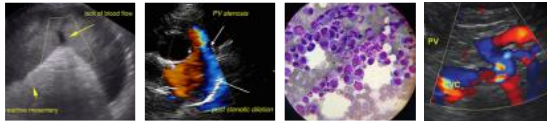




PATIENT	PRESENTING CLINICAL SIGNS
Cashew Pichu Whitely	Had a few episodes of cough/wheezing and exercise intolerance starting on 12/22. Has had wt loss of approx 1# since onset of symptoms. Has stopped eating with the exception of drinking cat
SPECIES	broths/soups and occas very small amounts of pate food. Is on prednisolone and mirataz with inconsistent results. Is lethargic and no longer grooming. No fever has been noted when checked. Is not playing or socializing with other cats in household. All cats are indoor only and he is the newest addition (6/2021). Chest rads show signs of asthma. Last echo done 12/29 with no significant changes. Repeated triple snap - NEG. Dental done on 1/13. No concerns with teeth.
Feline	
BREED	
DLH	Current Medications Atenolol 25 mg 1/4 tab sid, prednisolone 2.5 mg bid, panacur
SEX	
MN	Abnormal PE/Chem/CBC/UA Results:ABNORMAL Laboratory Findings Eso high on initial labwork (12/29). Started prednisolone r/t rads showing signs of asthma. Repeat eos (1/12) WNL.
AGE	
1.5 years	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
7.53 lbs.	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor dependent sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.
IMAGING PERFORMED BY	
Jenna Walsh, CVT	Adrenal Glands
HOSPITAL NAME	The bilateral adrenal glands were indistinctly visualized likely owing to suppression secondary to Prednisolone therapy, yet no overt pathology. The left adrenal gland measured 0.27 cm width. The right adrenal gland measured 0.28 cm width.
Willakenzie AC	
REFERRING VET	Spleen
Dr. Brandt	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.
INVOICE	
15858	
DATE	
1/17/23	



PATIENT Cashew Pichu Whitely	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 0.72 cm width at the level of the hilus.
SPECIES Feline	<i>Liver/ Gallbladder</i> 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.
BREED DLH	
SEX MN	<i>Gastrointestinal</i> 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 0.24 cm.
AGE 1.5 years	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 0.26 cm width. The jejunum wall measured 0.22 cm width.
WEIGHT 7.53 lbs.	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Pancreas</i> The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
IMAGING PERFORMED BY Jenna Walsh, CVT	<i>Free Abdomen</i> No omental masses or lymphadenopathy were noted. No evidence of peritoneal effusion was noted.
HOSPITAL NAME Willakenzie AC	ULTRASONOGRAPHIC FINDINGS <i>Primary Findings</i> <ul style="list-style-type: none">• Bilateral nonspecific renal medullary rim sign• Sonographically unremarkable gastrointestinal tract• Minor urinary bladder sediment
REFERRING VET Dr. Brandt	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> Overall, no sonographic evidence of significant intraabdominal pathology i.e., neoplastic or FIP criteria. Potentially, current Prednisolone therapy may be masking intraabdominal changes or signs of intestinal disease. Given the patient's mild weight loss, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
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DATE 1/17/23	



PATIENT
Cashew Pichu
Whitely

Full urinary workup including urinalysis, +/- C/S, if evidence of inflammatory sediment, may be considered.

