



PATIENT

Tia Sylvernaill

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

7.13

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

13035

DATE

1/12/21

PRESENTING CLINICAL SIGNS

anorexia x4 days

Abnormal PE/Chem/CBC/UA Results: Pe: Kidneys palpated firm, irregular, and small in size bilaterally CBC: WBC 22.8, neut 92%, abs neut 20,976 (2500-8500) CHEM: CPK 1813, t4 3.0 UA: 3+ glu and prot, struvites, wbc 4-10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

The left kidney exhibited moderate chronic degenerative renal changes with pinpoint to multifocal areas of dystrophic medullary mineral. The left kidney was borderline subnormal in size measuring 3.1 cm in length.

The right kidney exhibited potential for mild compensatory hypertrophy, yet maintained a 1:3 cortex/medulla ratio with mild loss of corticomedullary border demarcation. The right kidney measured 4.8 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 0.83 cm width.

Liver/ Gallbladder

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. Intermittent, well-demarcated, uniformly echogenic parenchymal nodules were noted in the liver, likely consistent with benign nodules such as nodular to regenerative hyperplasia or small lipogranulomas present. No overt evidence of hepatic neoplastic criteria was noted.



PATIENT	The gallbladder was normal in size yet subjectively divided into two compartments. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.
Tia Sylvernaill	
SPECIES	<i>Gastrointestinal</i>
Feline	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. The gastric body wall width measured 0.25 cm.
BREED	
DSH	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 0.25 cm.
SEX	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
13 years	The parenchyma of the left pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
WEIGHT	
7.13	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Moderate volume free fluid exhibiting mild cellular component was present. The omentum exhibited generalized increased echogenicity.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Ashley Fatzer	<i>Primary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> • Left kidney moderate chronic degenerative changes with moderate dystrophic medullary mineral • Right kidney suspect mild compensatory hypertrophy with mild loss of corticomedullary border demarcation • Hepatic parenchymal remodeling with suspect Intermittent benign intraparenchymal nodules • Moderate volume peritoneal free fluid exhibiting mild cellular component • Potential left limb chronic pancreatitis +/- fibrosis
Andover AH	
REFERRING VET	<i>Secondary Findings</i>
Dr. Hummel	<ul style="list-style-type: none"> • Suspect bilobed gallbladder - normal variant in a cat
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
13035	Recommend abdominocentesis, cytospin cytology +/- C/S of the fluid if evidence of inflammatory cells for further assessment. FIP is technically a potential in this case, yet considered unlikely given the age of the patient. Given the mild cellular component associated with the fluid, assuming no subnormal albumin levels that would diminish oncotic pressure and without evidence of hepatic pathology, passive
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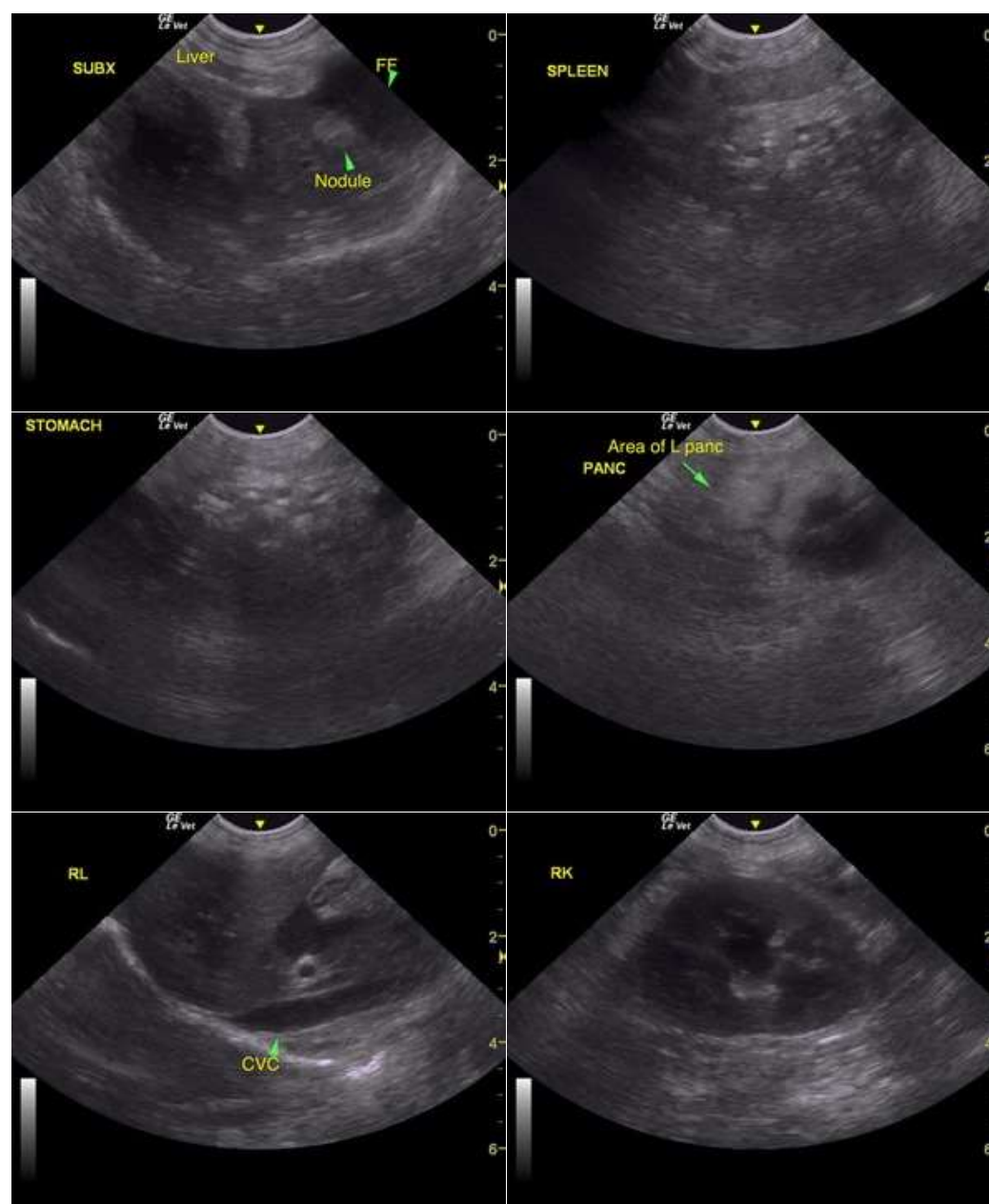
13035

