

PATIENT PRESENTING CLINICAL SIGNS

Jewel Byron Urinalysis - USG 1.028 trace protein occult blood 2+ RBC 2-3 amorphous crystals 2-3 else unremarkable; Thyroid hormones - T4 - 1.9; Chemistry profile - BUN 23 Creat 1.3 else unremarkable; CBC - Unremarkable ASSESSMENTS Weight loss Unremarkable labs, no etiology weight loss, r/o GI vs. hyporexia associated with chronic rhinitis vs. other.

SPECIES Feline Abnormal PE/Chem/CBC/UA Results: RADS attached for supplemental (they were sent to a radiologist as well)- cat remained on oxygen post scan for an hour

BREED

DSH

Urinary System

SEX

FS

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.

AGE

12 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.8

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. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47cm width. No overt pathology was noted in the area of the right adrenal gland.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size, measuring 0.59 cm in width at the level of the hilus.

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

Liver/ Gallbladder

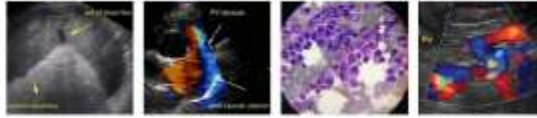
INVOICE

12398

DATE

10/20/21

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. Generalized, subjective increased prominence of the portal vascular borders was present. This is a nonspecific finding and may be an age-related or patient variant. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT ***Gastrointestinal***

Jewel Byron The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present in the gastric antrum and pylorus. The gastric body wall width measured 0.20 cm.

SPECIES The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio without evidence of mural hypertrophy, yet subjective propensity for generalized mildly prominent muscularis layer. The jejunum wall width measured 0.24 cm. The ileocolic wall width measured 0.27 cm.

Feline

BREED

Normal visible colon wall layers were present with formed to semi-formed feces in lumen.

DSH

Pancreas

SEX

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.

FS

AGE

Free Abdomen

12 years No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

7.8 Brief assessment of the heart and pericardial lung revealed no overt evidence of structural or functional cardiomyopathy. Pericardial and pulmonary nodular lesion exhibiting areas of air entrapment was present, measuring approximately 0.84 cm in diameter. No overt evidence of pleural effusion was noted.

7.8

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DABVP (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Mild chronic renal changes
- Possible mild to chronic inflammatory enteropathy
- Pericardial pulmonary peripheral nodular lesion with associated air entrapment

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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.

The small intestine exhibited potential for subtle mural changes which may indicate chronic inflammatory enteropathy. However, given the lack of reported GI signs, this finding is nonspecific. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Potentially, the patient's hyporexia and weight loss may be owing to primary pulmonary pathology. Lower airway sampling is required for further assessment. Continued as-needed gastrointestinal supportive care is recommended.

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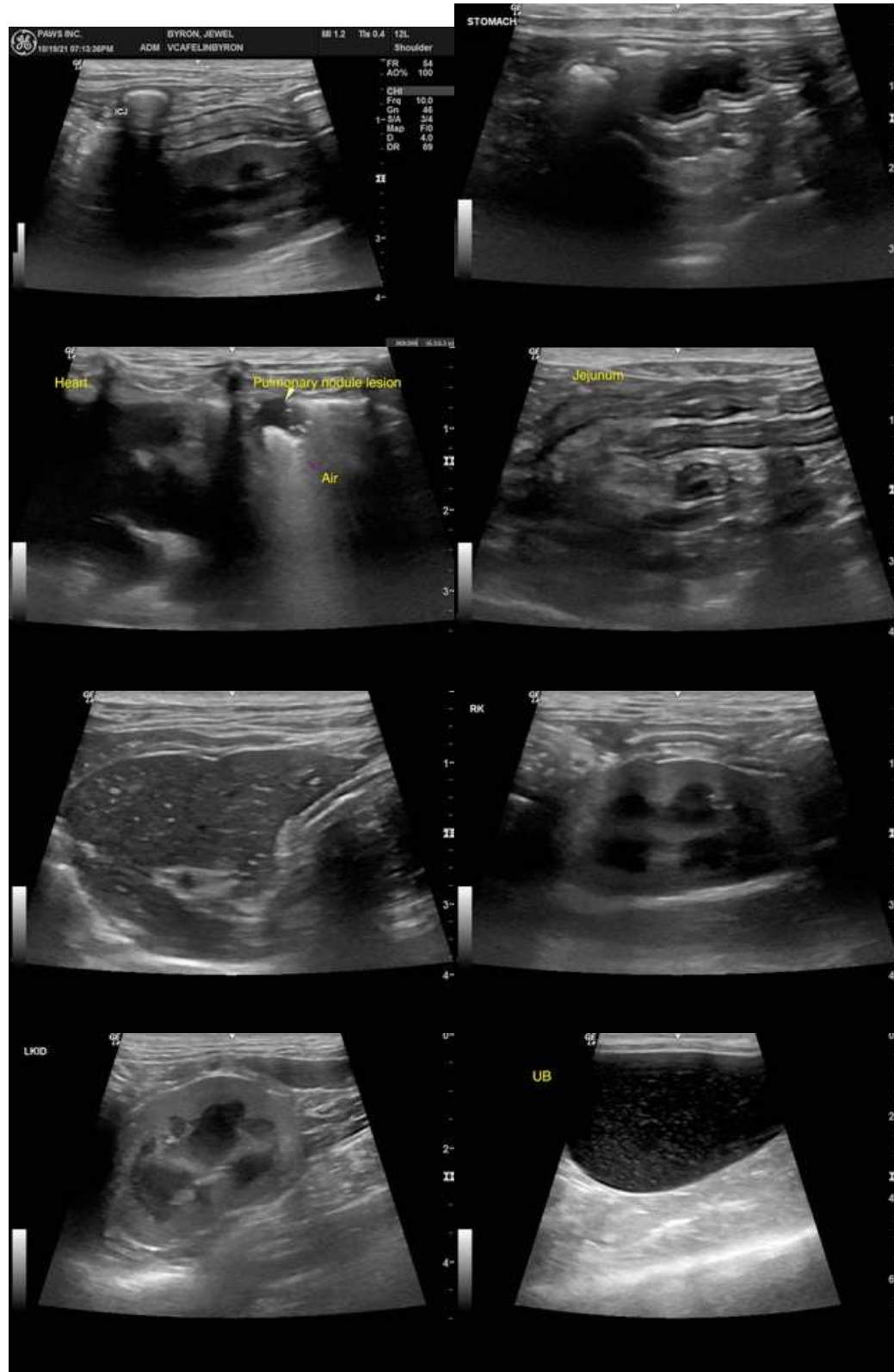
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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