



PATIENT PRESENTING CLINICAL SIGNS

Nixy Sell Lethargy, decreased appetite, severe oral disease, possible oral mass, dehydrated, severely matted coat.

SPECIES Medication: Convenia, Buprenex

Feline HCT 37.1, WBC 21.1 with neutrophilia, Chemistry Panel- Globulin 9.3, Albumin 1.7

BREED ALT 24, ALP 10, Urine specific gravity- 1.024, 3+Protein, 3+Blood

DSH **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX *Urinary System*

FS 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.

AGE 2012 The area of the aortic trifurcation was free of pathology.

WEIGHT 7.6 Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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Spleen

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 0.9 cm width at the level of the hilus.

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

Dr. Hersh

Liver/ Gallbladder

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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PATIENT *Gastrointestinal*

Nixy Sell 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.

SPECIES

Feline 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 0.24 cm width. The jejunum wall measured 0.22 cm width.

BREED

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

Pancreas

SEX The left limb, right limb, and pancreas base presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

FS

AGE

2012

Free Abdomen

Scant perihepatic free fluid was present. No overt or significant intraabdominal lymphadenopathy was noted. No omental masses or evidence of peritoneal effusion was noted.

WEIGHT

7.6

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract
- Overtly normal liver / spleen
- Scant perihepatic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas, a Spec fPL, or if evidence of weight loss, a full GI panel to include PLI/TLI/ Cobalamin/Folate for further assessment of the pancreas, as well as assessment for an occult intestinal disease is warranted.

The hyperglobulinemia may be secondary to severe oral disease. However, protein electrophoresis could be considered for further assessment. Likewise, infectious disease serology could be considered if clinically indicated.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirically and pending additional diagnostics, as-needed gastrointestinal supportive care and therapy for chronic active pancreatitis would be reasonable.



PATIENT

Nixy Sell

SPECIES

Feline

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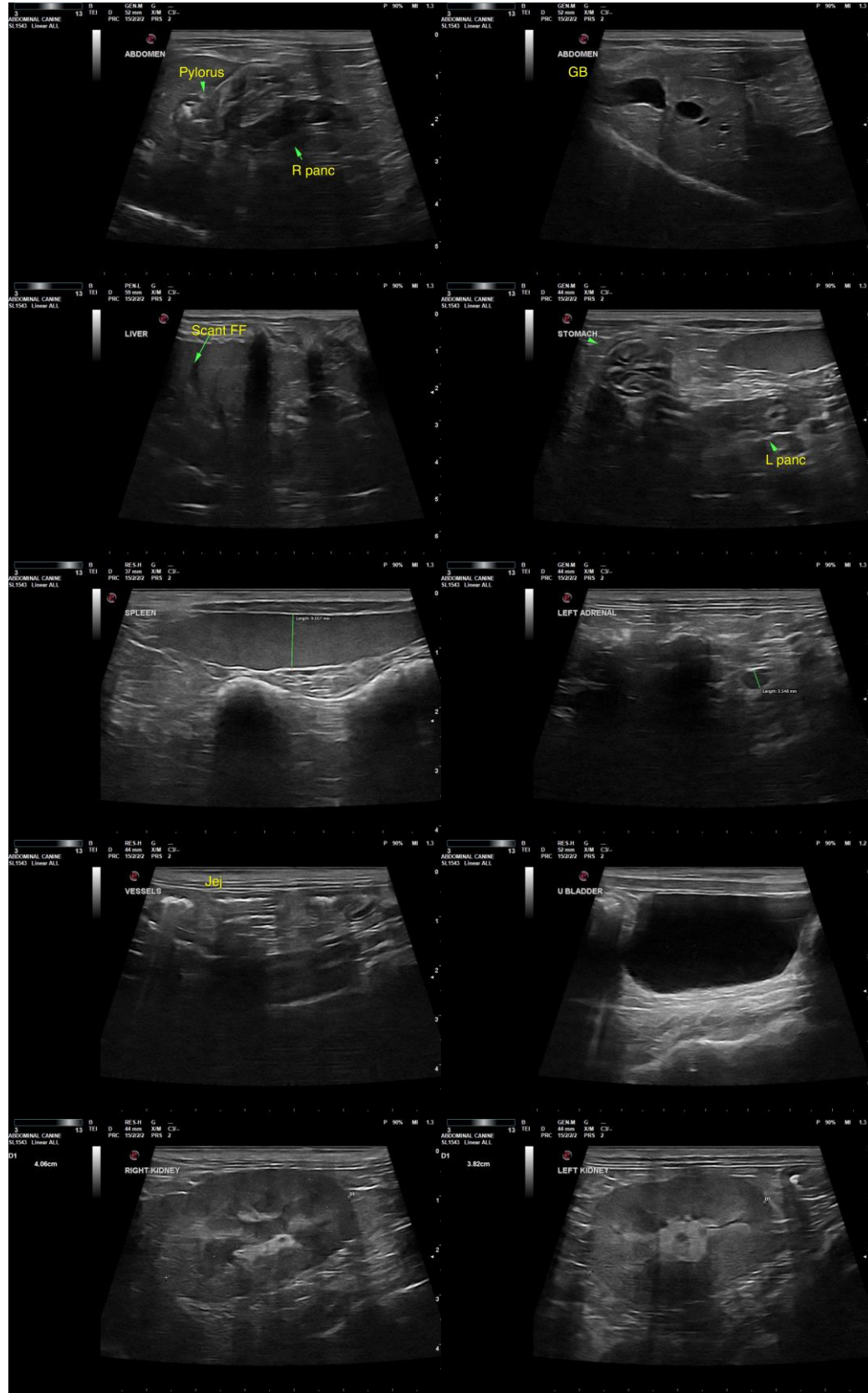
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PATIENT

Nixy Sell

SPECIES

Feline

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.

BREED

DSH

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.

SEX

FS

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