



**PATIENT**

Tomy Byrne

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

13.6 lbs

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Carmellini

**INVOICE**

32934

**DATE**

9/15/22

**PRESENTING CLINICAL SIGNS**

History: Presented 9/8 for intermittent ataxia & HL weakness. Weight down 1 pound from June 2022, and down 4.5 pounds from June 2020. Spinal rads unremarkable. Blood pressure normal. CBC / Chem / T4 - Hct 26.8%. BUN 61, Creat 4.1, Ca<sup>++</sup> 13.0, else unremarkable. U/A - SpGr 1.016, UPC 0.4, else wnl. Patient was not fasted Patient has murmur, BNP pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). The pelvic urethra is visualized to 2.0 cm. No masses, calculi or mucosal irregularities are noted.

The kidneys exhibit poor corticomedullary differentiation, with a medullary rim sign. There is focal mineralization present within the renal cortex. Infarcts are also seen in the renal cortex. There is no evidence of pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (3.1) cm in length. The right kidney is (4.4) cm in length and has a small cortical cyst in the cortex of the right kidney.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (4.1) mm at the cranial pole and (4.1) mm at the caudal pole. The right adrenal gland height is (4.2) mm at the cranial pole and (3.2) mm at the caudal pole.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measured 6.5 mm at the hilus.

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is minimally distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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***Gastrointestinal***

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The stomach is markedly distended with (normal ingesta vs other). The gastric wall is (2.3) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (2.3) mm. The jejunal wall measures up to (2.1) mm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.0) mm, with intact wall layering. The ileocecal junction is visualized and appears normal .

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***Pancreas***

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**WEIGHT**

13.6 lbs

***Free Abdomen***

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- **Chronic renal changes.**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Stoney Creek VH

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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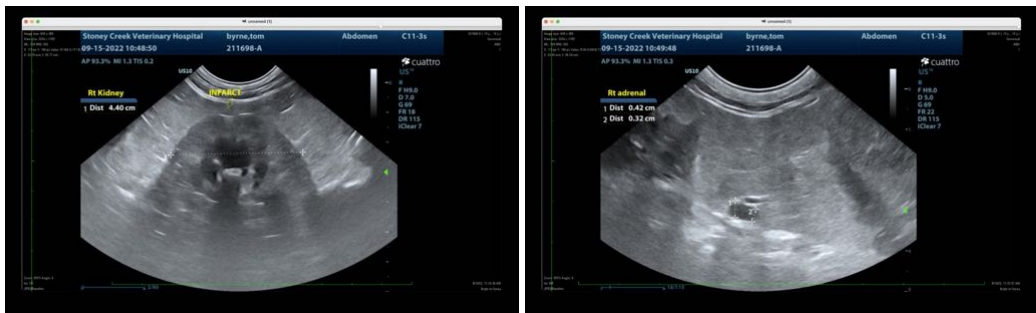
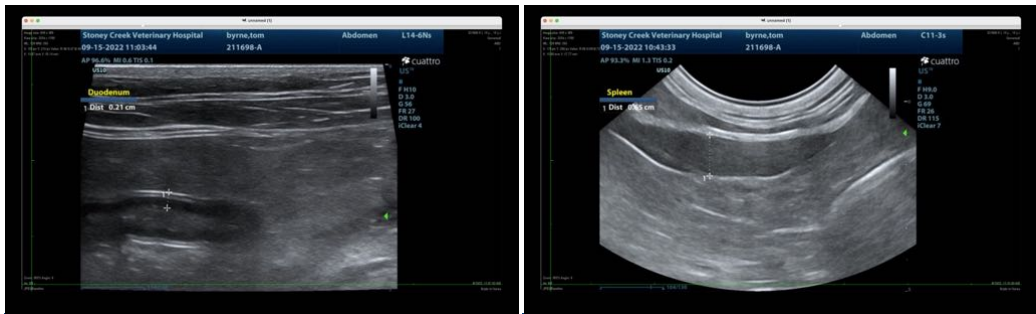
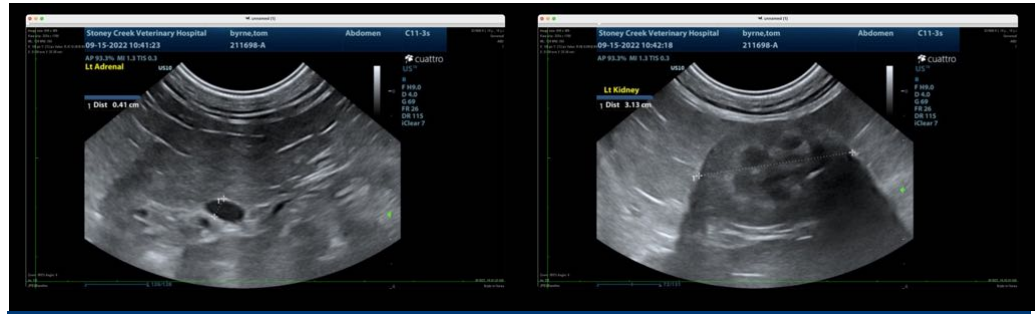
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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