



## PATIENT

Harry Berry

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

CBC - Unremarkable; Urinalysis - USG 1.017 trace protein occult blood 3+ RBC 21-50 else unremarkable; Thyroid hormones - T4 = 1.7; Chemistry profile - ALT 127 PSL 57 BUN 36 Creat 2.2 else unremarkable ASSESSMENTS CKD IRIS stage 2 - suspect, Elevated PSL, Elevated ALT - mild, Sebaceous adenoma [removed sx 8/30/21] Dilute urine and creat 2.2 consistent with CKD IRIS stage 2 r/o unlikely AKI vs. other. Elevated ALT with concurrent elevated PSL r/o suspect triaditis vs. other. No contraindication for surgery.

## BREED

DSH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate primarily dependent to non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

## AGE

14 Years

The area of the aortic trifurcation was free of pathology.

## WEIGHT

18 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 4.3 cm with mild pyelectasia. The right kidney measured 4.1 cm.

### Adrenal Glands

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.43 cm in width.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### 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.

## HOSPITAL NAME

VCA Feline AH

### Liver

## REFERRING VET

Dr. Vincent 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated (0.45 cm in width) and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

## INVOICE

25208

## DATE

9/7/21



## PATIENT

Harry Berry **Gastrointestinal**

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## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

18 Pounds

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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. Gastric ody wall 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. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.21 cm.

Ileocolic wall measured 0.29 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The pancreas was normal in size contour with isochoic to mildly heterogeneous parenchyma compared to adjacent omentum with generalized mild pancreatic duct dilation. Pancreatic duct measured 0.47 cm diameter.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral mild chronic renal changes with mild left kidney pyelectasia – sonographically consistent with IRIS Stage 2 CKD.
- Mild urinary bladder sediment – mild cellular or crystalline debris.
- Low-grade hepatopathy – subjectively benign.
- Sonographically unremarkable gallbladder with mild non-obstructive proximal common bile duct dilation.
- Mild chronic pancreatitis with associated pancreatic duct dilation.
- Sonographically unremarkable small bowel.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Although not definitive, the liver and mild non-obstructive proximal common bile duct dilation may indicate low-grade hepatobiliary inflammation.

Potential for triad disease is considered less likely given the sonographically unremarkable gastrointestinal tract, yet may be considered if evidence of gastrointestinal signs or weight loss.



