**PATIENT**

Puma Burns

PRESENTING CLINICAL SIGNS

Presented yesterday for vomiting blood and slightly dehydrated. Diarrhea with traces of blood. Suspect renal failure.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA, Creatinine, BUN, ALT all elevated. UA shows Bacteria, rods and cocci FPL abnormal

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

18 Years

The kidneys presented borderline subnormal size. The left kidney measured 3.0 cm. The right kidney measured 3.3 cm. 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.

WEIGHT

5.7 Pounds

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.50 cm.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.81 cm in width at the level of the hilus. 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.

IMAGING PERFORMED BY

Kim Liedberg

Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing primarily anechoic content with mild echogenic mucus. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. Regional dorsal wall edema measured 0.27 cm. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. No overt evidence of common bile duct dilation, stasis, or post-hepatic obstructive criteria.

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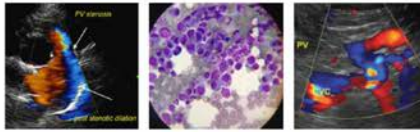
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Mukwonago AH

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42278

Gastrointestinal**DATE**

10/21/22

**PATIENT**

Puma Burns

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid without evidence of retained ingesta or foreign material or mechanical pyloric outflow obstruction.

SPECIES

Feline

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.25 cm. Ileocolic wall measured 0.32 cm.

BREED

DLH

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon contained generalized semiformed to soft fecal matter, consistent with patient history.

SEX

Spayed Female

Pancreas

The pancreas presented generalized mild to variable enlargement with mild capsule asymmetry. Isoechoic, mildly hypoechoic, non-homogeneous pancreatic parenchyma noted with potential for pancreatic duct dilation.

AGE

18 Years

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.68 cm diameter. The lymph node was essentially isoechoic to mildly non-homogeneous without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

WEIGHT

5.7 Pounds

No evidence of significant lymphadenopathy.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
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Generalized mild increased omental echogenicity noted.

Intermittent small pocket of scant anechoic peritoneal free fluid noted.

IMAGING PERFORMED BY

Kim Liedberg

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – suspect acute on chronic hepatopathy i.e., cholangiohepatitis. Minor potential for occult infiltrative neoplasia.
- Non-distended gallbladder exhibiting regional wall edema and non-obstructive luminal mucus
- Acute gastroenterocolitis pattern – acute inflammatory bowel episode, infectious disease, enterotoxic insult, occult neoplasia all potentials.
- Prominent, non-homogeneous – age/patient variant, chronic to chronic active pancreatitis possible. No overt pancreatic neoplastic criteria.
- Bilateral moderate chronic renal changes – no overt pyelonephritis.
- Intermittent scant to mild peritoneal free fluid

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REFERRING VETDr. Bittner –
Mukwonago AH**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive gastrointestinal and hepatic support with empirical therapy for cholangiohepatitis/pancreatitis is recommended. Screening hepatic FNA cytology (assuming normal clotting status and using 25-gauge needle) warranted, primarily to identify potential inflammatory cell

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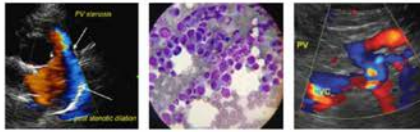
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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

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type and rule out potential for occult neoplasia.

Renal prognosis is based on response to diuresis protocol. Recheck sonogram may be considered pending clinical response to therapy, or if progressive gastrointestinal signs. Guarded prognosis.

