



PATIENT

Crouton Fearing
Dr. Pet

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1 year

WEIGHT

6.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

12990

DATE

1/7/22

PRESENTING CLINICAL SIGNS

Long, complex hx. Suspected undiagnosed congenital neurological disease causing hypodipsia and recurrent/chronic hypernatremia. Stage 2 chronic renal disease. Hx of weird pain on opening mouth that we could not diagnose but resolved with a course of prednisolone. Last few weeks has decreased appetite and possibly soft stool. Exam today normal for her.
Abnormal PE/Chem/CBC/UA Results: GI panel, CBC/Chem/UA/T4, bile acids pending.

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 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. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma and overall normal capsule symmetry with normal to potentially mild subnormal size possibly owing to mild volume contraction.

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.

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 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



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width measured 0.26 cm. The jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.26 cm.

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Normal visible colon wall layers were present with subjective formed feces present in the distal colon.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

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Free Abdomen

No omental masses, lymphadenopathy, or effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overall sonographically unremarkable abdomen
- Possible mild volume contracted spleen

WEIGHT

6.5 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, specifically gastrointestinal pathology or renal pathology i.e., dystrophic renal changes or other nephropathy was noted. Correlation with pending GI panel, bloodwork, and bile acids is recommended.

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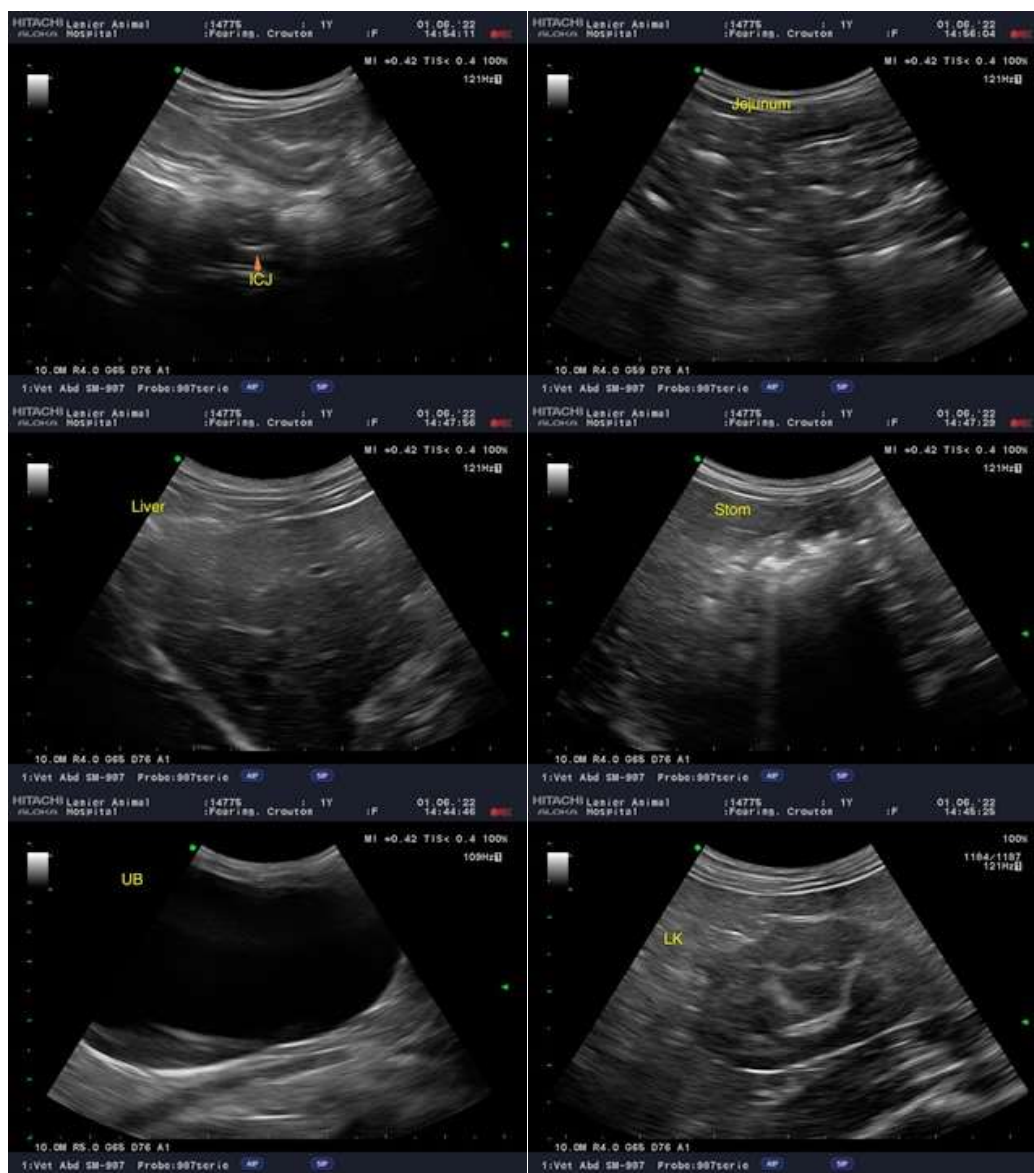
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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