



PATIENT

Xavier Bracho

SPECIES

Feline

BREED

DSH

SEX

N/M

AGE

16y, 8m

WEIGHT

11.78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

15891

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Reason for Visit: adr History: Patient is presented today for similar reason as far as why we were here 3/15/22; P has seemed pretty down. O states P has been hiding a lot & sleeping a lot along with drinking + eating decreasing.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate to severe dental tartar, pea-sized growth at buccal aspect of L side of mouth. Musculoskeletal: BCS = 5/9. Ambulatory x 4. Mild generalized muscle atrophy Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Matted dull/unkempt hair coat. No ectoparasites seen Mentation: QAR Hydration: N Fecal: Not performed today Diagnostic Testing Needed: CBC/CHEM/UA, TT4, SDMA Declined Diagnostics/Treatments: None Findings: 1) CBC: WBC 21.02 (2.87-17.02), band suspected, LYM 10.21 (0.92-6.88), MONO 1.18 (0.05-0.67), EOS 0.0 (0.17-1.57) 2) GLU 268 (71-159), K 3.4 (3.5-5.8) 3) TT4: WNL 4) UA (cysto): SG 1.021, PRO 100mg/dL, WBC < 1/hpf, RBC < 1/hpf, no bacteria or crystals present.

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.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen was normal in size with mild parenchyma heterogeneity and mild asymmetrical to scalloped medial capsule contour. No masses or nodules were present. Normal splenic vascularity was noted. The spleen measured 0.75 cm width at the level of the hilus.



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Liver/ Gallbladder

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The liver exhibited normal to possible borderline enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, possibly intermittent, ill-defined, nonhomogeneous, hyperechoic, nondisruptive, intraparenchymal nodules were noted with an example measuring 1.8 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor nondependent echogenic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

The small intestine presented overtly normal intact wall layering exhibiting subjective maintained 1:3 muscularis/mucosa ratio with no visualized evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic ileus. The jejunum wall measured 0.28 cm width. The ileocolic junction was not obviously visualized.

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Normal visible colon wall layers were present with apparent formed fecal matter.

Pancreas

The left pancreatic limb was prominent to mildly swollen in appearance exhibiting symmetrical contour and nonhomogeneous, mildly hypoechoic parenchyma compared to adjacent omentum. Pancreatic duct dilation was noted.

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Free Abdomen

No overt omental lymphadenopathy, omental masses, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Overtly normal gastrointestinal tract
- Suspect low-grade to mild left limb chronic to chronic active pancreatitis
- Mild nonhomogeneous liver with nonspecific hyperechoic intraparenchymal nodules - nodules likely indicative of benign process such as hyperplasia or granuloma, potential for low-grade neoplasia cannot be excluded
- Non-distended gallbladder with mild echogenic debris - nonspecific, possibly secondary to anorexia / fasting
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Gallbladder debris has been at times associated with hepatobiliary inflammation, yet nonspecific given the lack of reported hepatic enzyme elevations.

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Monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation (which may allude to left limb chronic to chronic active pancreatitis), is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status hepatic FNA parenchyma and nodule cytology, if accessible, vs. sonographic monitoring of the liver for evidence of progressive parenchymal or nodular changes could be considered.

