



PATIENT PRESENTING CLINICAL SIGNS

Basil Selland
Pet started defecating outside of box on 10-12. The stool was slightly green with mucous and frank red blood. Pet is also urinating outside of box and drinking more. On exam we noted a 1.7 pound weight loss, low grade jaundice, a d prominent feeling kidneys. We were unable to collect a UA since no urine was available. Pet seems very hungry and is eating well.

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8yr

WEIGHT

6.56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Veterinary
Hospital

REFERRING VET

Dr. Gross

INVOICE

11879ag

DATE

10/14/2022

Abnormal PE/Chem/CBC/UA Results: Fecal neg Giardia ELISA neg T4 wnl CBC shows a leukocytosis with WBC's at 26,300. Pet has neutrophilia and eosinophilia Chem shows elevated TP at 10.1, globulin elevated at 6.9, AST 285, ALT 1153, All phos 209, T. bill 5.2 r/o neoplasia, liver disease, etc. Current Medications metronidazole 40 mg po BID

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. 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 were noted.

Borderline prominent size was 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 4.6 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.42 cm 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. The spleen measured 0.64 cm in width at the level of the hilus.

Liver

The liver was enlarged with symmetric rounded contour and uniform increased parenchyma echogenicity 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 with mild non-dependent echogenic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT
Basil Selland
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 measured 0.27 cm in width.

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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. The jejunum wall measured 0.20 cm in width.

BREED
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Normal visible colon wall layers were present with mild to moderate distention containing apparent semi formed feces in lumen.

SEX
FS
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 was evident.

AGE
8yr
Free Abdomen

Intermittent small pocket of peri intestinal to peritoneal effusion was present.

WEIGHT
6.56lb
Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with uniform parenchyma hyperechogenicity
- Non-distended gallbladder with minor luminal debris
- Overtly normal GI tract
- Intermittent minor benign/reactive mesenteric lymph nodes, small pocket of peritoneal free fluid
- Borderline prominent overtly normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted preferably with vitamin K pretreatment.

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Triad disease may be a potential in this patient even without evidence of active pancreatitis or structural GI changes. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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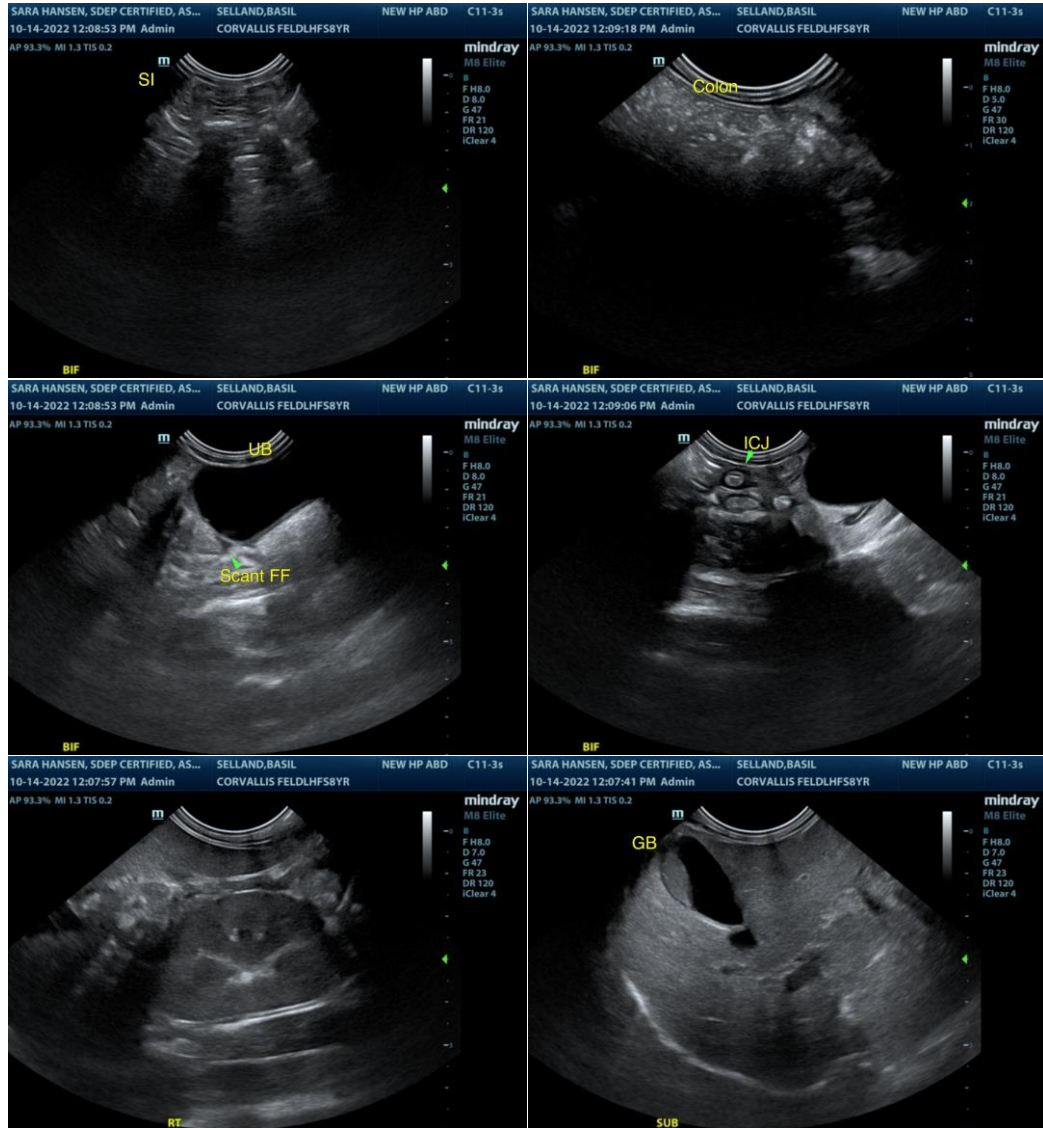
Dr. Gross

