



PATIENT PRESENTING CLINICAL SIGNS

Dante Roland Presented for decreased appetite and fever recently. has been steadily losing weight x few months with on/off appetite. Recently diagnosed with mycoplasma being treated with veraflox. Also history diabetes mellitus. Getting Prozac 3 units q12h but seems not as well regulated as should be especially when he had fever and mycoplasma infection. ? Chronic pancreatitis

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 particulate nondependent urinary bladder sediment 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.

SEX

MN

No evidence of pathology in the area of the aortic trifurcation.

AGE

12 Years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary border demarcation was noted in both kidneys. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild pyelectasia present in both kidneys. 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 4.9 cm length. The right kidney measured 5.0 cm length.

WEIGHT

16.7 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width. No evidence of adrenal enlargement or tumors.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

The spleen exhibited borderline enlargement measuring 1.0 - 1.1 cm width. Generalized mild parenchyma heterogeneity with intermittent nonexpansive well demarcated uniformly hyperechoic parenchyma nodules were noted in the spleen. The splenic capsule maintained primarily curvilinear symmetry. An example of a splenic nodule measured 0.78 cm width. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

HOSPITAL NAME

Wood River Animal
Hospital

Liver

REFERRING VET

Casey Schuelke, DVM

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.

INVOICE

49769

The gallbladder was non distended in size with very mild congealed yet nonorganized debris present in the area of the gallbladder neck. Anechoic content otherwise in the gallbladder. This may be owing to fasting and considered incidental. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

1-22-22

Gastrointestinal



PATIENT

Dante Roland

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 measured 0.25 cm width.

SPECIES

Feline

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio without evidence of loss of intestinal wall layering, mural hypertrophy, or intestinal masses. 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 and the jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.33 cm width.

BREED

DSH

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

SEX

MN

The pancreas exhibited normal size and contour with a subtle hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

AGE

12 Years

At least one focal mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.2 x 0.73 cm.

WEIGHT

16.7 lbs

No omental masses or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Minor urinary bladder sediment - suspect to minor cellular or crystalline debris.
- Bilateral chronic renal changes exhibiting nonspecific medullary rim sign and bilateral minor pyelectasia.
- Borderline splenomegaly with intermittent nonexpansive uniform to hyperechoic parenchymal nodules.
- Possible low grade chronic to chronic active pancreatitis.
- Overly normal gastrointestinal tract.
- Focal to intermittent subjectively benign /reactive mesenteric lymph node - not overtly consistent with neoplastic criteria.

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 PERFORMED BY**

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia present in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Although nonspecific, the hyperechoic splenic nodules may suggest benign myelolipomas or nodular hyperplasia. However, given the patient's weight loss, ultrasound guided FNA of the spleen using a 25-gauge needle and assuming normal clotting status, could be considered primarily to ensure only benign changes are present.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas could be considered.



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Potential for structurally insignificant gastrointestinal disease in concurrence with the potential for low grade chronic to chronic active pancreatitis cannot be excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

SPECIES

Feline

Three view chest radiographs suggested if not done to rule out occult thoracic pathology which may account for decreased appetite and weight loss.