SPECIES

Feline

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

BREED

DLH

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SEX

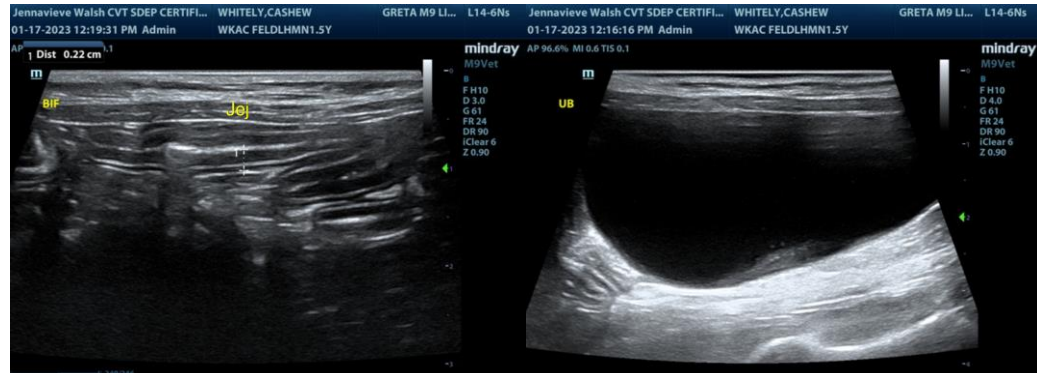
MN

AGE

1.5 years

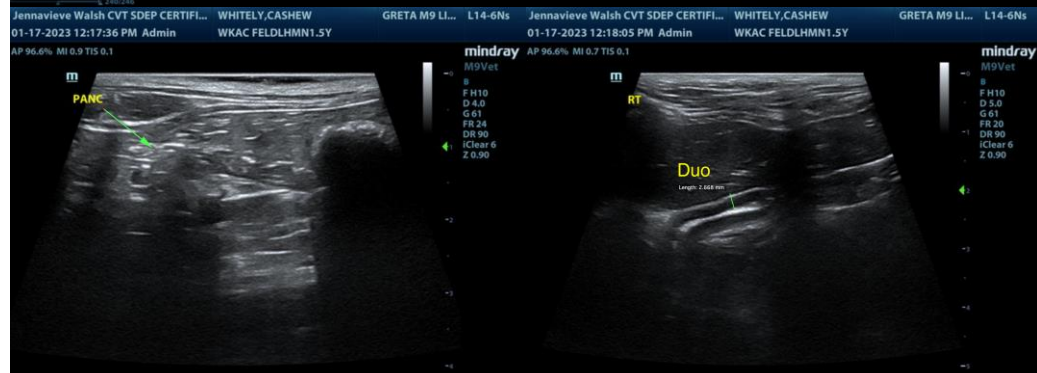
WEIGHT

7.53 lbs.



