



PATIENT

Toffee Redmond

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.94 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick-Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

44231

DATE

1/14/23

PRESENTING CLINICAL SIGNS

For the past week now, Toffee has been burping and when she burps she will have some liquid come out of her mouth. Dad noticed yesterday she had a pile of vomit with some food and bile. 1/11 dad noticed she vomited just bile. This morning she had some diarrhea. She did eat dinner 1/11 but did not eat this morning. She is not on any daily medications. She has not been acting her normal self at home. CBC/Chem/T4: mild azotemia (creat = 2.1, BUN = 51, SDMA = 23), slightly high amylase similar to previous checks UA: USG = 1.030; NSF U/S: pending BPs: 1) 201/153

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 were noted.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. A solitary cortical infarct was noted in the left kidney. The left kidney measured 3.2 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.43 cm.

Spleen

The discernable spleen was not definitively visualized. Suspect variable splenomegaly exhibiting capsule asymmetry with non-homogeneous to regionally hypoechoic parenchyma. The suspected spleen measured 1.5 cm in diameter.

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.

Gastrointestinal

The stomach presented intact but mildly prominent wall layering in the pylorus. No evidence of gastric mural masses or foreign material. The stomach contained a mild amount of non-shadowing ingesta/chyme without evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.40 cm.

The small intestine presented intact wall layering with ed primarily maintain 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent duodenojejunal muscularis layer. No evidence of intestinal masses or mechanical obstruction, with segmental non-shadowing ingesta/chyme and intestinal gas. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.28 cm.

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



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Pancreas

The pancreas exhibited variable prominent size with capsule asymmetry. Non-homogeneous to hypoechoic parenchyma noted with evidence of pancreatic duct dilation.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No omental masses or evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with left kidney cortical infarct
- Suspect irregular to non-homogeneous splenomegaly
- Chronic to chronic active pancreatitis pattern
- Possible inflammatory gastroenteropathy with generalized gastrointestinal ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, FNA cytology of the suspected irregular splenomegaly is recommended for further assessment.

Possible regional left pancreatic limb enlargement or mass lesion superimposing over possible subnormal or volume contracted spleen cannot be definitively excluded.

The small intestine exhibited subtle mural changes, which may suggest underlying inflammatory gastroenteropathy in conjunction with suspected chronic to chronic active pancreatitis, as potential primary contributors to the patient's gastrointestinal signs.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If documented NPO, some degree of concurrent gastric or gastrointestinal hypomotility could be possible.

Empirically and pending additional diagnostics, canned hydrolyzed diet trial, gastroprotectants, and empirical therapy for chronic to chronic active pancreatitis would be reasonable.

3-view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor, if not done.



