



**PATIENT**

Rookie Hernandez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 years

**WEIGHT**

3.2 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Killarney Cat  
Hospital

**REFERRING VET**

Dr. Titanich

**INVOICE**

14958

**DATE**

9-22-22

**PRESENTING CLINICAL SIGNS**

Hx of IRIS stage 4 CKD with systemic hypertension. Managed on K supp, renal diet, sq fluids twice weekly, amlodipine. For past 2 weeks as been inappetant. Responded well to mirtazapine and cerenia. Abnormal PE/Chem/CBC/UA Results: IRIS stage 4 - sdma 25, creat 413, BUN 25.2. Amylase and lipase elevations. Mild hypokalemia at 3.3

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

Subnormal size and areas of mild capsule asymmetry were present in the kidneys. Potential cortical microinfarction was noted. Moderate loss of corticomedullary border demarcation was noted with no evidence of pyelectasia. The left kidney measured 2.6 cm in length. The right kidney measured 2.8 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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 0.67 cm width at the level of the hilus.

**Liver/ Gallbladder**

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.

**Gastrointestinal**

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.

The small intestine presented intact yet subtly prominent wall layering owing to propensity for subtly prominent mucosa layer. No evidence of intestinal masses or loss of intestinal wall layering. The



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duodenum wall measured 0.26 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.32 cm width.

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

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### Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild to moderate pancreatic duct dilation was present.

## SEX

FS

### Free Abdomen

No evidence of significant lymphadenopathy, omental masses or evidence of peritoneal free fluid were present.

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## ULTRASONOGRAPHIC FINDINGS

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- Bilateral mild subnormal renal size exhibiting moderate chronic renal changes
- Intact yet subtly prominent small bowel walls
- Heterogeneous pancreas exhibiting pancreatic duct dilation - suspect chronic pancreatitis

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued monitoring of systemic BP is recommended.

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The small intestine exhibited subtle prominent small bowel walls which, although the potential for patient variant, may indicate underlying inflammation in addition to the potential for low-grade chronic pancreatitis. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas, which may coincide with low-grade chronic pancreatitis, may be considered. However, primarily renal component to the inappetence is a potential.

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Continued as-needed gastrointestinal support and CKD therapy are recommended.

## REFERRING VET

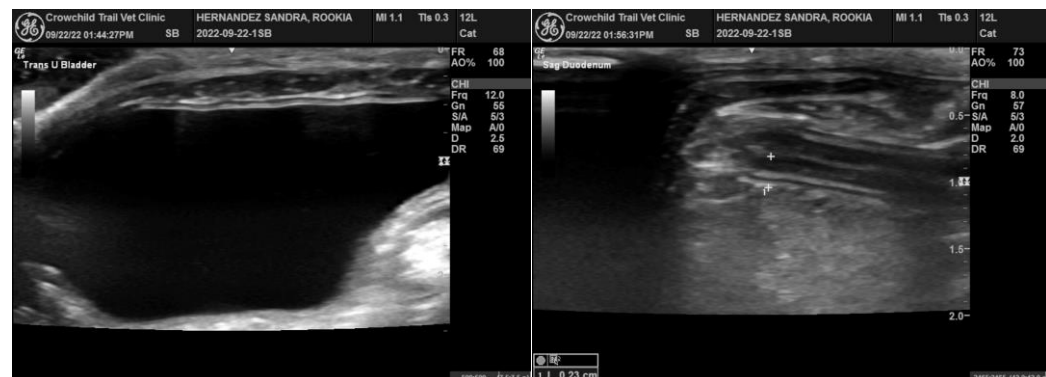
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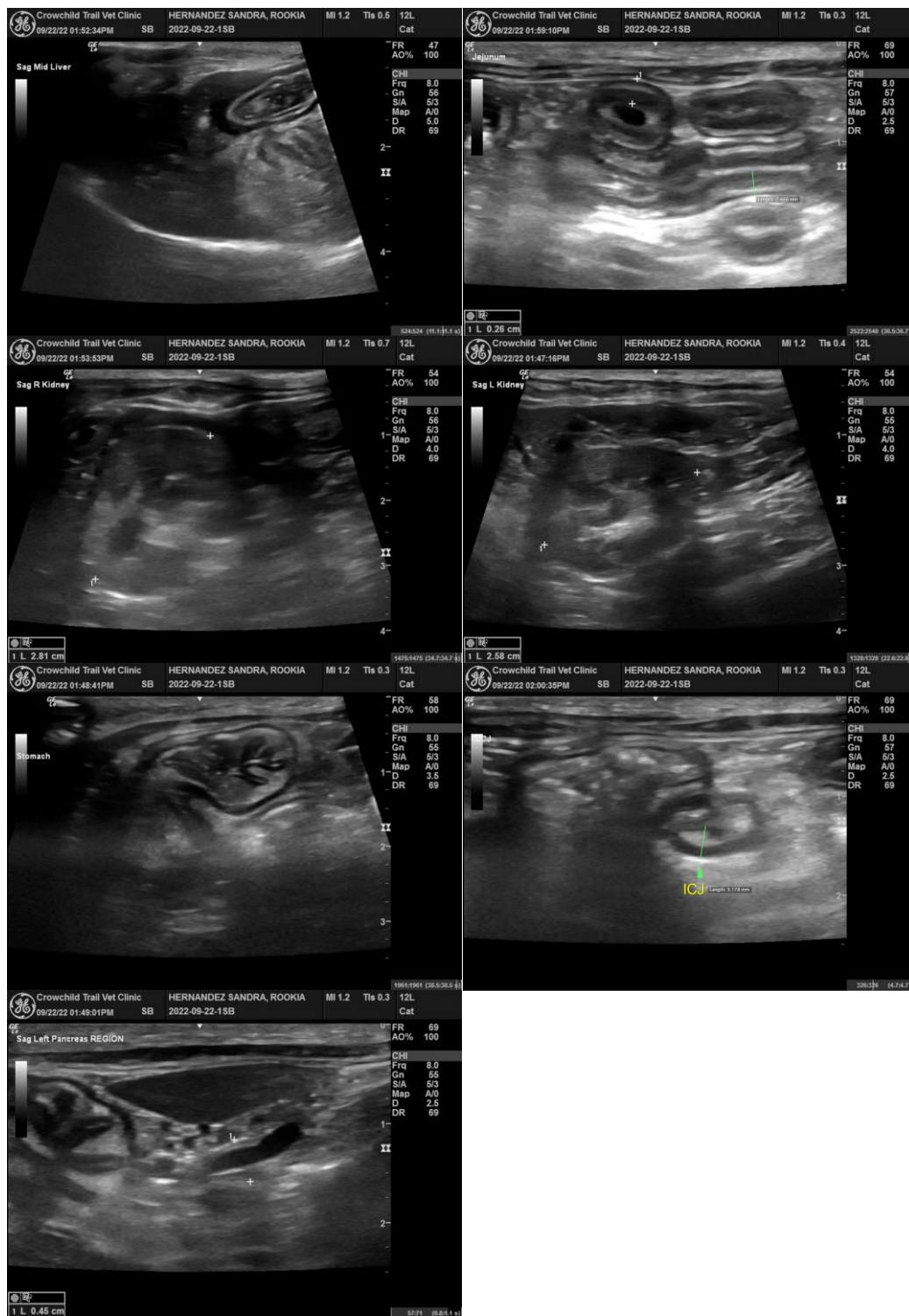
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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