

PATIENT

Millie Marschall

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

6.2 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

26243

DATE

10/13/21

Radiographic findings - AIS review: cardiomegaly, left. Suspect small kidneys. Suspect chronic narrowing LS spsce. ASSESSMENTS Cardiomegaly - left, Heart murmur, grade 1 of 6 R/O HCM, restrictive, unclassified, unlikely FHT, other cardiomyopathy. PLANS Cardiomegaly - left Reco echo with AUS given persistent mild weight loss next diagnostic step.

Abnormal PE/Chem/CBC/UA Results: RAD report attached-CBC - Eosino 1071 else unremarkable; Urinalysis - UGS 1.056; Thyroid hormones - T4 = 1.7; Chemistry profile - PSL 80 else unremarkable ASSESSMENTS Elevated PSL, Heart murmur, grade 1 of 6, Coughing, FIV infection, Weight loss - now static Elevated PSL r/o insignificant findings, mild chronic active pancreatitis +/- diffuse GI disease, other. No etiology for suspect heart murmur auscultated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild 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.

The left kidney was subnormal in size compared to the right. The left kidney presented a normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.4 cm.

The right kidney exhibited mild non-uniform echogenicity with subtle hyperechoic corticomedullary striations. The right kidney measured 3.3 cm.

Adrenal Glands

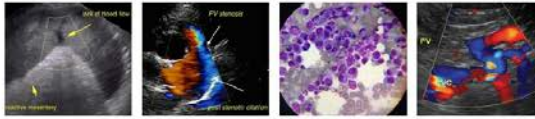
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm in width. The right adrenal gland measured 0.35 cm in width.

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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls



PATIENT

Millie Marschall and primarily anechoic luminal content. The proximal common bile duct was mildly dilated (0.3 cm in diameter) and tortuous without overt post hepatic obstruction.

SPECIES *Gastrointestinal*

Feline The stomach presented intact wall layering with a normal wall layer ratio. A mild amount of retained anechoic fluid was present. Gastric body wall measured 0.23 cm.

BREED
DSH The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtle mural hypertrophy and mildly prominent muscularis layer. Jejunum wall measured up to 0.30 cm in width. Duodenum wall measured 0.25 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Spayed Female **Pancreas**

AGE
The pancreas was normal in size and contour. Heterogeneous to subtle hyperechoic parenchyma noted compared to adjacent omentum with mild pancreatic duct dilation.

10 Years 3 Months **Free Abdomen**

WEIGHT
6.2 Pounds Several mildly enlarged mid abdominal mesenteric lymph nodes were present. Example measured 0.37 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

INTERPRETED BY
No effusion.

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Moderate chronic renal changes with subnormal left kidney size
- Enteropathy, probable chronic IBD
- Associated minor mesenteric lymphadenopathy – mild lymphoid hyperplasia or reactive lymphadenitis likely.
- Non-obstructive proximal common bile duct dilation
- Chronic pancreatitis, subjectively mild

HOSPITAL NAME

VCA Feline AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Vincent Fleming

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

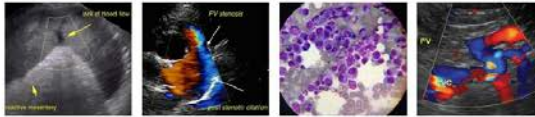
INVOICE

26243

DATE

10/13/21

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Mild chronic triad disease may be a consideration if previous history of hepatic enzyme elevations.



