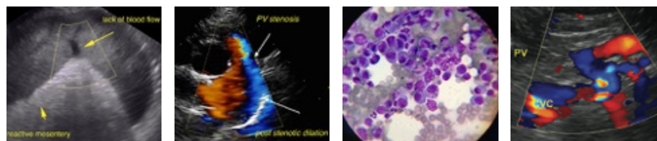


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mungo McDaniel

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8

WEIGHT
11.6 lbs.

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
JamieBaugh

HOSPITAL NAME
True North Veterinary Services

REFERRING VET
Jamie Baugh

INVOICE
10395

DATE
8/10/2023

PRESENTING CLINICAL SIGNS

He has chronic, intermittent, mild ocular/nasal discharge consistent with herpesvirus infection. Already on lysine daily. Missing all teeth except canines and incisors (previously diagnosed with stomatitis). Good appetite Feeding Pro plan weight control and Royal canine or science diet oral mixed in soft food in morning. Dry food free feed since has multiple cats.

Abnormal PE/Chem/CBC/UA Results: Patient presented for respiratory distress, wheezing, crackles, productive sneezing, lethargic, abdominal breathing, dehydrated. We took chest radiographs and found a consistent round calcification in the area of the gall bladder. I attached radiographs and in-house blood work as well as his write up.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The left kidney has a normal shape and size (4.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

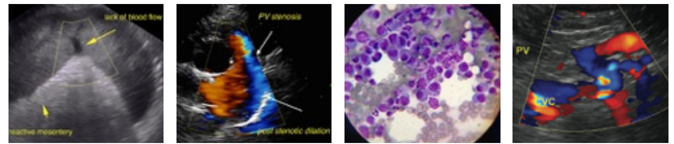
Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The shape of the gallbladder is slightly irregular with almost a slightly septate/double lumen appearance. The wall of the gallbladder is not thicken and has a smooth mucosal surface. There is a small amount of hyperechoic intraluminal debris. On one view visualized there is some hyperechoic



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debris with a soft shadow measuring approximately 0.3 cm. I suspect this is incidental. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The jejunum measured as normal (0.23 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Caudal to the liver there is a small rounded hard shadowing structure visualized measuring 0.74 cm in diameter. In association with other structures this is not clearly visualized. This could represent a mineralized lymph node, mineralized fat, etc.

PRIMARY FINDINGS

- Irregularly shaped gallbladder. Findings are not consistent with a septate or blunted bilobed confirmation. This is likely incidental.

- Focal shadowing structure visualized caudal to the liver. I suspect this represents a mineralized lymph node, fat, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cholelith was not visualized on todays exam. There is a small amount of intraluminal gallbladder debris with a soft shadow. There is a focal rounded hard shadowing structure visualized caudal to the liver. I feel this corresponds with the radiographs well and is likely an incidental finding. There is no evidence of biliary dilation, inflammation, etc. Continued monitoring could be considered.

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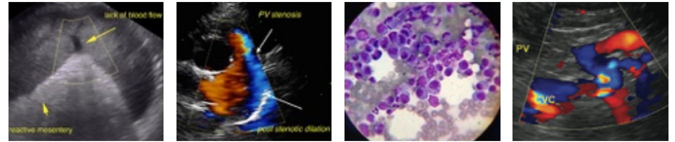

