



PATIENT

Ruby Vinals

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

6 yrs, 2 mo

WEIGHT

6.86 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

15269

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Reason for Visit: ultrasound History: 6y2m PRESENTS FOR AN ULTRASOUND RECOMMENDED BY HER PREVIOUS VET. P ATE LAST 9PM LAST NIGHT, O DOESNT KNOW IF P IS DRINKING WATER BUT EATS ON AND OFF AND HAD GREAT APPETITE LAST NIGHT. RUBY GOES IN THE LITTER BOX FREQUENTLY AND SEEMS TO BE STRAINING, O MIGHT HAVE SEEN BLOOD DROPS ON BED BUT DOESNT KNOW SINCE THE BED IS A DARK COLOR.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AU: mild black debri, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 4/9. Ambulatory x 4. Generalized muscle atrophy/wasting Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No obvious masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: SI icteric. Good hair coat. No ectoparasites seen Mentation: QAR Hydration: ~5% dehydration

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No evidence of pathology was noted in the area of the left or right adrenal glands.

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.

Liver/ Gallbladder

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. A small, thinly-walled intraparenchymal, benign cyst was present in the mid-ventral liver containing anechoic fluid. The capsule of the liver was symmetrical in



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SPECIES	<i>Gastrointestinal</i>
Feline	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.
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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
SF	<i>Pancreas</i>
AGE	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.
6 yrs, 2 mo	
WEIGHT	<i>Free Abdomen</i>
6.86 lbs.	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Sonographically unremarkable urinary bladder • Generalized uniform hepatic parenchyma hyperechogenicity with small benign intraparenchymal hepatic cyst, no evidence of post hepatic obstruction • Normal bilateral kidneys • Sonographically unremarkable gastrointestinal tract / pancreas
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Rivera	No evidence of lower urinary tract pathology including no evidence of cystitis, neoplastic criteria, sediment, calculi, or urethral pathology. Potential for mild idiopathic cystitis is possible.
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REFERRING VET	The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosiis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if lipidosiis is confirmed.
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DATE	Correlation of the sonographic findings with a full CBC/Chemistry panel and urinalysis is recommended if not done.
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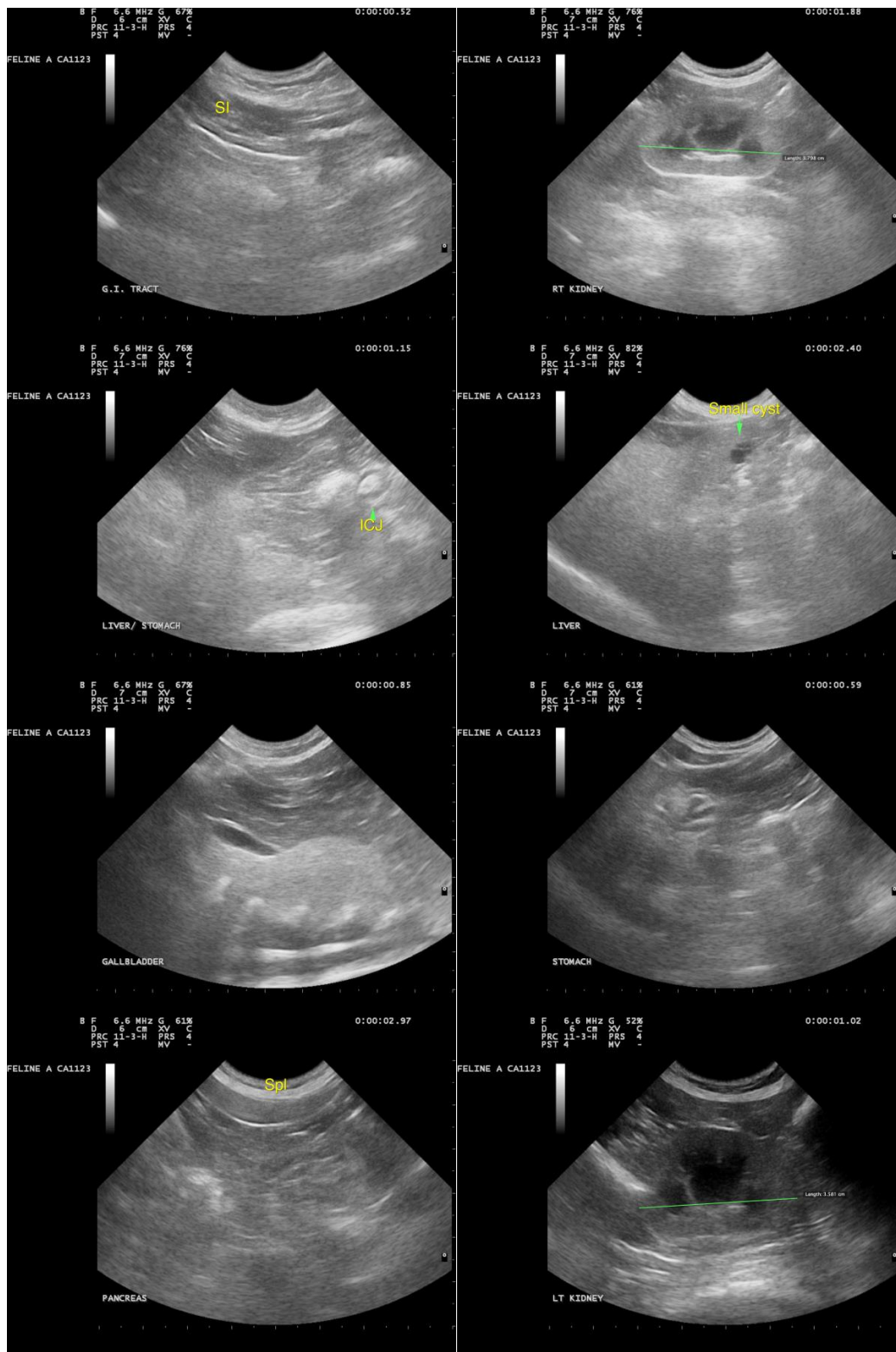
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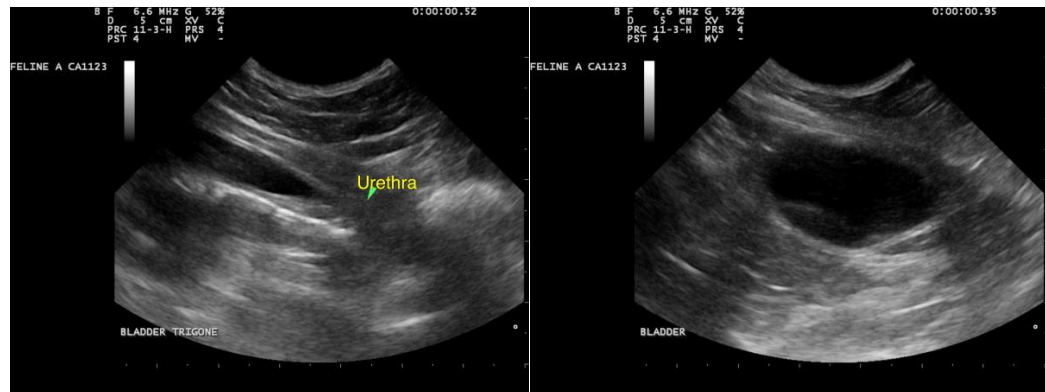
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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