SPECIES

Feline

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SEX

Spayed Female

AGE

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WEIGHT

5.7 Pounds

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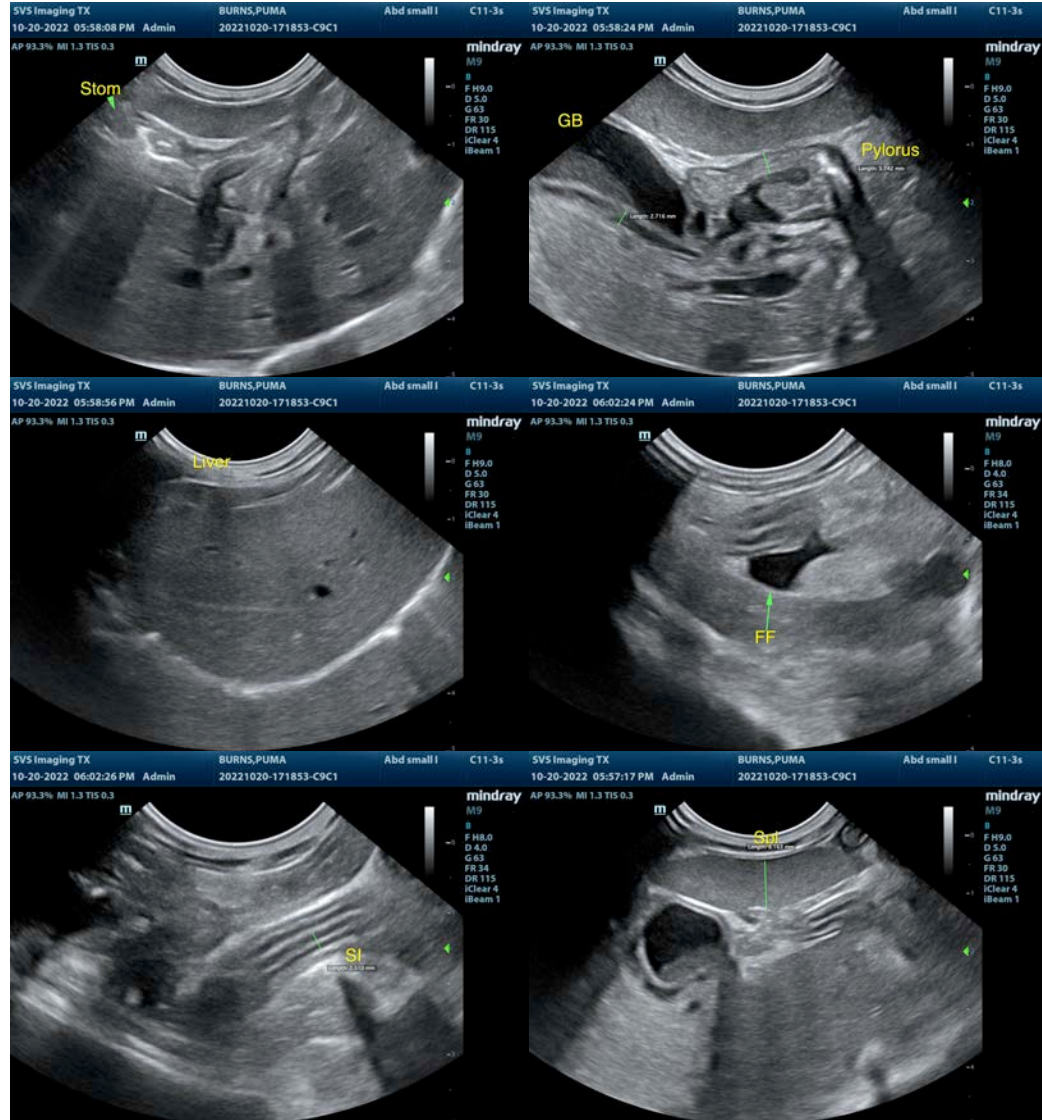
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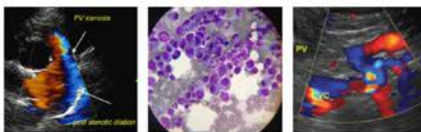
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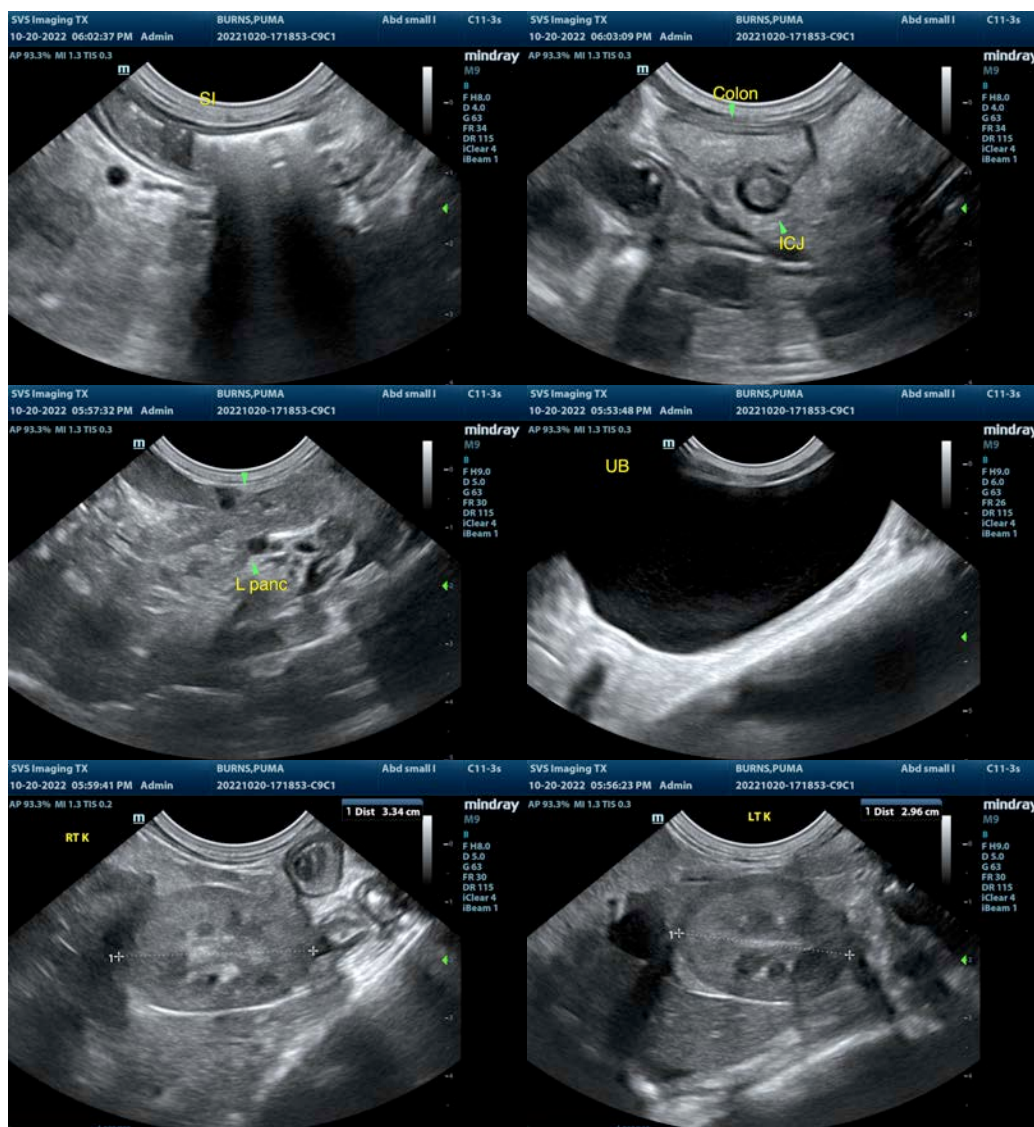
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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