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REFERRING VET

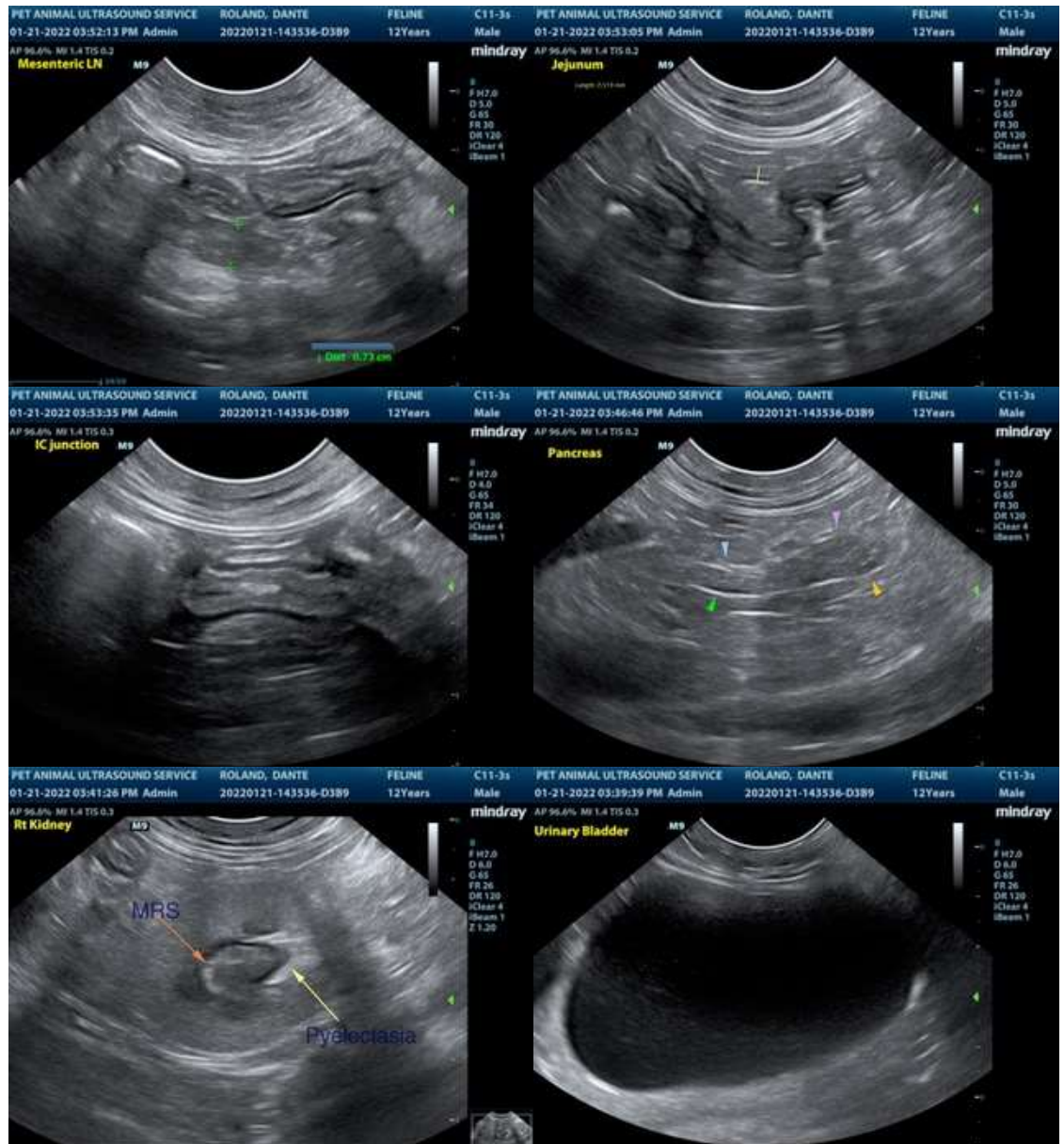
Casey Schuelke, DVM

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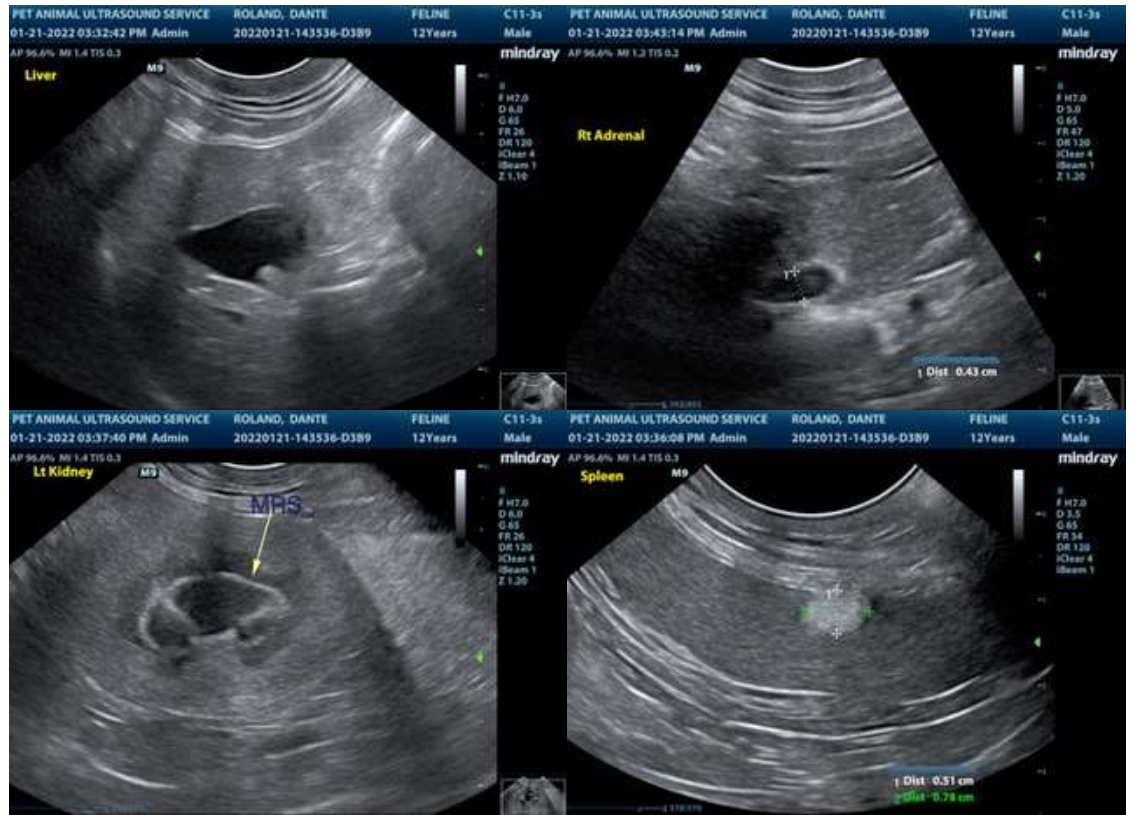
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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