



PATIENT PRESENTING CLINICAL SIGNS

Socrates Freeman-Braganca

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING

PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Freeman-Braganca

History:-Hyporexic with mild lethargy x 1 week -Possible polyuria -Suspected IBD (historically a chronic vomiter/weight loss resolved with prednisolone) -Currently receiving 2.5 mg prednisolone PO q 24 hrs - will decrease to q 48 hrs the week leading up to ultrasound but cannot reduce further as Socks won't eat -Noted to be dehydrated on physical exam - currently hydration is being maintained with subcutaneous fluids -blocked yesterday, catheter placed currently on: 2.5 mg prednisolone PO q 24 hrs (decreased to q 48 hrs prior to ultrasound), 2 mg mirtazapine q 72 hrs, 1 mg/kg cerenia q 24 hrs

Abnormal PE/Chem/CBC/UA Results: -Creatinine increased @ 196 umol/L, BUN and SDMA are within normal limits -USG 1.020 - not first AM sample, will be repeated prior to ultrasound -Trace protein noted on UA but UPCr WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention. Mild dependent mineral was present in the urinary bladder lumen. No overt evidence of neoplastic criteria was present. Full evaluation of the full urinary bladder (if possible) would be ideal. The urethra was normal to a depth of 3 cm. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was 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. No evidence of pyelectasia in either kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.31 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 0.6 cm width.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 cystic and common bile ducts were normal.

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Gastrointestinal

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The visualized gastric walls were sonographically normal. The stomach contained moderate gastric ingesta exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing was present. The ventral gastric body wall measured 0.22 cm.

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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 measured 0.22 cm. The jejunum wall measured 0.21 cm.

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

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Pancreas

The pancreas presented subjective mild hyperechoic to nonhomogeneous parenchyma in the left pancreatic limb. Mild asymmetrical pancreatic contour noted. No overt evidence of neoplastic criteria present.

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Free Abdomen

No omental masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS
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- Mild urinary bladder mineral, possible mild cystitis
- Mild chronic renal changes exhibiting bilateral mild cortical hypertrophy
- Progressively shadowing gastric ingesta
- Overtly normal small bowel
- Subjective mild hyperechoic left pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING
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The appearance of the bilateral kidneys was consistent with non-specific chronic changes, potential for interstitial nephritis. Urine culture and sensitivity on sterile urine sample recommended.

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The presence of gastric ingesta is nonspecific and may indicate recent meal ingestion. However, given the patients history of hyporexia, potential for some degree of gastric stasis or possible hairball density or similar cannot be excluded. Sonographic or radiographic monitoring for evidence of gastric emptying recommended. Potentially prednisolone therapy may be suppressing intestinal mural changes.

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Potential for chronic pancreatitis possible. Further assessment may include a spec FPL or GI panel, to include PLI, TLI, cobalamin and folate (if evidence of weight loss). If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology which may account for the patients clinical signs.

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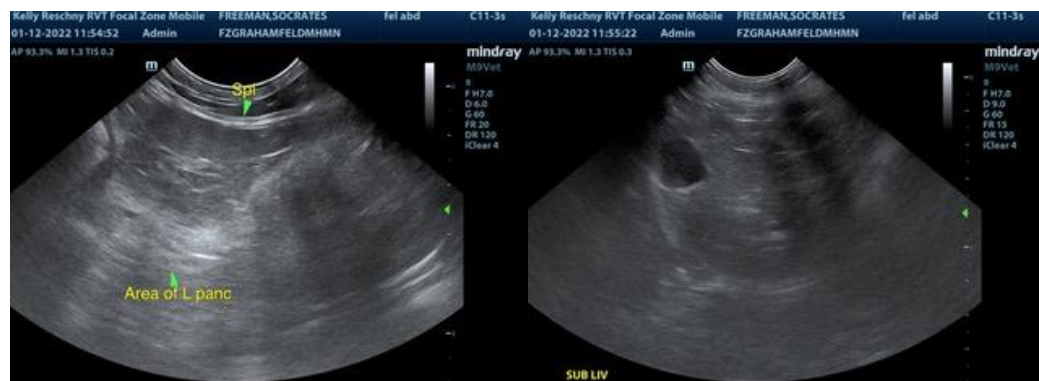
Dr. Freeman-Braganca

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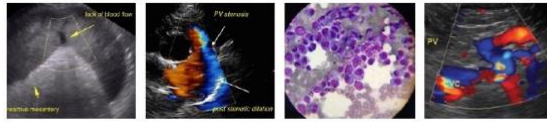
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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