



PATIENT	PRESENTING CLINICAL SIGNS
Mickey Rodriguez	3 pounds weight loss in 10 months, vomiting, anorexia, diarrhea, with blood Hx of triaditis in 3/22 R/O neoplasia
SPECIES	Abnormal PE/Chem/CBC/UA Results: WBC 22K Neut15K Chem WNL Fpl abnormal T4 4.7
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
DSH	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.
SEX	
MN	
AGE	The area of the aortic trifurcation was free of pathology.
16	
WEIGHT	The left kidney was normal to borderline subnormal in size with moderate to marked loss of corticomedullary border demarcation and variable cortical hypertrophy. Lateral increased cortex to corticomedullary echogenicity, suggestive of lateral infarct, was present. The left kidney measured 3.3 cm in length.
7	
INTERPRETED BY	Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex presented uniformly increased 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 pyelectasia was noted. The right kidney measured 7.3 cm in length. Potential for mild right kidney compensatory hypertrophy, given the sonographic appearance of the left kidney, is possible.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Jenn	The left and right adrenal glands were not definitively visualized.
HOSPITAL NAME	Spleen
Rockaway AH	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 0.66 cm width at the level of the hilus.
REFERRING VET	
Dr. Kahn	
INVOICE	Liver/ Gallbladder
15872	The liver presented normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
DATE	
1/19/23	The gallbladder was mildly distended in size with isoechoic to mildly thickened gallbladder walls with primarily anechoic content and focal congealed mildly hyperechoic liminal debris. Potential for small emerging mineralization / cholelith is possible.



PATIENT	The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. Concurrent isoechoic mildly prominent common bile duct walls were present. The common bile duct measured approximately 0.37 cm wall width. The area of the duodenal papilla was not definitively visualized.
Mickey Rodriguez	
SPECIES	<i>Gastrointestinal</i>
Feline	
BREED	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.
DSH	
SEX	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, mechanical obstructive pattern, or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width.
MN	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
16	<i>Pancreas</i>
WEIGHT	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
7	<i>Free Abdomen</i>
INTERPRETED BY	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<i>Primary Findings</i>
Jenn	<ul style="list-style-type: none"> • Bilateral nonspecific chronic renal changes with left kidney lateral infarct • Overtly normal gastrointestinal tract • Mild echogenic liver • Cholecystitis / cholangitis gallbladder / bile duct pattern • Heterogeneous pancreas
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Rockaway AH	The hepatobiliary presentation is suggestive of potential chronic inflammatory criteria i.e., cholangitis / cholangiohepatitis. The possibility of emerging post hepatic obstruction, given the potential for emerging gallbladder cholelith and degree of common bile duct dilation, cannot be definitively excluded, however, is thought less likely without concurrent reported hepatic enzyme elevations, cholestasis, or icterus.
REFERRING VET	Chronic to possible mixed pattern pancreatitis and potential for Triad Disease, given the previous history, is suspected. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
Dr. Kahn	No overt evidence of intraabdominal neoplastic criteria.
INVOICE	
15872	
DATE	
1/19/23	



PATIENT

Mickey Rodriguez

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss. As-needed gastrointestinal support and Triad Disease protocol are recommended.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