PATIENT

Millie Marschall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 3 Months

WEIGHT

6.2 Pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques,
 LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

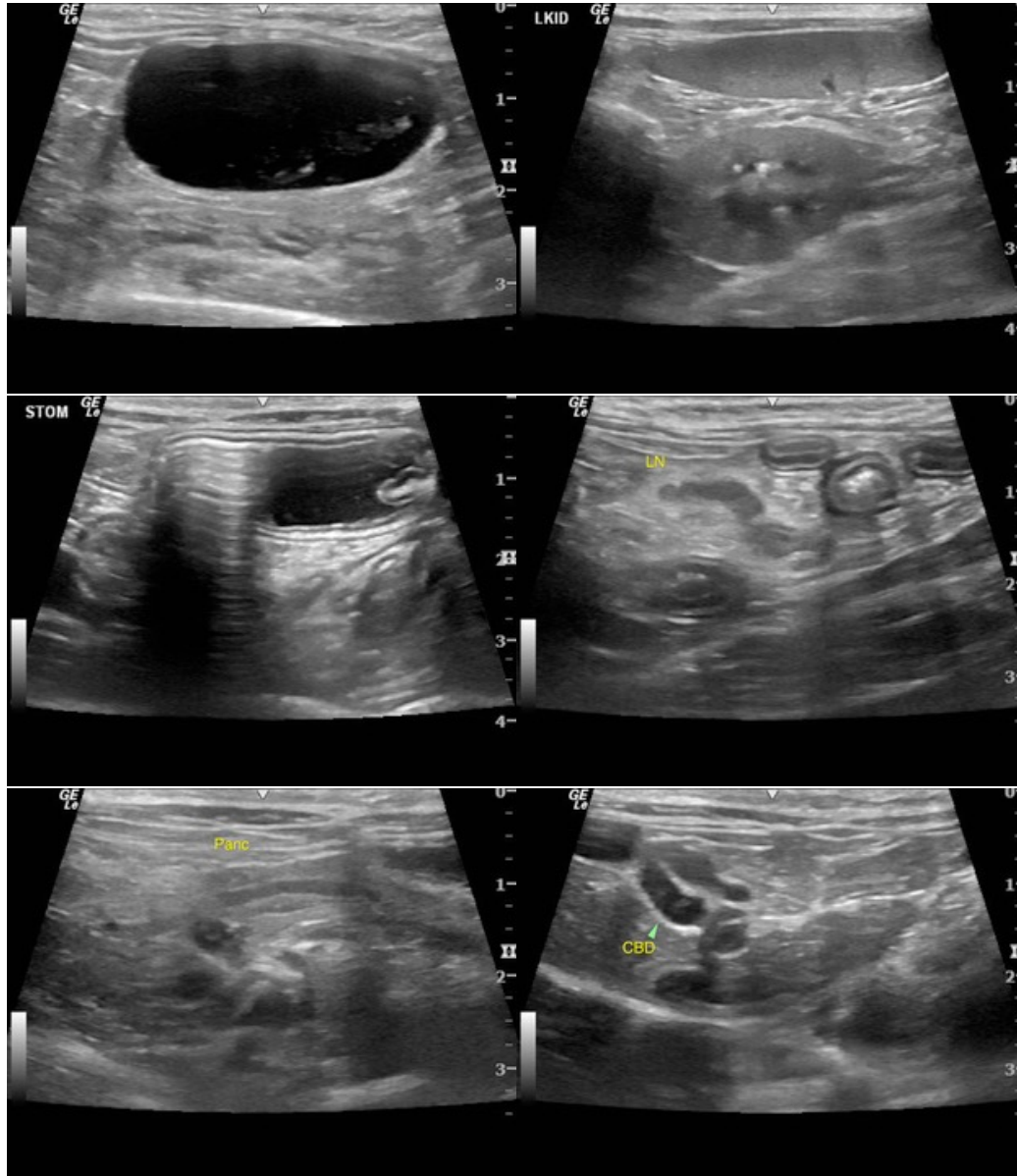
Dr. Vincent Fleming

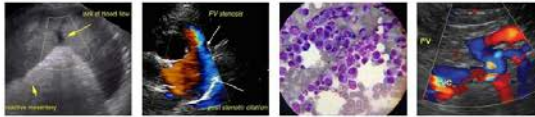
INVOICE

26243

DATE

10/13/21





PATIENT

Millie Marschall

SPECIES

Feline

BREED

DSH

SEX

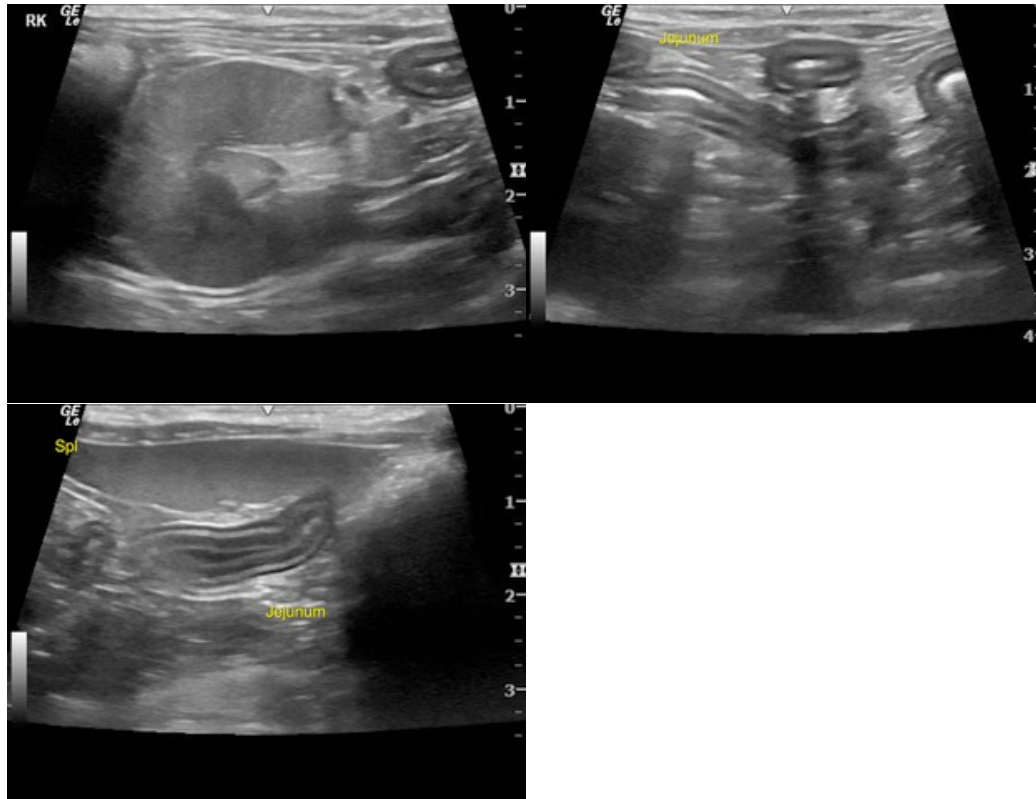
Spayed Female

AGE

10 Years 3 Months

WEIGHT

6.2 Pounds



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

26243

DATE

10/13/21