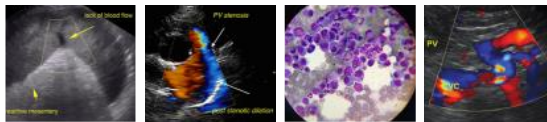
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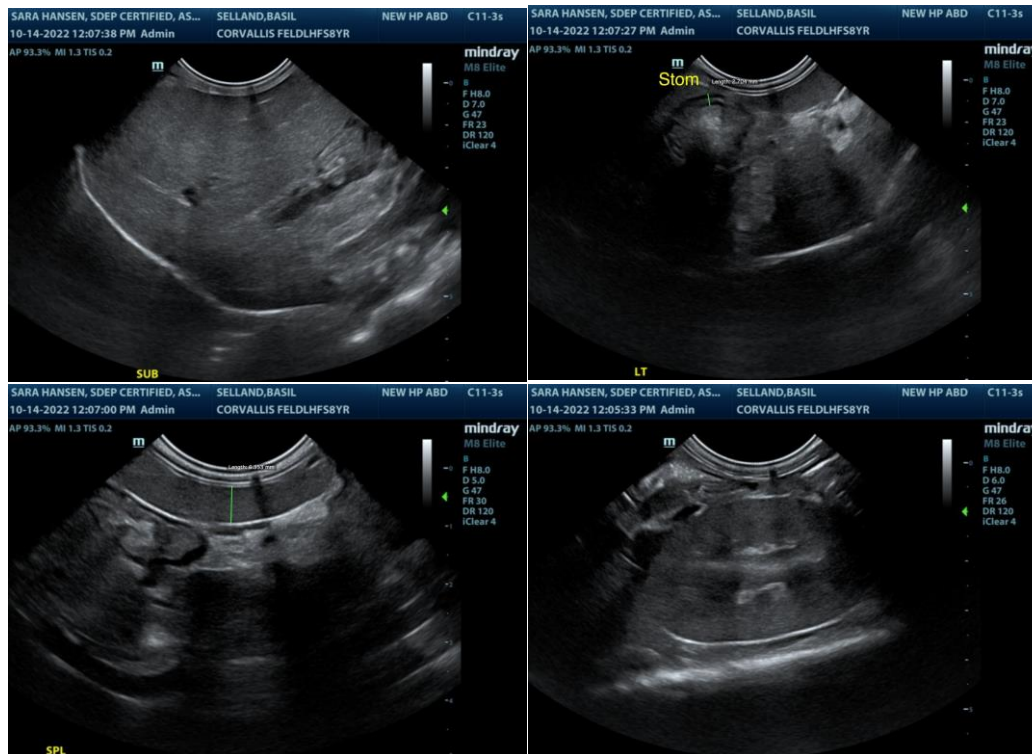
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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