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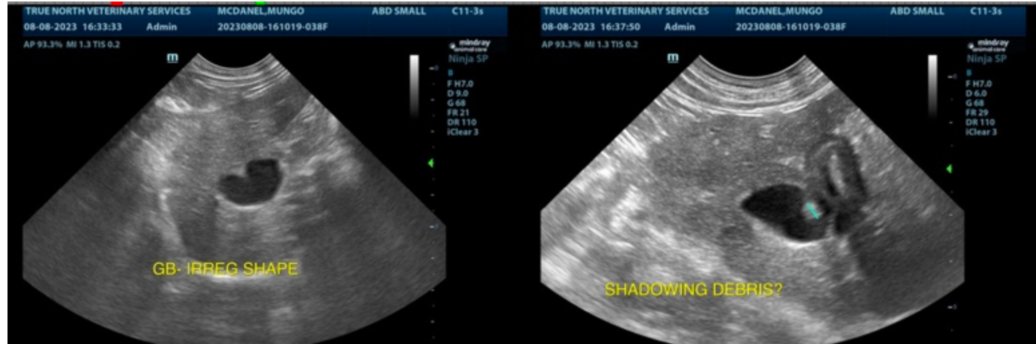
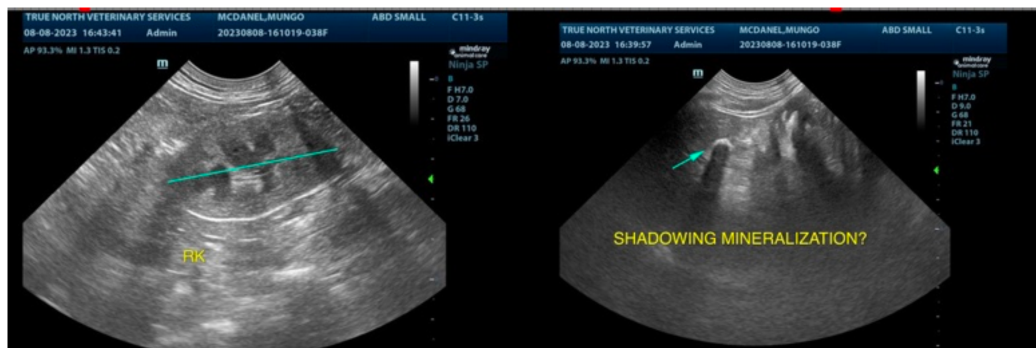
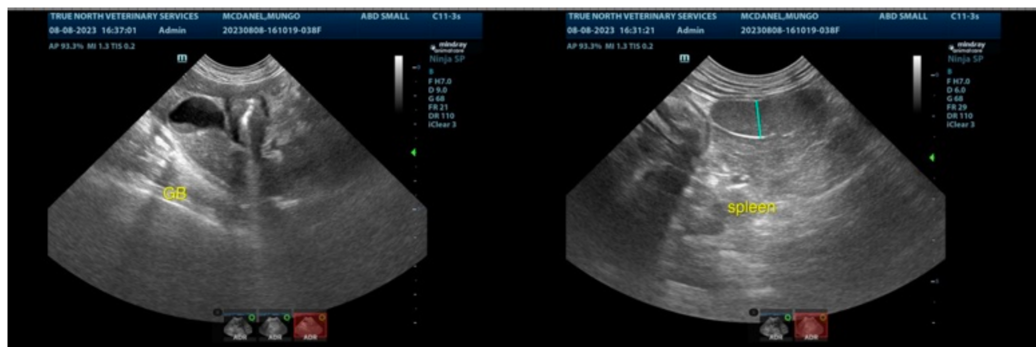
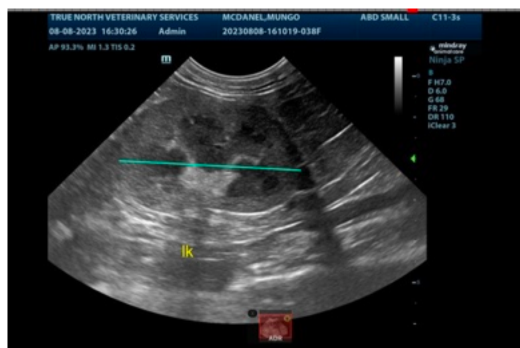
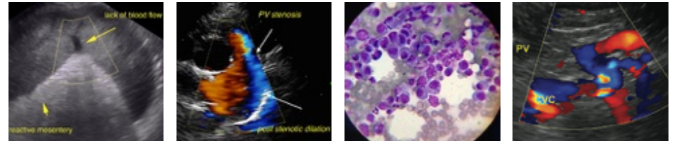








The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com