INTERPRETED BY

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

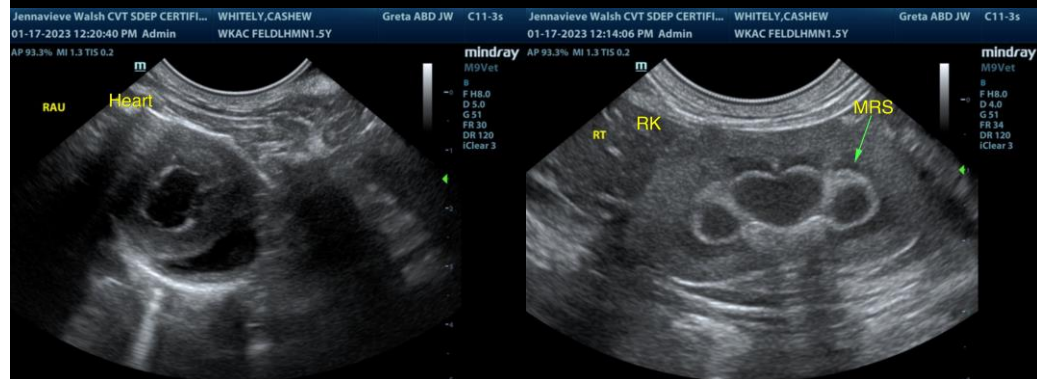


IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC



REFERRING VET

Dr. Brandt

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DATE

1/17/23



PATIENT
Cashew Pichu
Whitely

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
1.5 years

WEIGHT
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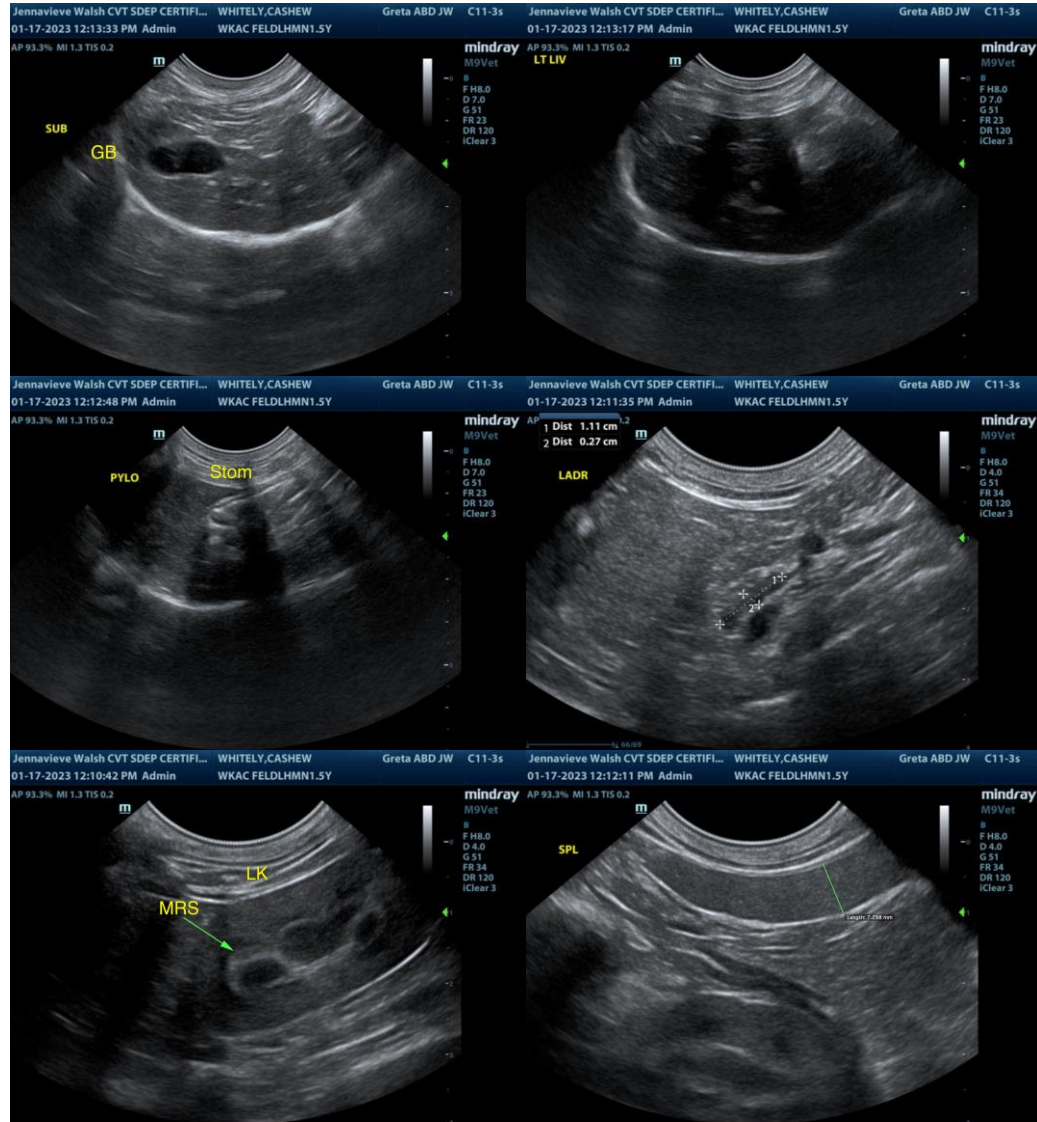
IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Willakenzie AC

REFERRING VET
Dr. Brandt

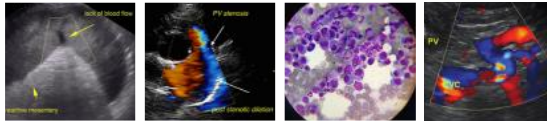
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DATE
1/17/23



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.



PATIENT

Cashew Pichu
Whitely

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

1.5 years

WEIGHT

7.53 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Willakenzie AC

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