

**PATIENT**

Tika Larose

**PRESENTING CLINICAL SIGNS**

Inappetance. Intermittent vomiting, more frequent after drinking.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Mild azotemia, mild increase in retics, mild hyperglobulinemia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DMH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

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 3.4 cm in length. The right kidney measured 3.3 cm in length.

**AGE**

14yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

3kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

**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 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**

Dr. Barthelemy

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Crowchild Trail  
Veterinary Clinic

**REFERRING VET**

Dr. Rondot

**Gastrointestinal**

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. The gastric body wall measured 0.25 cm in width.

**INVOICE**

12042ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.33 cm width.

**DATE**

10/28/2022



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The visualized colon exhibited normal wall layers yet appeared to be gas distended.

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**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic duct dilation was present.

Feline

**Free Abdomen**

**BREED**

No omental masses or peritoneal effusion was present.

DMH

Focal, mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). These lymph nodes were not consistent with inflammatory or neoplastic criteria.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Overtly normal GI tract
- Minor benign/reactive colic lymphadenopathy
- Subjective gas distended colon
- Potential low-grade chronic to chronic active pancreatitis
- Mild chronic renal changes
- Minor urinary bladder sediment

14yr

**WEIGHT**

3kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, largely a geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment for cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas is recommended. A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically as needed GI support and conservative therapy for potential low-grade pancreatitis would be reasonable.

**IMAGING PERFORMED BY**

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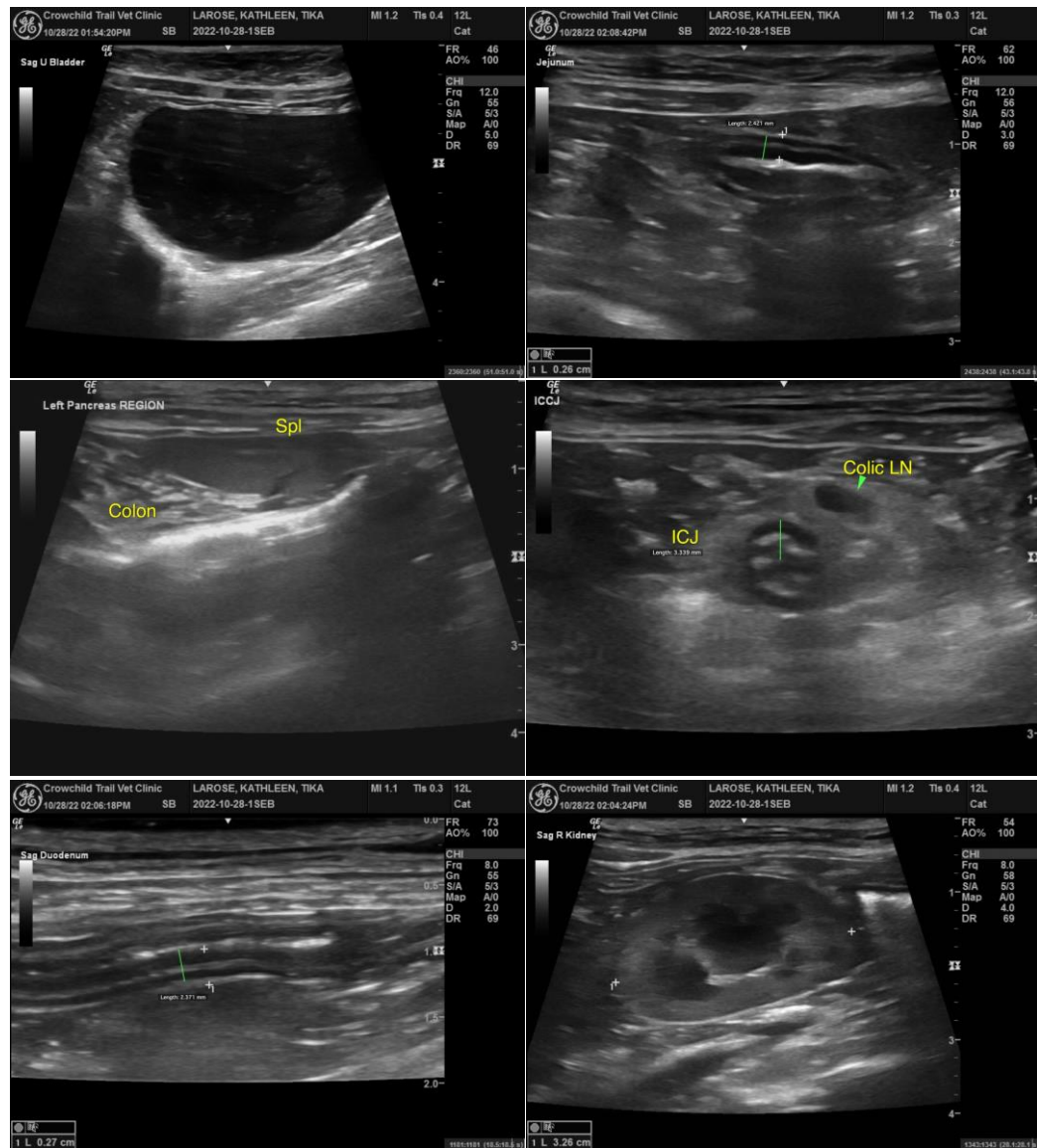
Dr. Rondot