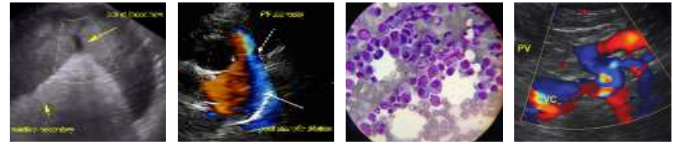
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congestion, other hepatopathy, or evidence of gastrointestinal disease, primary concern for neoplastic processes such as carcinomatosis, lymphomatosis, or similar is warranted. Potential for chronic pancreatitis is possible yet the overall appearance of the left pancreas was not overtly consistent with active pancreatitis or a degree of pancreatic inflammation which would result in concurrent inflammatory effusion.

Continued as-needed gastrointestinal supportive care is recommended. A guarded prognosis pending abdominal effusion analysis is warranted.





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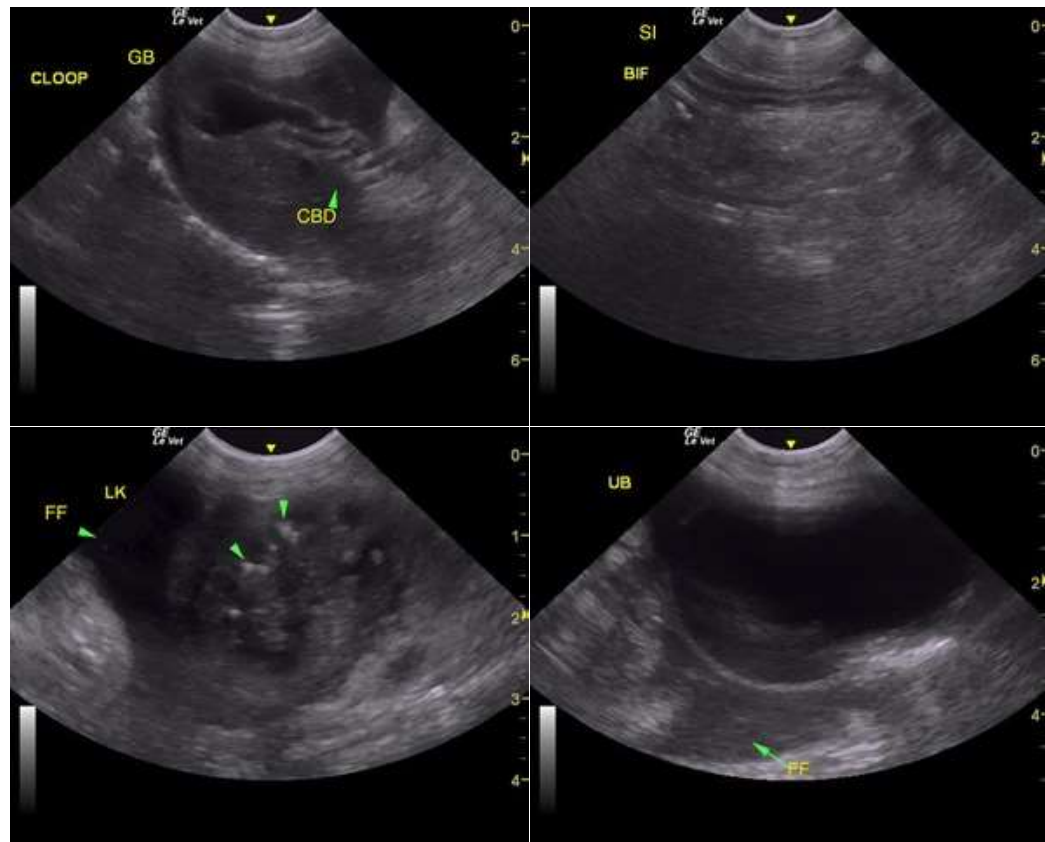
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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