



PATIENT	PRESENTING CLINICAL SIGNS
Erika Kaiser	Recognized CKD since 3/2021. Increased thirst, urination x 2 months. Increased vomiting or regurgitation from 3-4x/month to several times a month. Stable weight range over the past year.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 8/28/21: Urine SpG=1.017. Creat 1.7 mg/dL BUN =34. Normal CBC Renal values similar to 3/2021
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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	
AGE	The area of the aortic trifurcation was free of pathology.
15 years	
WEIGHT	Both kidneys exhibited small to borderline subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length.
8.63 lbs.	
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 0.22 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
VCA Salem AH	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.
REFERRING VET	
Dr. Reed	
INVOICE	
12339	
DATE	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
9/28/21	



PATIENT

Gastrointestinal

Erika Kaiser

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present. The pylorus wall width measured 0.24 cm.

SPECIES

Feline

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 jejunum wall width measured 0.21 cm. The ileocolic junction measured 0.33 cm. The duodenum wall width measured 0.27 cm.

BREED

DSH

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

SEX

Pancreas

Spayed Female

The parenchyma of the left limb, body, and right limb of the pancreas presented heterogeneous to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

AGE

15 years

Free Abdomen

WEIGHT

8.63 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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

- Bilateral mild chronic renal changes - sonographically consistent with IRIS Stage 2 CKD
- Possible mild gastritis
- Heterogeneous pancreas

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jenna Walsh, CVT

No evidence of active pancreatitis, although the potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal.

HOSPITAL NAME

VCA Salem AH

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

REFERRING VET

Dr. Reed

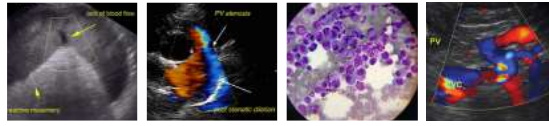
No overt evidence of structural gastrointestinal pathology. Three view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a potential cause of the patient's vomiting or regurgitation. Empirically, gastroprotectants +/- limited antigen renal diet and/or broad spectrum deworming may be considered.

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PATIENT

Erika Kaiser

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

8.63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

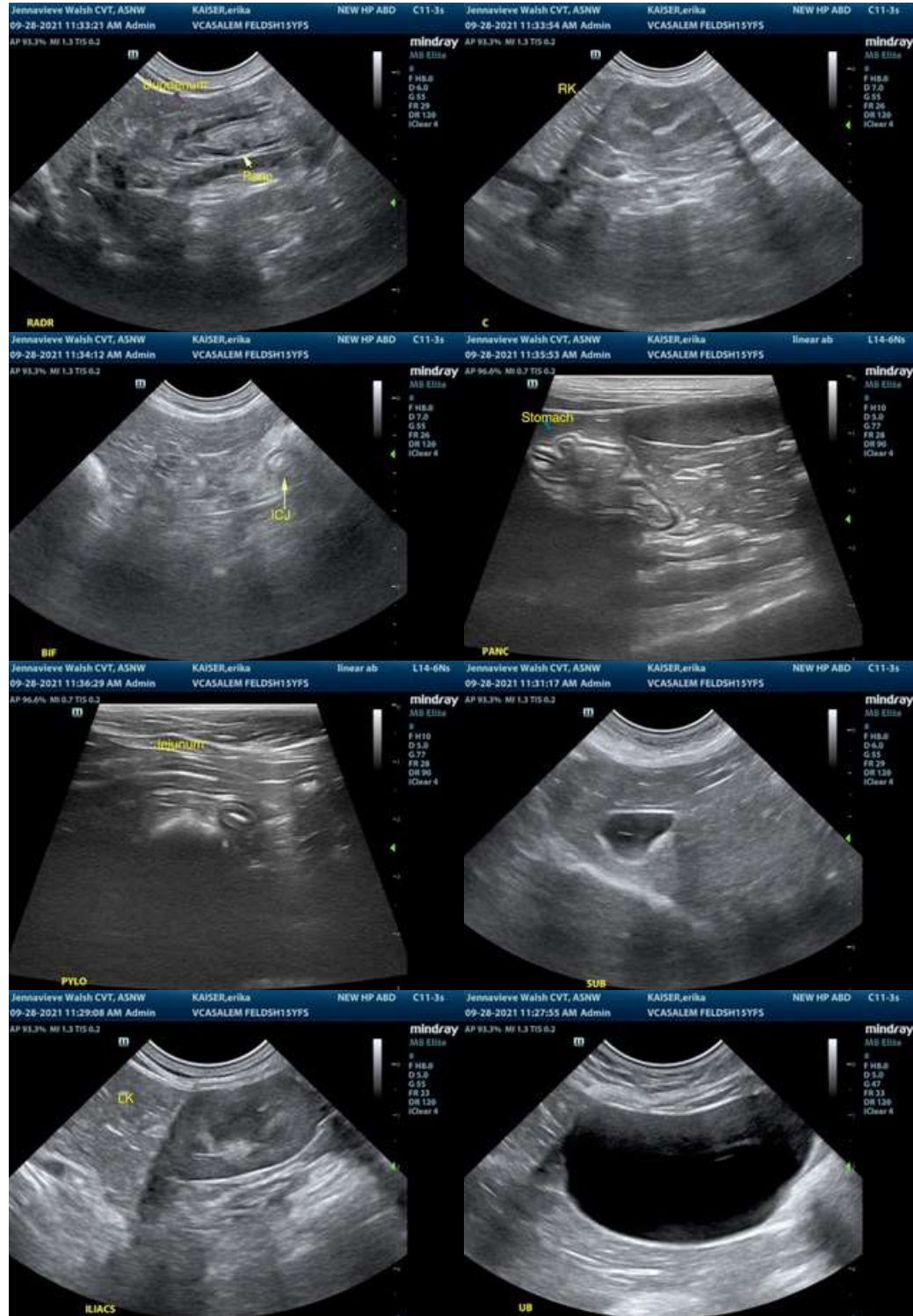
Dr. Reed

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9/28/21





PATIENT

Erika Kaiser

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.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

15 years

WEIGHT

8.63 lbs.

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