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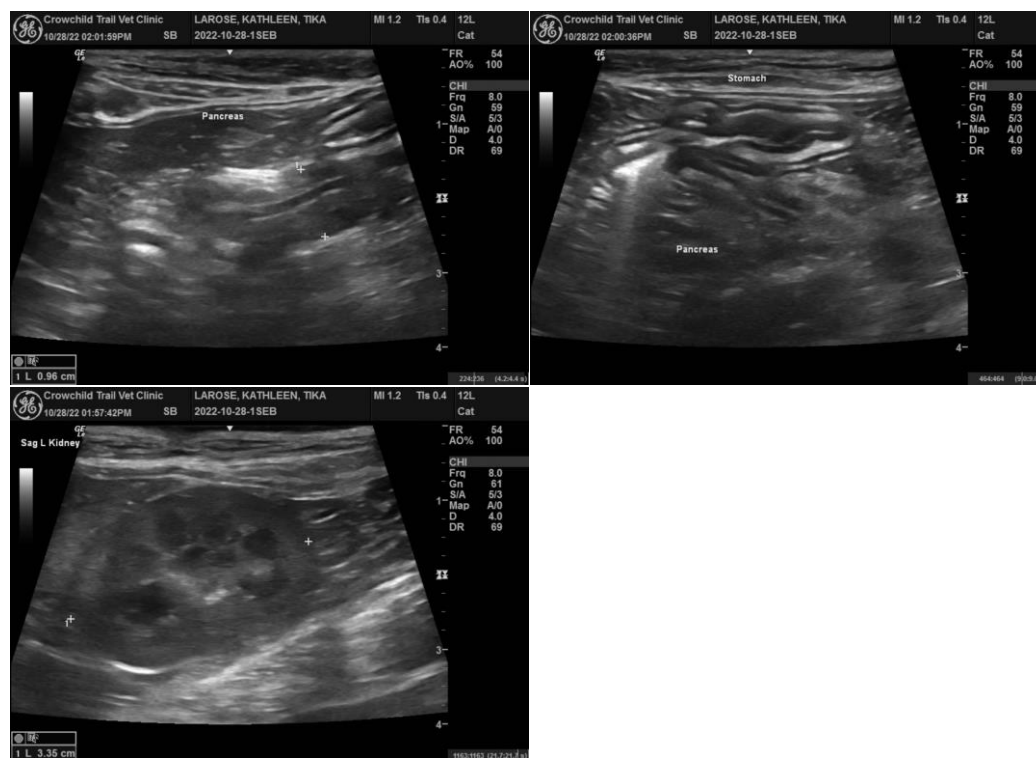
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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