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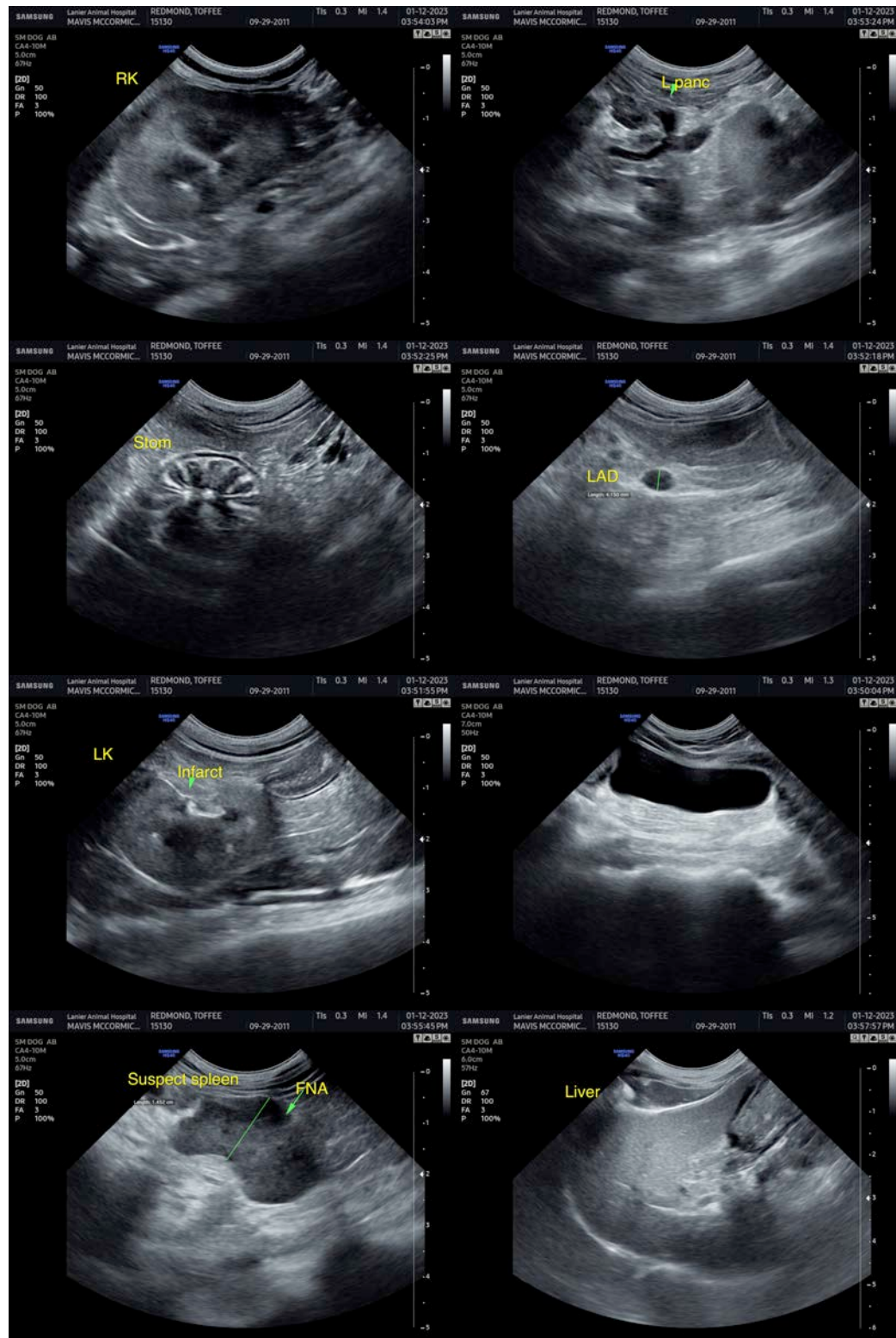
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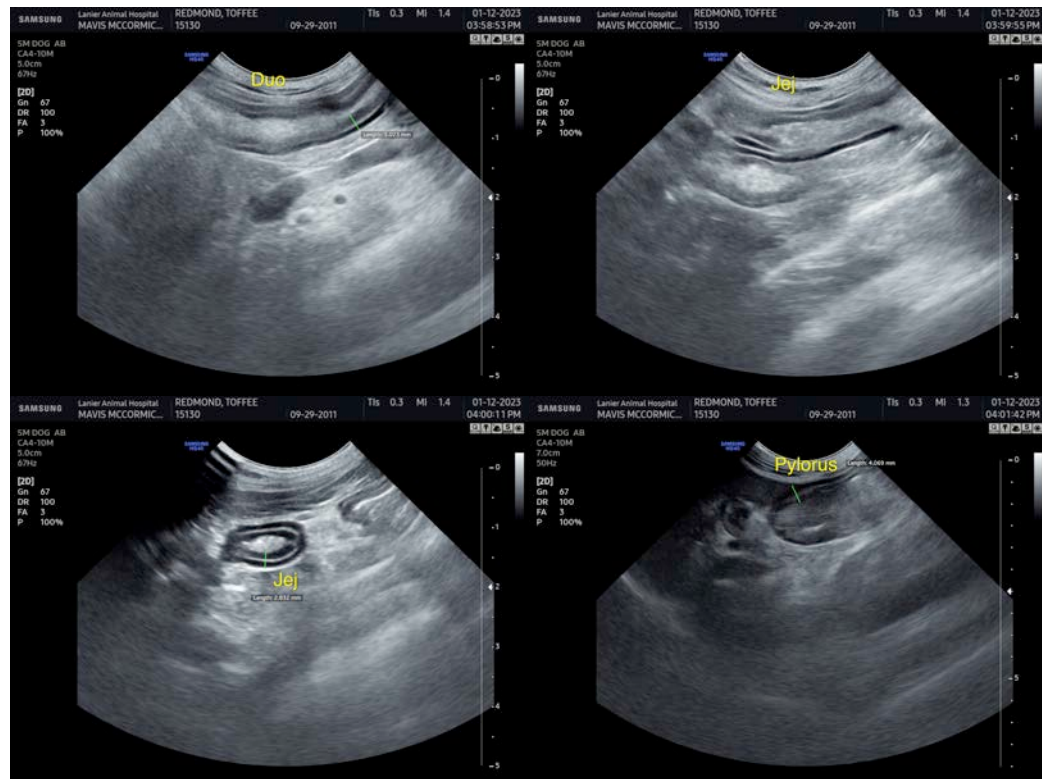
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com