



PATIENT PRESENTING CLINICAL SIGNS

Shakespeare Corelias

Inappetence, fur loss/dry skin, weight loss, mild icterus,
Abnormal PE/Chem/CBC/UA Results: HCT 25.6, HGB 9.7, LYM 0.52, BASO 0.00, ALT 553, ALKP 1321, TBIL 6.6 PT/aPTT WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DLH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

AGE

10yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

8.63lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

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 0.29 cm width.

Spleen

IMAGING PERFORMED BY

Jenna Walsh CVT

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 0.59 cm in width at the level of the hilus.

HOSPITAL NAME

Albany Animal Hospital

Liver

REFERRING VET

Dr. Fletcher

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules noted.

INVOICE

11930ag

The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The common bile duct was not definitively visualized.

DATE

10/19/2022

Gastrointestinal



PATIENT
Shakespeare Corelias
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 0.24 cm in width.

SPECIES
Feline
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 measured 0.20 cm width. The jejunum wall measured 0.17 cm width.

BREED
DLH
Normal visible colon wall layers were present with apparent 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
10yr
Free Abdomen
No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT
8.63lb
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Non-specific hepatopathy
- Unremarkable gallbladder and CBD
- Unremarkable GI tract/pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include inflammatory hepatic changes ie cholangiohepatitis, vacuolar hepatic changes, hepatic cholestasis, infiltrative neoplasia or other. Correlation with pending hepatic FNA cytology is recommended. Pending hepatic cytology, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal or pancreatic disease i.e. potential triad disease. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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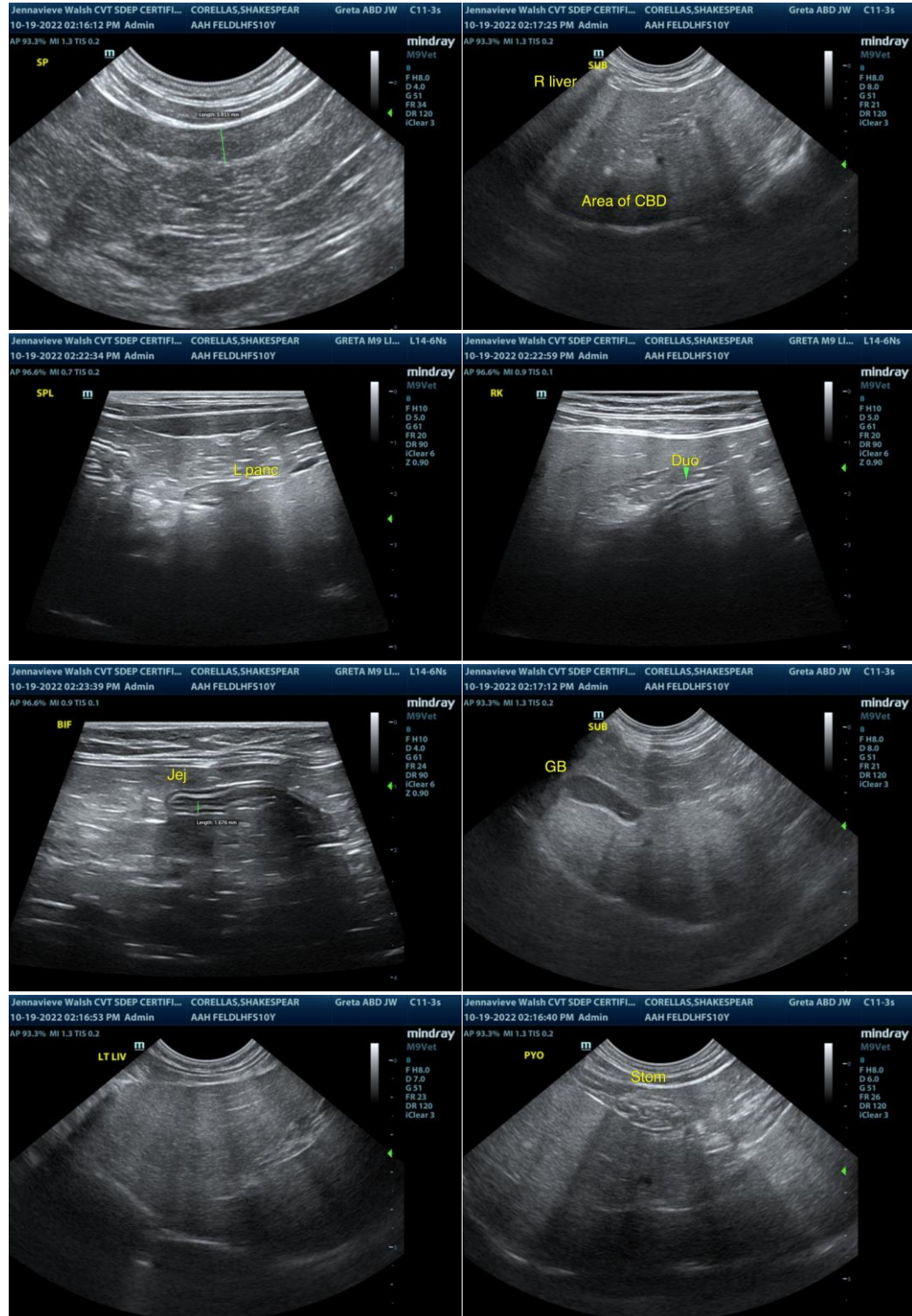
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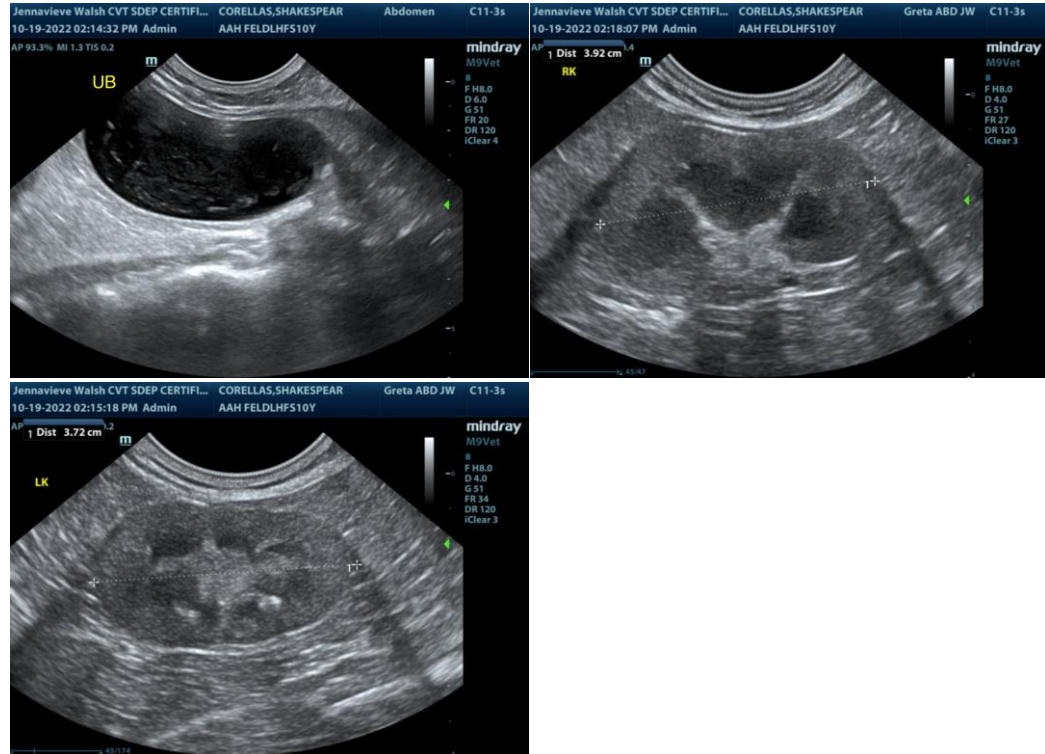
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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