



**PATIENT**

Spike Lussier

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

10.9 lbs.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Compassionate Care  
 VC

**REFERRING VET**

Jessika Louissaint,  
 DVM

**INVOICE**

12298

**DATE**

9/24/21

**PRESENTING CLINICAL SIGNS**

Recheck AUS and echo. History restrictive/unclassified cardiomyopathy/ isolated VPCs. Past history inappetance, PU/PD, lethargy, vomiting. Currently, doing well at home. Presently, no coughing, vomiting or diarrhea. BP: 120,120,110 mmHg. On exam, grade III heart murmur; decreased musculing. Current medications: Furosemide 0.6 ml of 10 mg/ml 0.6mls BID (1.2 mg/kg); Ursodiol 1 ml of 62.5 mg/ml, 1 ml SID; Pimobendan 0.1 ml of 12 mg/ml BID; Clopidogrel 37.5 mg/ml 0.25 mls BID. Having bi-cavity ultrasound exams. Previous AUS (3/12/21 - R. McKenzie Daniel, DVM).

**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.

Normal renal size with asymmetrical margination were 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. Subtle pyelectasia was present in the left kidney. No evidence of pyelectasia was noted in the right kidney. The left kidney measured 3.7 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

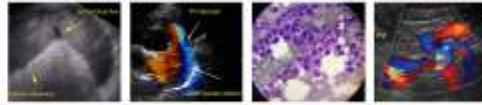
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

**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 0.82 cm in width.

**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. Focal areas of nonobstructive, previously noted biliary tree mineralization were present. 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 common bile duct was subtly dilated and tortuous without overt post hepatic obstruction.



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***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 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 duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.28 cm. The ileocolic junction wall width measured 0.33 cm.

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

***Pancreas***

The pancreas was normal in size with mild asymmetrical contour and variable, and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild to moderate pancreatic duct dilation was noted. The pancreatic duct measured up to 0.54 cm diameter. No evidence of pancreatic duct calculi was noted.

***Free Abdomen***

Several colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm x 0.42 cm. No effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Static, chronic Interstitial nephrosis renal pattern
- Resolved gallbladder calculi, minor nonobstructive common bile duct dilation
- Mild intermittent hepatic biliary tree mineralization - nonobstructive
- Possible low-grade chronic pancreatitis
- Static yet persistent colic lymphadenopathy - subjectively benign, hyperplasia or minor lymphadenitis suspected

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild common bile duct dilation may indicate age-related changes with the potential for low-grade cholangitis.

Monitoring of renal parameters, as well as further renal staging if not recently done which may include urine C/S and baseline UPC level on a sterile urine sample, may be considered.

Overall, aside from resolved gallbladder calculi, the abdomen presented essentially similar to the previous ultrasound, without evidence of progressive changes.

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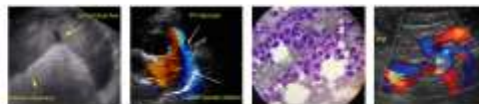
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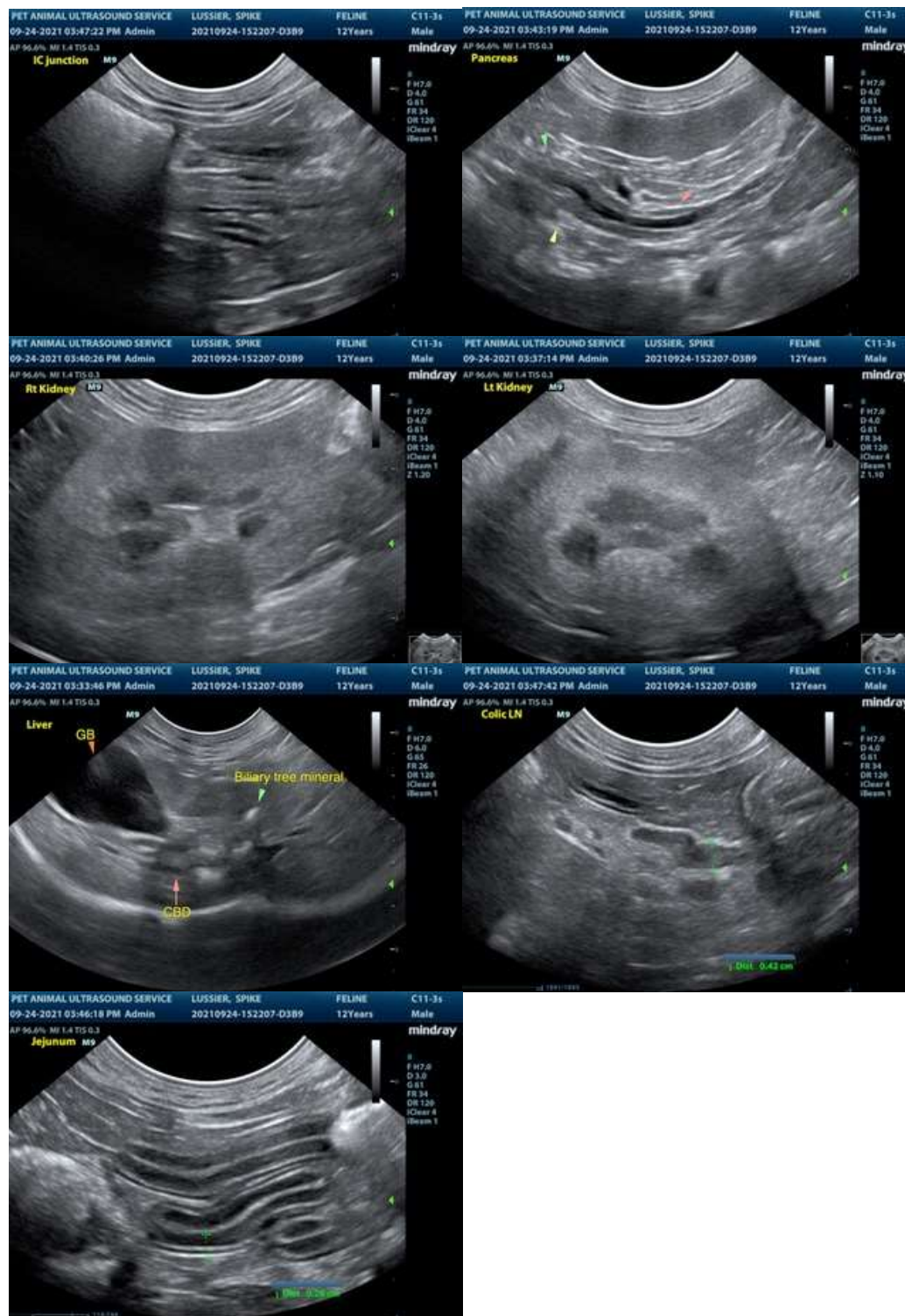
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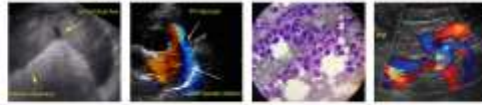
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

Spike Lussier

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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