



PATIENT PRESENTING CLINICAL SIGNS

Night Lang History: 2.5# weight loss in 1 year, 6 week duration regurgitation
Unremarkable CBC/Chemistry panel, T4 2.7

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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. Mild, nondependent, particulate 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.

Domestic Shorthair

SEX Neutered Male The area of the aortic trifurcation was free of pathology.

AGE 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. Focal area of caudal increased cortex echogenicity consistent with cortical infarction was present in the right kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

10.2 Pounds

Adrenal Glands

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology was noted in the area of the right adrenal gland.

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(Canine and Feline)

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.

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(Bath)

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.

REFERRING VET

Dr. Ferrari

INVOICE Gastrointestinal

12396 The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas, with no overt evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.27 cm.

DATE

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PATIENT

Night Lang

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 width measured 0.23 cm. The jejunum wall width measured 0.23 cm.

SPECIES

Feline

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

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.

BREED

Domestic Shorthair

Free Abdomen

SEX

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Primary Findings

- Mild urinary bladder sediment
- Right kidney cortical infarction
- Sonographically unremarkable gastrointestinal tract

WEIGHT

10.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

INTERPRETED BY

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(Canine and Feline)

Dietary indiscretion / food intolerance, occult parasitism, or structurally insignificant inflammatory bowel disease are possible. If not done, three view chest radiographs are recommended to rule out occult thoracic or esophageal pathology as a potential cause of the patient's clinical signs.

IMAGING PERFORMED BY

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Although no evidence of retained ingesta was present at the time of the ultrasound, the potential for some degree of delayed gastric emptying may be possible. Concurrently, potential low-grade or chronic pancreatitis may be present yet ultrasonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered if evidence of weight loss. Empirically, gastroprotectants trial, as well as a canned limited antigen to hydrolyzed diet with smaller more frequent feedings may be considered.

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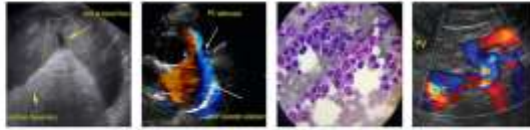
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BREED

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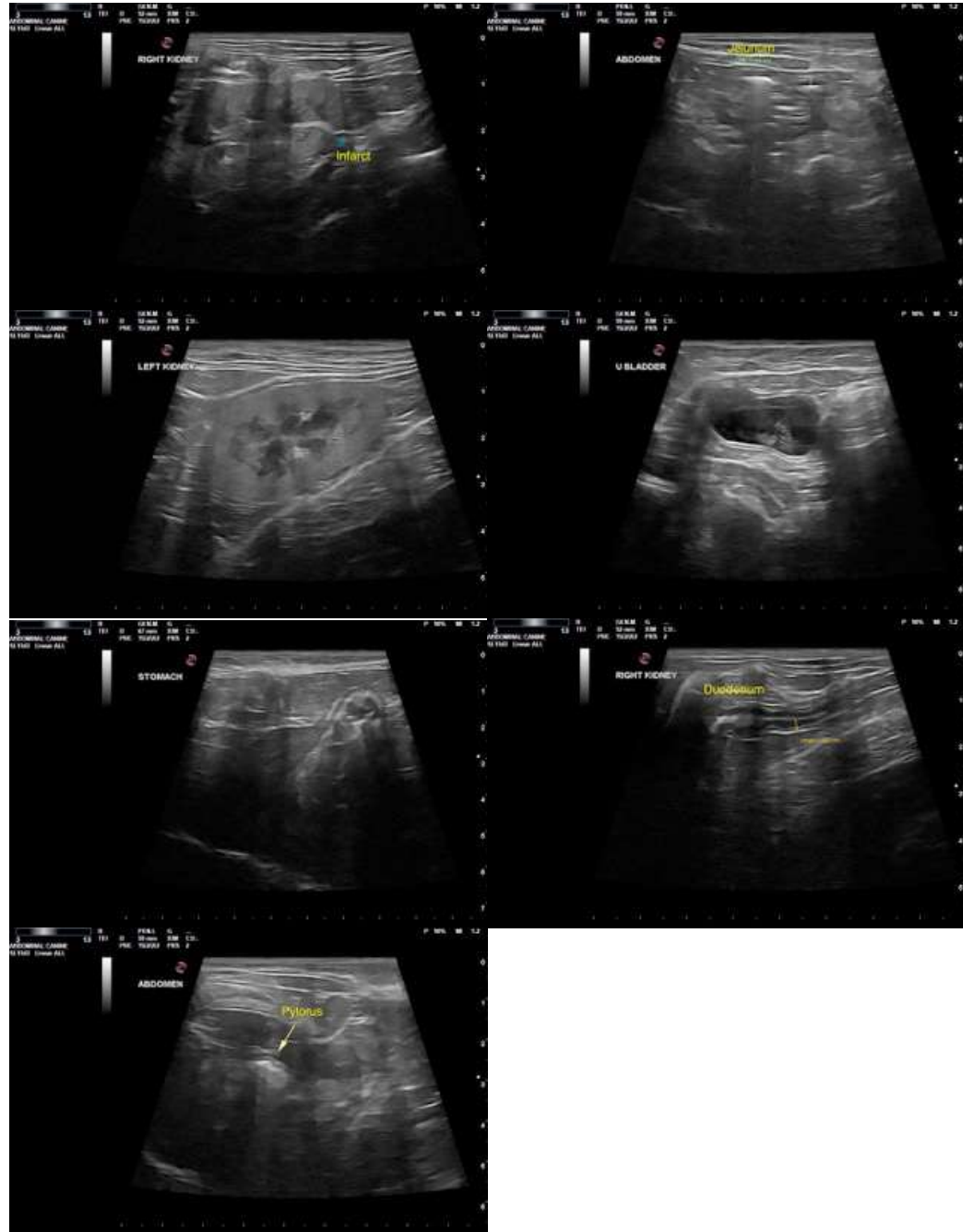
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Night Lang

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BREED

Domestic Shorthair

SEX

Neutered Male

AGE

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