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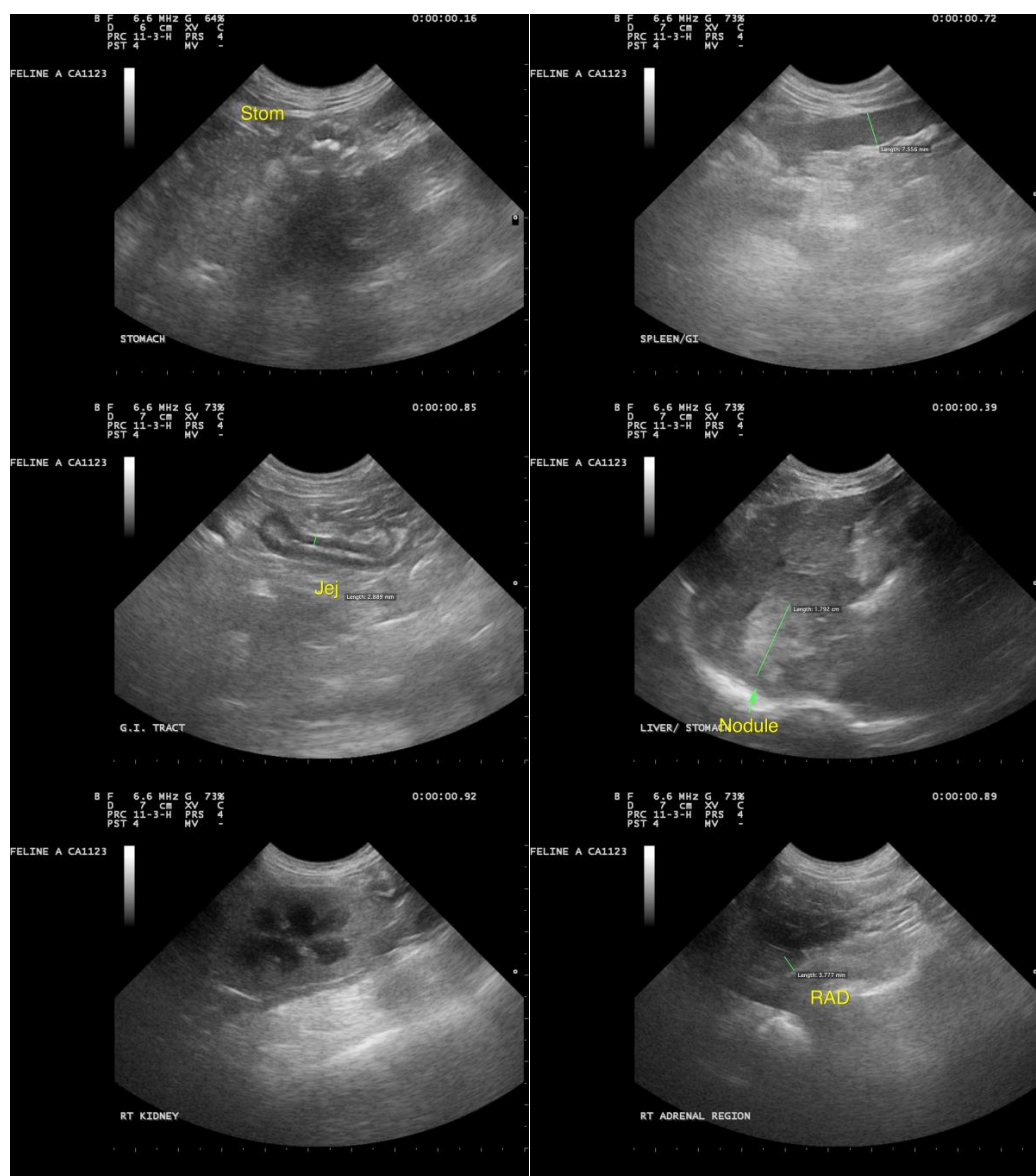
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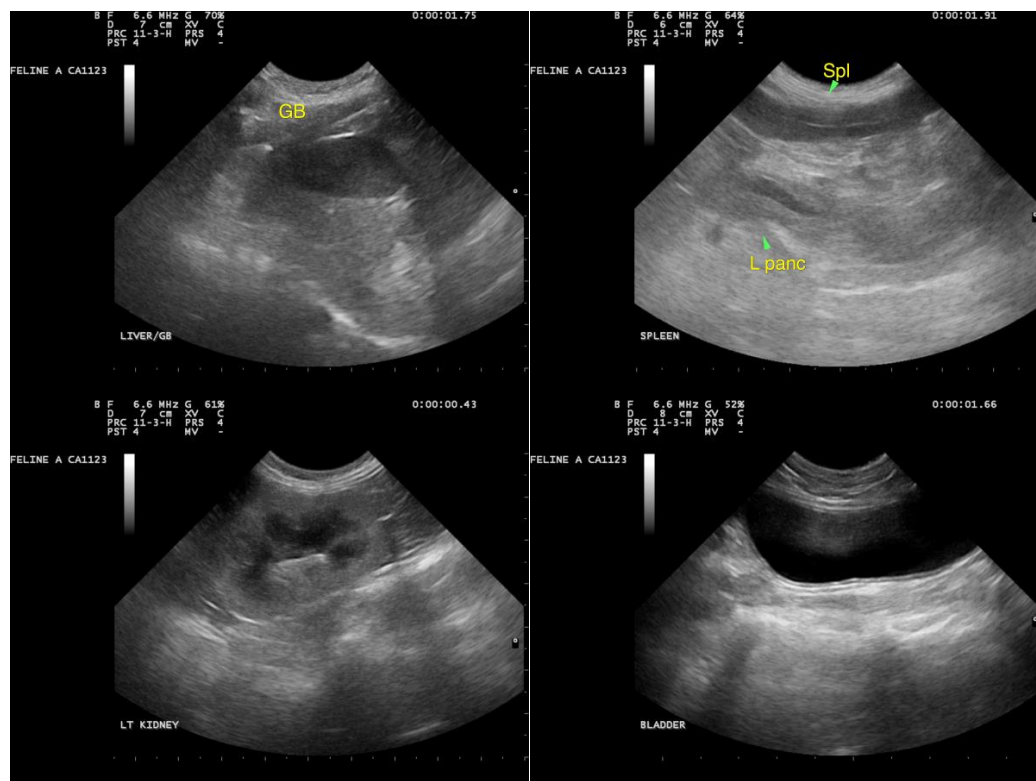
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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