



PATIENT

Jonesy Montalvo

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

9.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

15279

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Case summary: Jonesy was living with owner's parents for a while because he did not get along with other cat. He has been back at home for last month. He was vomiting at parents house almost everyday. He vomits mostly food now. He does not vomit everything and is eating and having BMs. Jonesy presented yesterday for vomiting. A 5# weight loss was noted since 9/21. PE findings: thin- BCS 3.5/9, grade II left apical systolic murmur, moderate thyroid slip Senior wellness package sent: normal fPL and T4, elevated ALT/AST/ALP, total bilirubin 0.6, unconjugated bilirubin 0.4 Jonesy lost 0.6 pounds since 10/4/22 Urinalysis on 10/8/22 showed pyuria, hematuria, bacteriuria; enrofloxacin was prescribed. Fecal showed no parasites

ALT 270, ALP 211, AST 110, Tbili 0.6, Spec fPL 1.3

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

The spleen exhibited mild enlargement yet maintained symmetrical capsule contour with mild decreased parenchymal echogenicity exhibiting primarily maintained uniform echotexture. Normal splenic vascularity was noted. No masses or nodules were visualized. The spleen measured 1.2 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized enlargement. Subjective decreased hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing mild echogenic nonorganized luminal gallbladder



PATIENT	debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Jonesy Montalvo	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented sonographically normal gastric wall layering. The lumen of the stomach contained mild, nonshadowing ingesta / chyme without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.24 cm.
BREED	
DSH	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 small intestinal wall measured 0.22 cm width.
SEX	
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
11 years	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
WEIGHT	
9.3 lbs.	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Intermittent small pocket of scant perihepatic to peritoneal free fluid was present. No evidence of omental masses or lymphadenopathy.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Jennifer Todd	<ul style="list-style-type: none"> • Mild urinary bladder sediment • Bilateral chronic interstitial nephrosis renal pattern • Mild splenomegaly - hyperplasia, hematopoiesis, incidental splenitis, potential for early infiltrative neoplasia • Hepatopathy - acute on chronic cholangiohepatitis pattern, vacuolar hepatic changes, cholestasis, infiltrative round cell neoplasia, possible • Mild gallbladder debris • Prominent to hypoechoic pancreas - nonspecific given normal Spec fPL, patient variant, potential for low-grade pancreatitis possible • Intermittent scant perihepatic to peritoneal free fluid • Sonographically unremarkable gastrointestinal tract with mild possibly retained gastric ingesta/ chyme
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10/27/22	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>

Urine C/S +/- baseline UPC level is recommended for further renal staging or if evidence of inflammatory debris on urinalysis.



