



PATIENT

Azazel Harron

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Omotayo Conteh

INVOICE

44589

DATE

1/29/23

PRESENTING CLINICAL SIGNS

Azazel is a 9 yr old MN DSH presented for sudden onset of vomiting and lethargy with unusual soft meow. P started vomiting over 48 hours ago. O thinks he was panting and having labored breathing. Was presented to Emerg immediately but was discharge as clinically stable (possibly after A-Fast when no intrathoracic fluid was found). P later was at rDVM where blood work and radiographs were carried out. Cerenia and subcutaneous fluid was given, no vomiting since then but no appetite or water intake. P would have been on IV fluid, supportive therapy and monitoring in the hospital for 36-40 hours by the time of abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: Cbc/Chem, TT4 & fPL (January 27, 2023 9:24 PM) WBC 1.63 x10⁹/L 2.87 - 17.02 LOW NEU 0.62 x10⁹/L 2.30 - 10.29 LOW LYM 0.90 x10⁹/L 0.92 - 6.88 LOW EOS 0.01 x10⁹/L 0.17 - 1.57 LOW SDMA 16 µg/dL 0 - 14 HIGH PHOS 0.47 mmol/L 1.00 - 2.42 LOW ALKP < 10 U/L 14 - 111 LOW K 3.1 mmol/L 3.5 - 5.8 LOW

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 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 subtle 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 likely an idiopathic finding. The left kidney measured 4.4 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.55 cm.

Spleen

The spleen measured 0.74 cm in width and 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.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Gastric body wall measured 0.28 cm. The stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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. Small intestinal wall measures 0.23 cm.

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

Pancreas

The left pancreatic limb was normal in size with mild capsule asymmetry. Mild non-homogeneous to non-uniform hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal/retroperitoneal effusion.

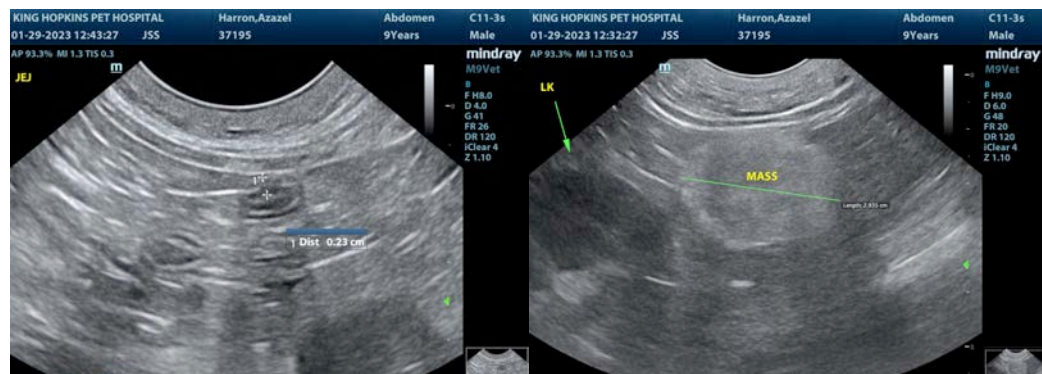
A spherical non-homogeneous, mildly hyperechoic non-shadowing nodular lesion was present caudal to the left kidney, measuring approximately 3.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific bilateral mild renal medullary rim sign
- Mild nonhomogeneous hyperechoic nodular mass caudal to left kidney - subjective benign, suspect mild peritoneal / retroperitoneal steatitis or possible emerging nodular fat necrosis
- Mild gastroenteritis pattern / inflammatory bowel episode
- Possible low grade left pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstruction, foreign body or neoplastic criteria. Spec cPL or GI panel for further assessment of low-grade pancreatitis or occult intestinal disease may be considered. As needed supportive care for gastroenteritis / inflammatory bowel episode is recommended. Dietary intolerance / indiscretion, low grade pancreatitis, inflammatory bowel, occult parasitism, emerging IBD or less likely occult infiltrative neoplasia all potentials.