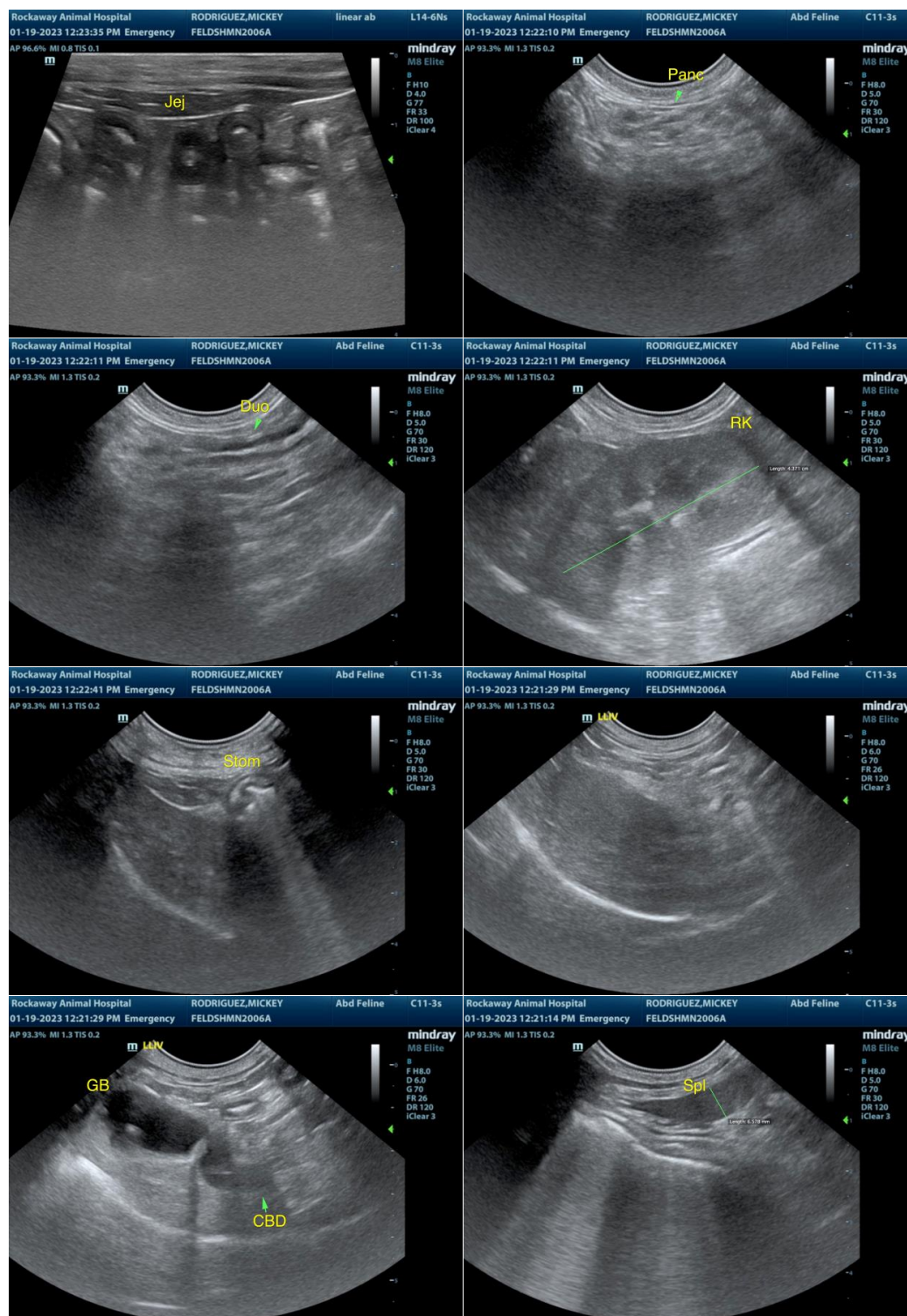
Dr. Kahn

INVOICE

15872

DATE

1/19/23





PATIENT

Mickey Rodriguez

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

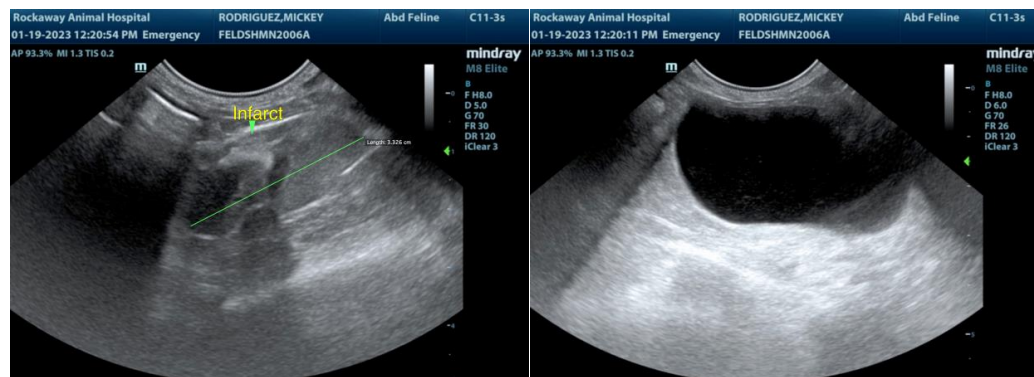
Dr. Kahn

INVOICE

15872

DATE

1/19/23



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.

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