



PATIENT PRESENTING CLINICAL SIGNS

Nigel Kalapay History: Inappetence for 1 week, occasional vomiting
 WBC 19.4 w/mild neutrophilia, suspected band neutrophils and lymphocytosis, creatinine 2.9, SDMA 15.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 years

WEIGHT

13.4 Pounds

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 non-dependent 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm.

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 0.30 cm. No overt pathology in the area of the right adrenal gland.

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 0.9 cm in width.

INTERPRETED BY

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen 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 primarily anechoic luminal content. Subtle prominent to echogenic gallbladder walls noted. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Easton AH

Gastrointestinal

REFERRING VET

Dr. Craig

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. Gastric body wall measured 0.27 cm.

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. Jejunum wall measured 0.25 cm. Duodenum wall measured 0.30 cm.

INVOICE

26693

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

DATE

10.27.2021



PATIENT *Pancreas*

Nigel Kalapay The pancreas was normal in size with subtle hypoechoic to coarse parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

SPECIES *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

BREED

Domestic Shorthair

- Mild urinary bladder sediment
- Early/mild chronic renal changes
- Subtly hypoechoic to coarse pancreas
- Sonographically unremarkable gastrointestinal tract

SEX

Neutered Male

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.

AGE

9 years

The pancreas may indicate patient or early age related variant, although potential for low-grade to chronic pancreatitis is possible. No overt evidence of structural gastrointestinal pathology, yet potential for structurally insignificant inflammatory bowel episode is possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Potential for low-grade to chronic pancreatitis would also be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

WEIGHT

13.4 Pounds

Empirically, as needed gastrointestinal supportive care and therapy for potential low-grade to chronic pancreatitis (if clinically indicated) is recommended.

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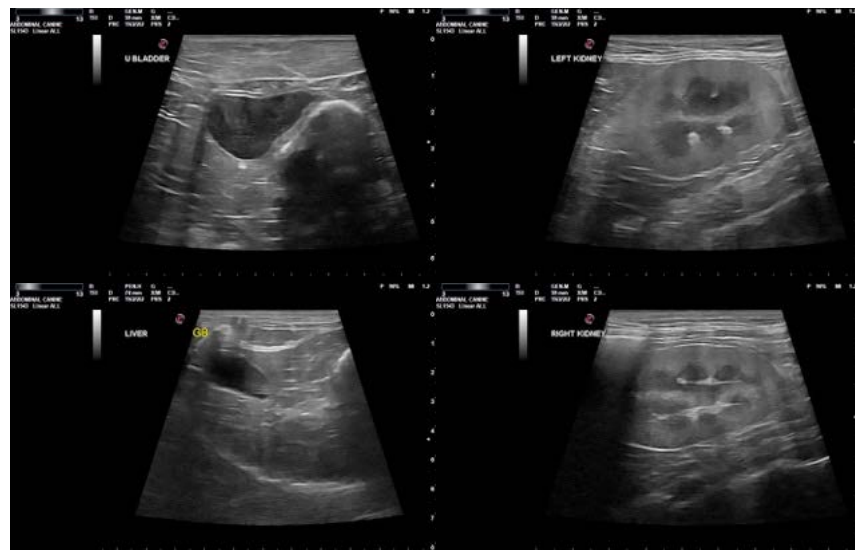
Dr. Craig

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PATIENT

Nigel Kalapay

SPECIES

Feline

BREED

Domestic Shorthair

SEX

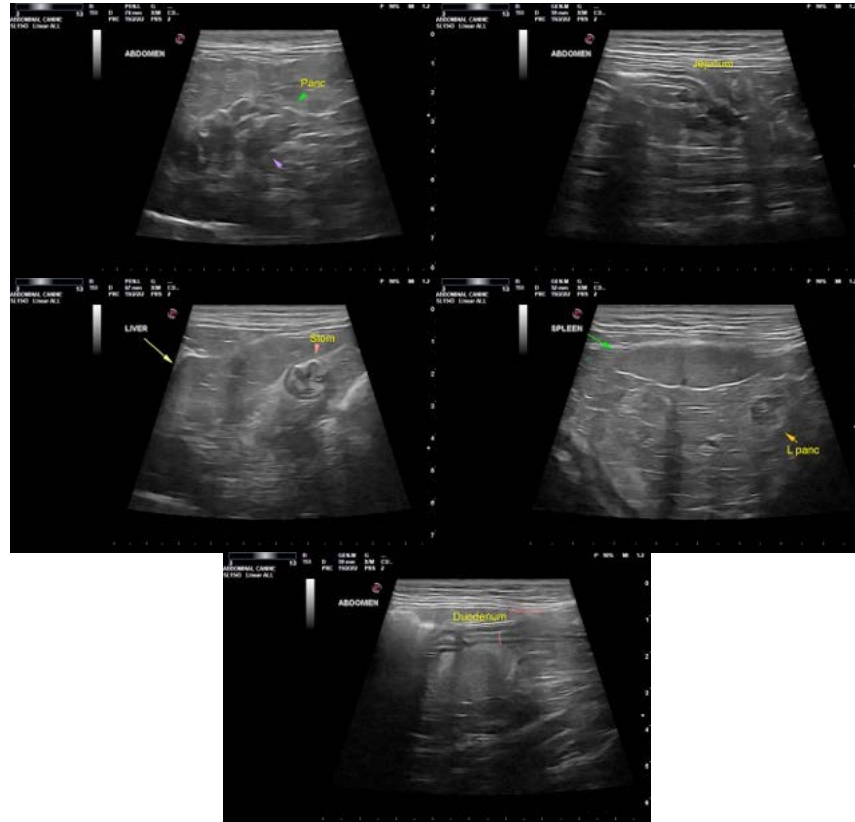
Neutered Male

AGE

9 years

WEIGHT

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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.

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Rebekah Jakum, CVT
ARDMS/RVT

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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