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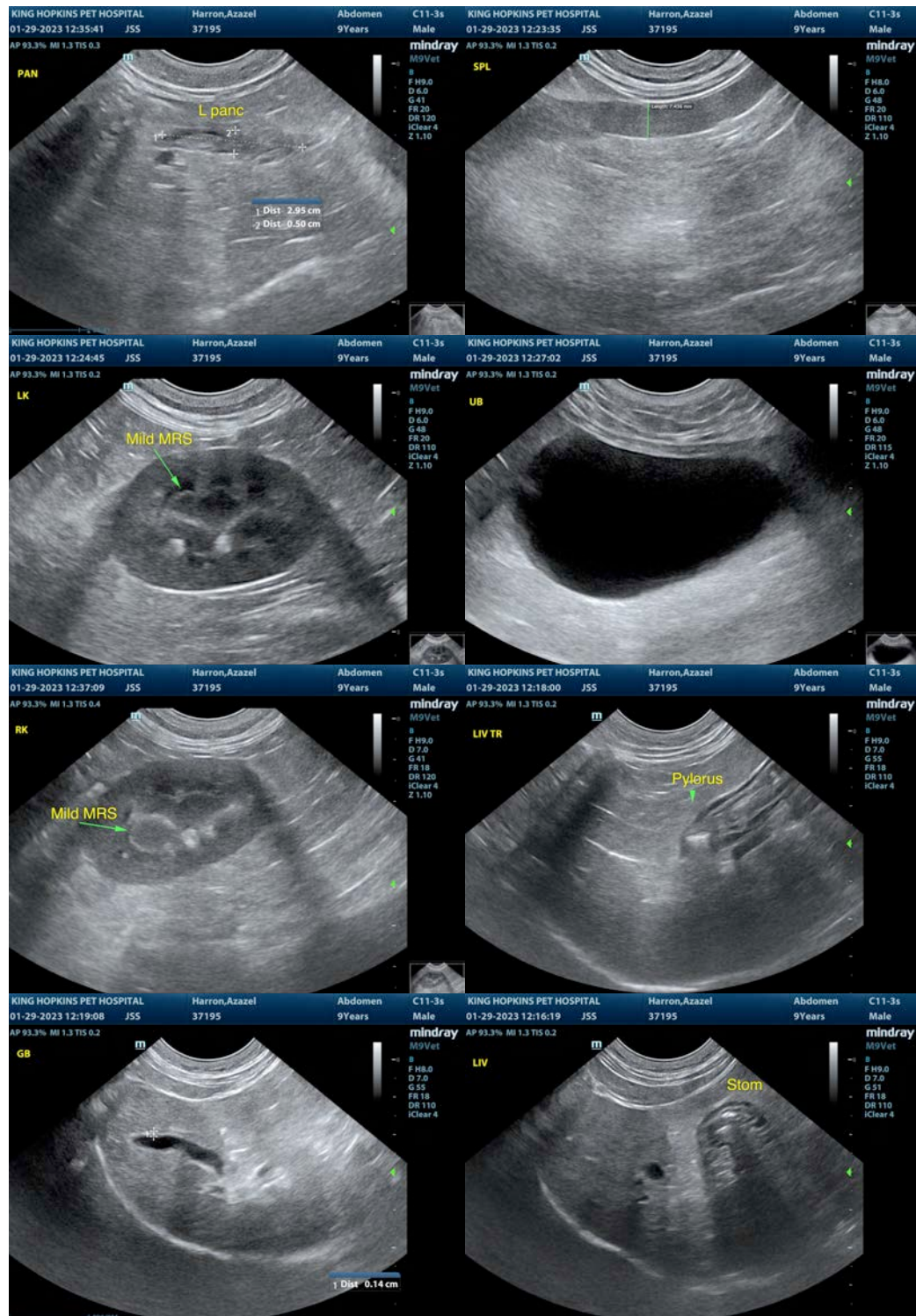
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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