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**SEX**

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DVM, DABVP

**IMAGING BY**

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LVT

**HOSPITAL NAME**

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**REFERRING VET**

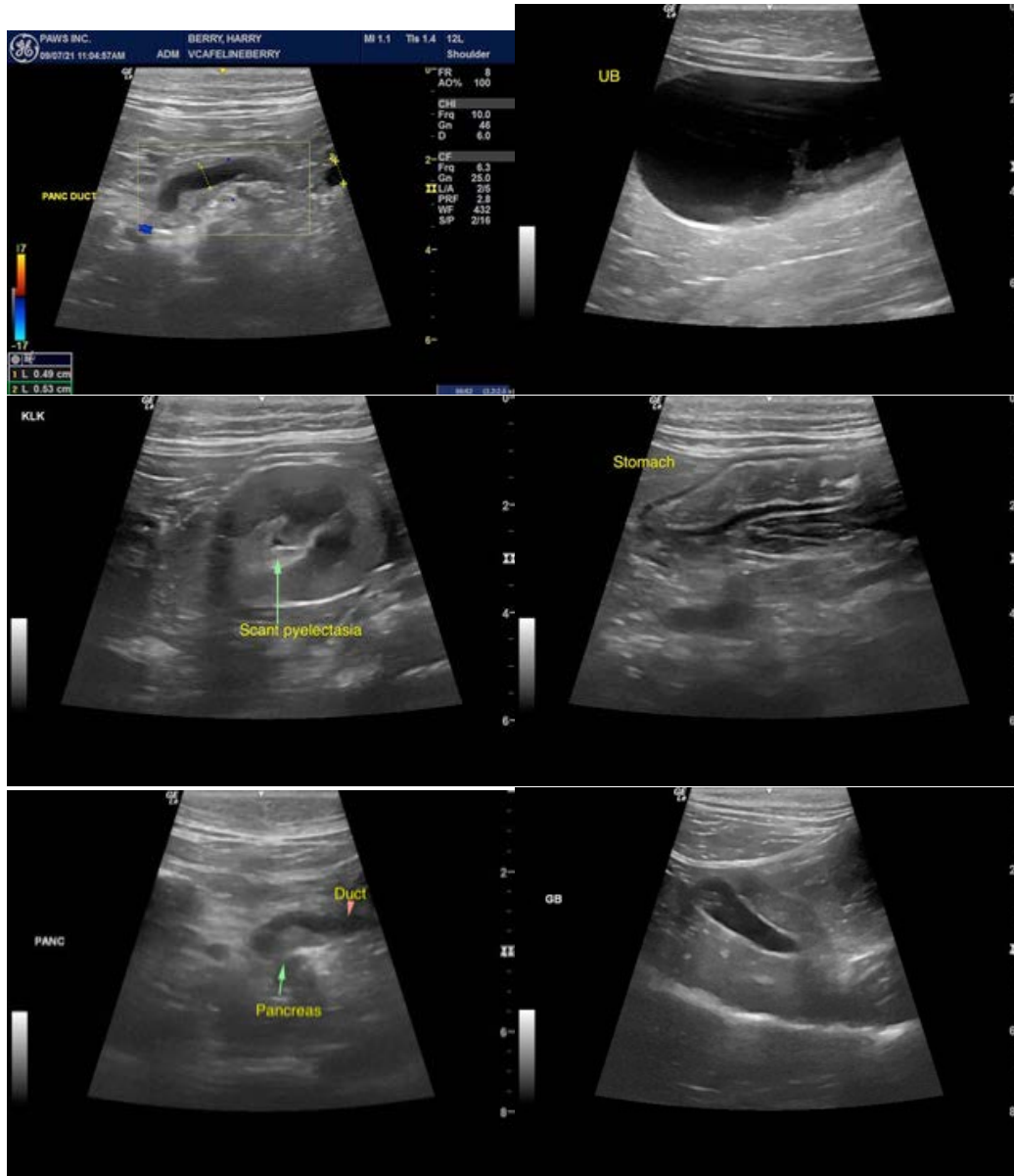
Dr. Vincent Fleming

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**PATIENT**

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**SPECIES**

Feline

**BREED**

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**SEX**

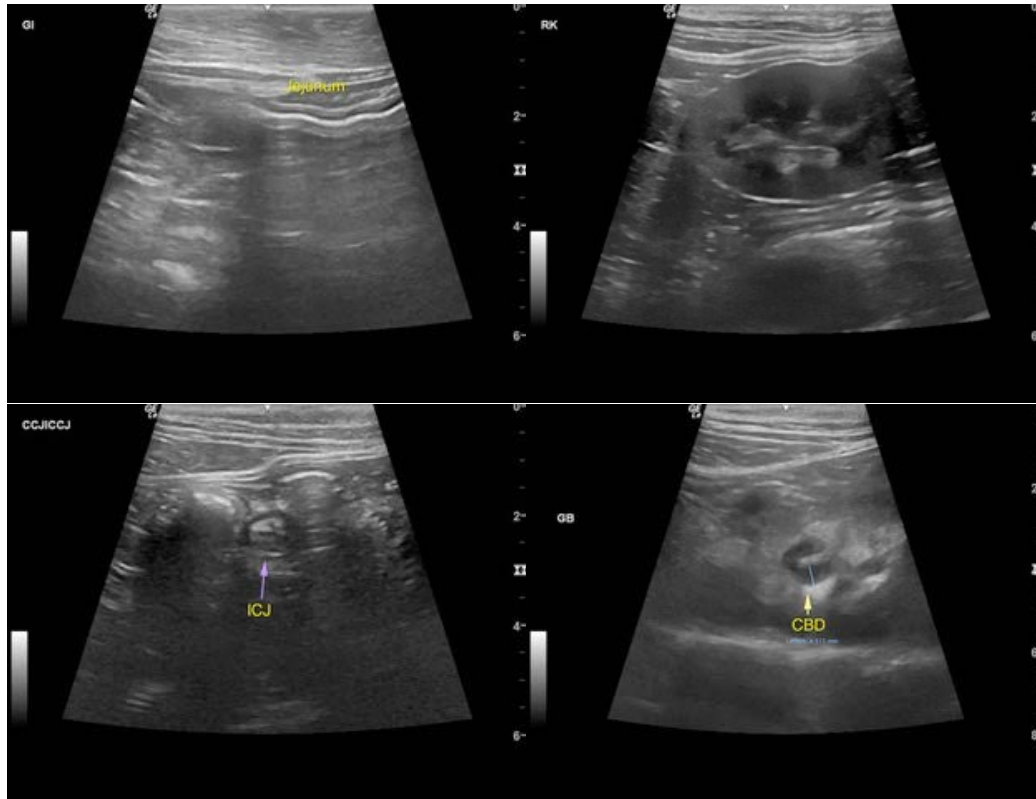
Neutered Male

**AGE**

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**WEIGHT**

18 Pounds



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DVM, DABVP

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.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

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.

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

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

Dr. Vincent Fleming

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