</b>	Normal size and margination were present in the right kidney. 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 corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary and pelvic mineralization was present in the right kidney. No evidence of pelvic dilation was present. The right kidney measured 4.1 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Jenna Walsh	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 0.41 width and the right adrenal gland measured 0.31 width.
<b>HOSPITAL NAME</b>	
Faithful Friend AH	<b>Spleen</b>
<b>REFERRING VET</b>	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. Minor asymmetrical medial capsule contour was present. 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. The spleen was normal in size, measuring 0.74 cm in width. No splenic masses or nodules were noted.
Dr. Hiett	
<b>INVOICE</b>	
12241	
<b>DATE</b>	
9/14/21	



**PATIENT**

***Liver/ Gallbladder***

Bella Blevins

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

**SPECIES**

Feline

**BREED**

***Gastrointestinal***

DLH

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 width measured 0.25 cm.

**SEX**

Spayed Female

The small intestine exhibited intact wall layering with subjective propensity for segmental to generalized mildly prominent muscularis layer. The jejunum wall width measured 0.23-0.26 cm. The ileocolic wall width measured 0.29 cm.

**AGE**

14 years

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

**WEIGHT**

6.75 lbs

***Pancreas***

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

**INTERPRETED BY**

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Jenna Walsh

***Primary Findings***

- Left kidney subnormal size with advanced chronic degenerative changes and nonobstructive medullary to pelvic mineralization
- Right kidney moderate chronic changes with nonobstructive medullary to pelvic mineralization
- Mild chronic active pancreatitis pattern
- Probable chronic enteropathy - suspect chronic IBD

**HOSPITAL NAME**

Faithful Friend AH

**REFERRING VET**

Dr. Hiatt

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

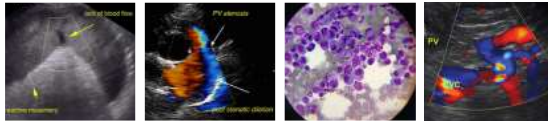
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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a potential cause of the weight loss.

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Bella Blevins

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Feline

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DLH

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

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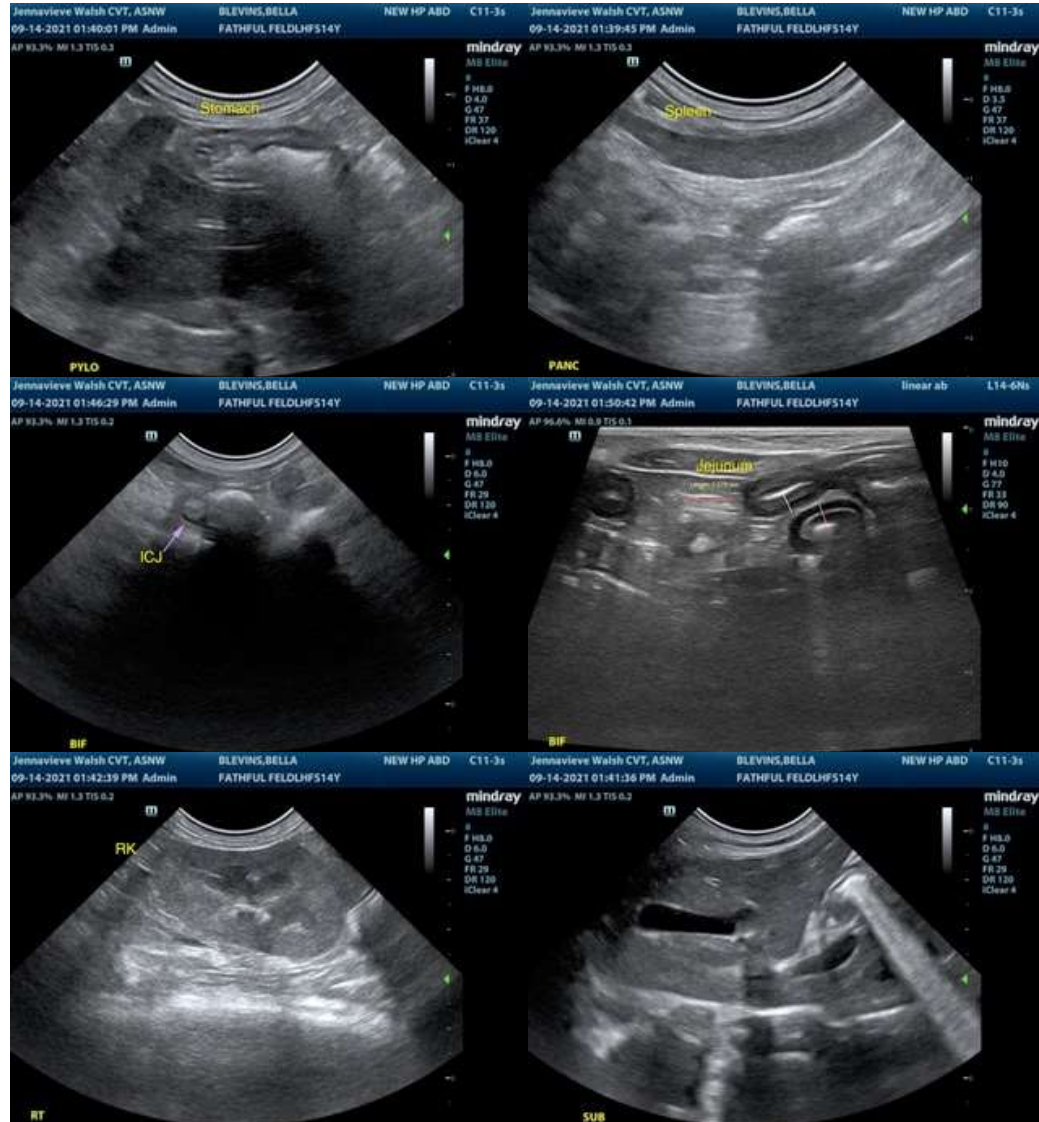
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Intestinal +/- pancreatic biopsies would be required for a definitive diagnosis. Empirically, Cobalamin supplementation, hydrolyzed or novel protein diet trial +/- Prednisolone therapy at lowest effective dose to control clinical signs, as well as as-needed gastrointestinal support may be considered. CBC pathology review is suggested, given the persistent lymphocytosis.





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Feline

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DLH

**SEX**

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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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