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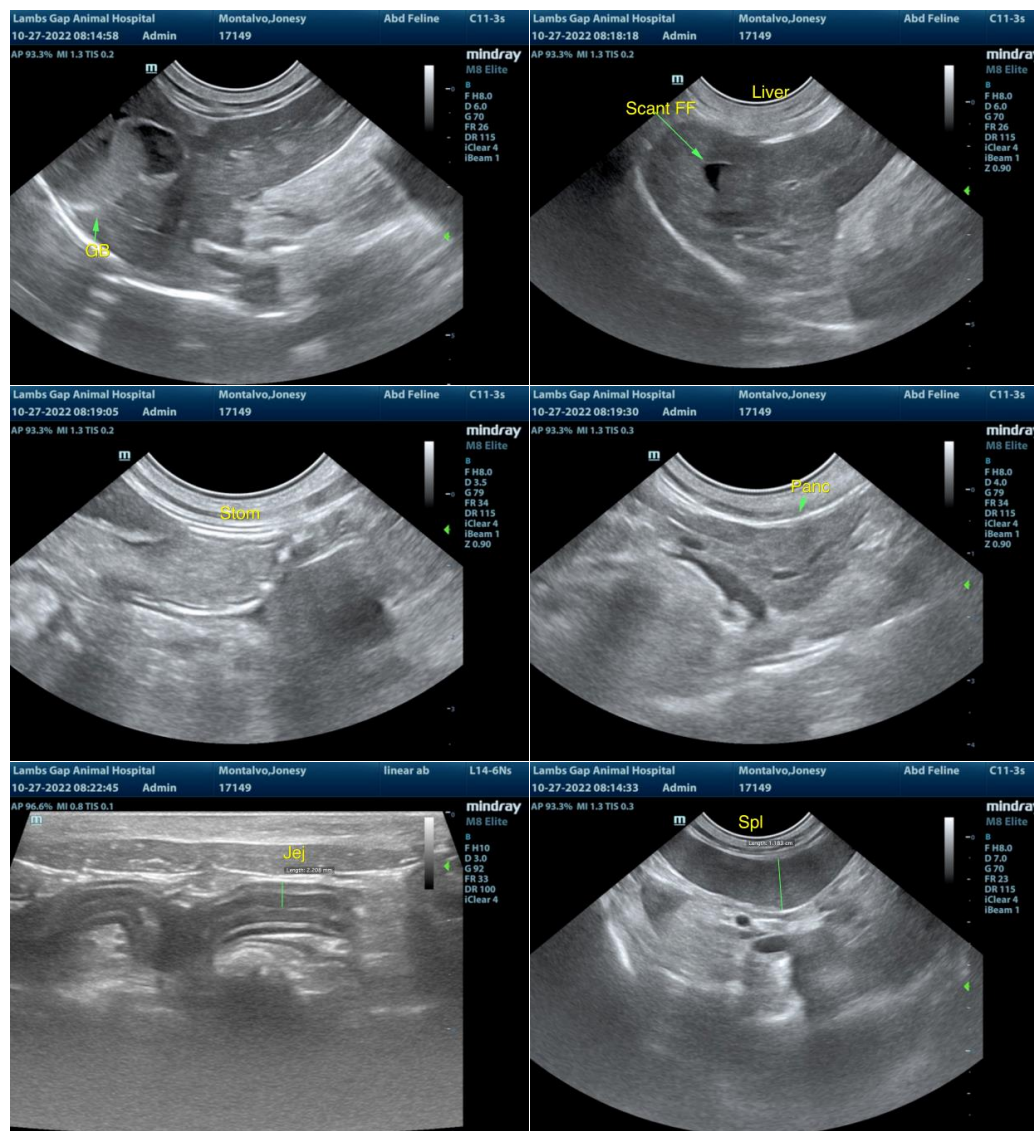
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Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA is warranted for further assessment. If evidence of inflammatory hepatic criteria, Triad Disease may be a potential in this patient, even though no overt evidence of intestinal mural pathology. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.





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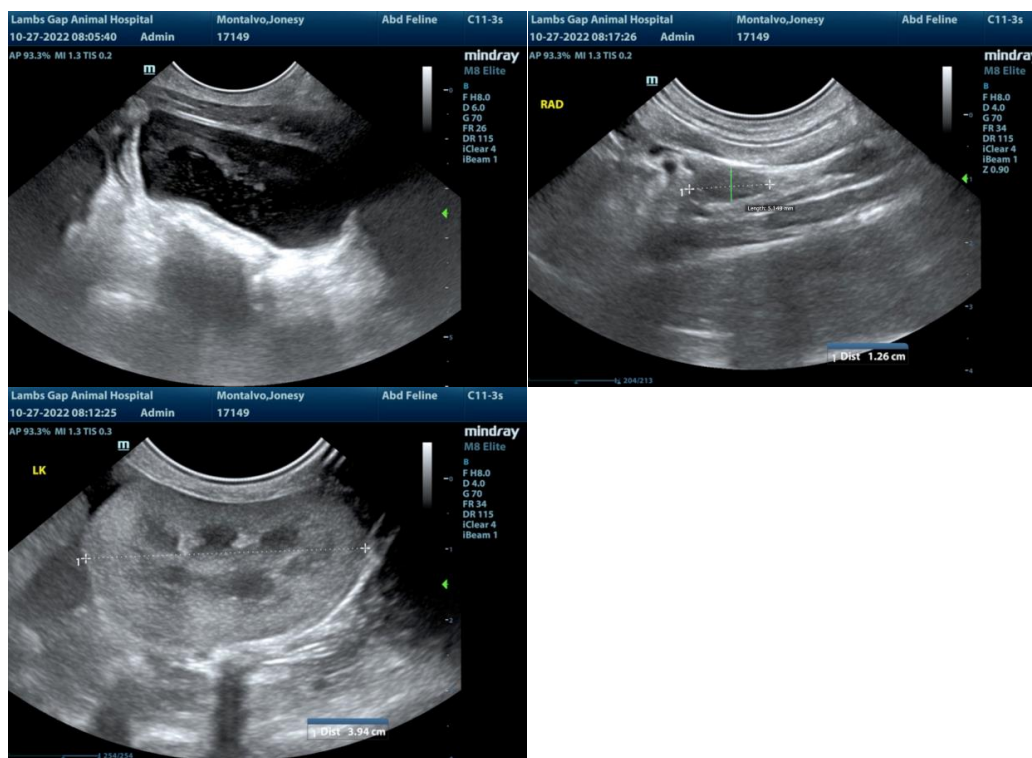
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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