



PATIENT PRESENTING CLINICAL SIGNS

Tuxedo Suttile Lethargic, urinating outside litter box, seem painful in abdomen, history of asthma and heart murmur.
 Medication: Pred1.25 BID, Dasuquin Advanced

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder was mildly distended in size yet exhibited subjective normal tone. No evidence of inflammatory or neoplastic urinary bladder mural changes. Anechoic urine was present primarily with minor nondependent particulate sediment which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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The area of the aortic trifurcation was free of pathology.

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Normal renal size with asymmetrical margination were present in the left kidney with mild cortical hypertrophy and loss of caudal corticomedullary parenchyma, suspected to be secondary to caudal left kidney cortical infarct. 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. The renal medullary volume was subjectively reduced. Minor pyelectasia was noted in the left kidney. The left kidney measured 2.6 cm in length.

WEIGHT

13.9

Normal renal size with asymmetrical margination were present in the right kidney. 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.8 cm in length. Subtle evidence of increased retroperitoneal tissue echogenicity without evidence of retroperitoneal free fluid primarily around the right kidney was noted.

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

Adrenal Glands

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Minor asymmetrical medial capsule contour was present. No evidence of neoplastic criteria was noted. 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 0.88 cm width at the level of the hilus.

REFERRING VET

Dr. Longnecker

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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 mildly subnormal in size likely owing to the presence of gastric ingesta. Potential for subtle bilobed gallbladder, which is a normal

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Tuxedo Suttile

variant in a cat, vs. small hepatic intraparenchymal cyst directly adjacent to the gallbladder is possible. The cystic and common bile ducts were normal.

Gastrointestinal

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

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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.

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mildly distended urinary bladder with mild nondependent particulate sediment
- Bilateral interstitial nephrosis renal pattern with caudal left kidney cortical infarct and minor left kidney pyelectasia
- Moderate gastric ingesta, sonographically unremarkable small bowel

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for nonspecific nephritis i.e., interstitial nephritis, may be a consideration in this patient if reported abdominal discomfort is primarily in the area of the kidneys. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No overt evidence of obstruction to urinary outflow was present.

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Post-prandial presentation is suspected, although if documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying could be considered if clinically indicated.

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Recheck CBC/Chemistry panel and Urinalysis, primarily to assess renal parameters or for other abnormalities is suggested.

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REFERRING VET

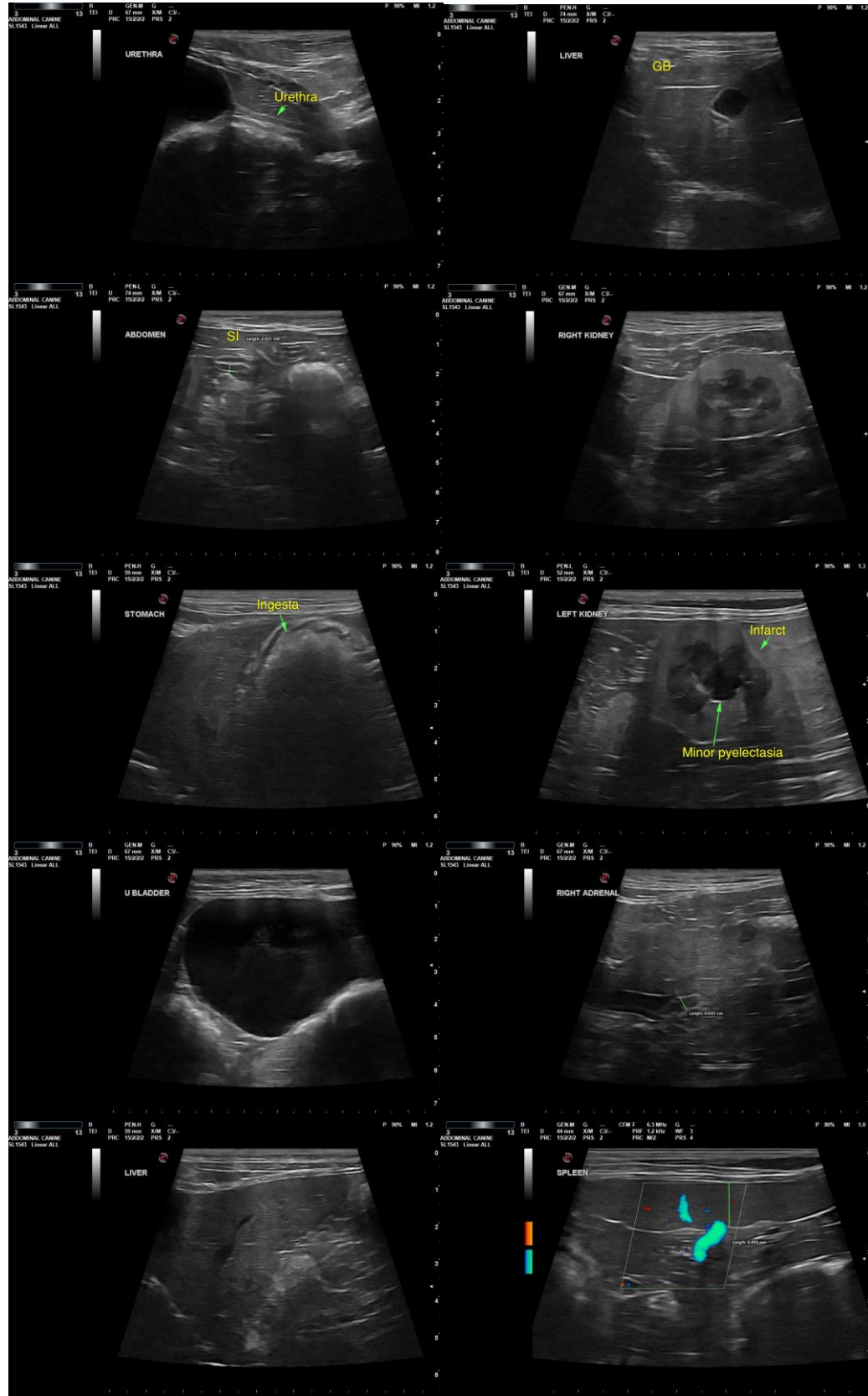
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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