
PATIENT PRESENTING CLINICAL SIGNS

Macy Jensen
 Copious Bleeding from Vulva 24 hours
 Abnormal PE/Chem/CBC/UA Results: pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Generalized mildly prominent ventral apical and dorsal urinary bladder wall with areas of mild asymmetrical luminal surface contour within the urinary bladder. A smooth to ovoid mildly nonhomogeneous nonmineralized mass effect was present measuring 3.9 x 1.8 cm. Color Doppler assessment of the urinary bladder luminal mass effect did not reveal overt associated blood flow within the mass. Subtle evidence of pericycstic omental reactivity and potential for very scant free fluid was present. 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.

AGE 17 Years
 No evidence of pathology in the area of the aortic trifurcation.

WEIGHT 10.75 lbs
 Both kidneys exhibited mild prominent size compared to normal renal size for the species. A normal 1:3 cortex / medulla ratio was maintained, and overall renal architecture was present. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedulary symmetry and definition expected for the age of the patient. No evidence of left or right retroperitonitis or pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)
 The bilateral adrenal glands were mildly prominent in size which is nonspecific. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.58 width and the right adrenal gland measured 0.61 width.

IMAGING PERFORMED BY Spleen

Jenna Walsh
 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 0.5 cm width.

HOSPITAL NAME Liver

Q Street Animal Hospital
 The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. Subtle intermittent non-expansive hypoechoic parenchymal nodules were present. An example of a nodule measured 1.5 cm in diameter. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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. The cystic and common bile ducts were normal.

REFERRING VET

Dr Bretschneider

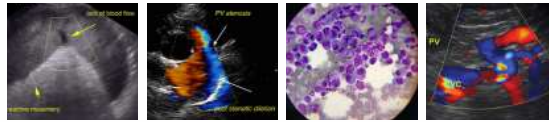
INVOICE

47641

DATE

10-4-21

Gastrointestinal



PATIENT

Macy Jensen

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.

SPECIES

Feline

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.

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

BREED

DLH

Pancreas

The left limb of the pancreas was mildly prominent in size primarily owing to multiple small to coalescing cysts to cystic nodules noted in the mid to left pancreatic limb medial to the spleen. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

17 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.75 lbs

- Smooth ovoid mildly nonmineralized urinary bladder luminal mass effect - blood clot, hematoma, or neoplastic mass possible.
- Suspect mild generalized concurrent cystitis with subtle evidence of pericycstic peritonitis.
- Sonographically unremarkable visible urethra and kidneys - no overt evidence of pyelectasia or renal pathology.
- Mild echogenic liver with intermittent nonspecific subtly hypoechoic parenchymal nodules - potential chronic hepatopathy with intermittent areas of nodular / regenerative hyperplasia, hematopoiesis suspected, potential for emerging primary versus metastatic nodules cannot be definitively excluded.
- Cystic left pancreas - likely incidental, age related.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jenna Walsh

Urinalysis, urine culture and sensitivity, as well as cytospin cytology of free catch urine sample to assess for evidence of atypical epithelial cells recommended. Potential for urinary bladder trauma with primary or secondary cystitis as well as pericycstic inflammation may be considered.

HOSPITAL NAME

Q Street Animal
Hospital

If clinical concern for neoplasia i.e., transitional cell carcinoma or other, ultrasound guided FNA of the liver nodules if accessible and assuming normal clotting status could be considered for further clarification.

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Empirically, assuming normal renal function, NSAID trials such as piroxicam +/- analgesia with sonographic monitoring of the urinary bladder may be considered.

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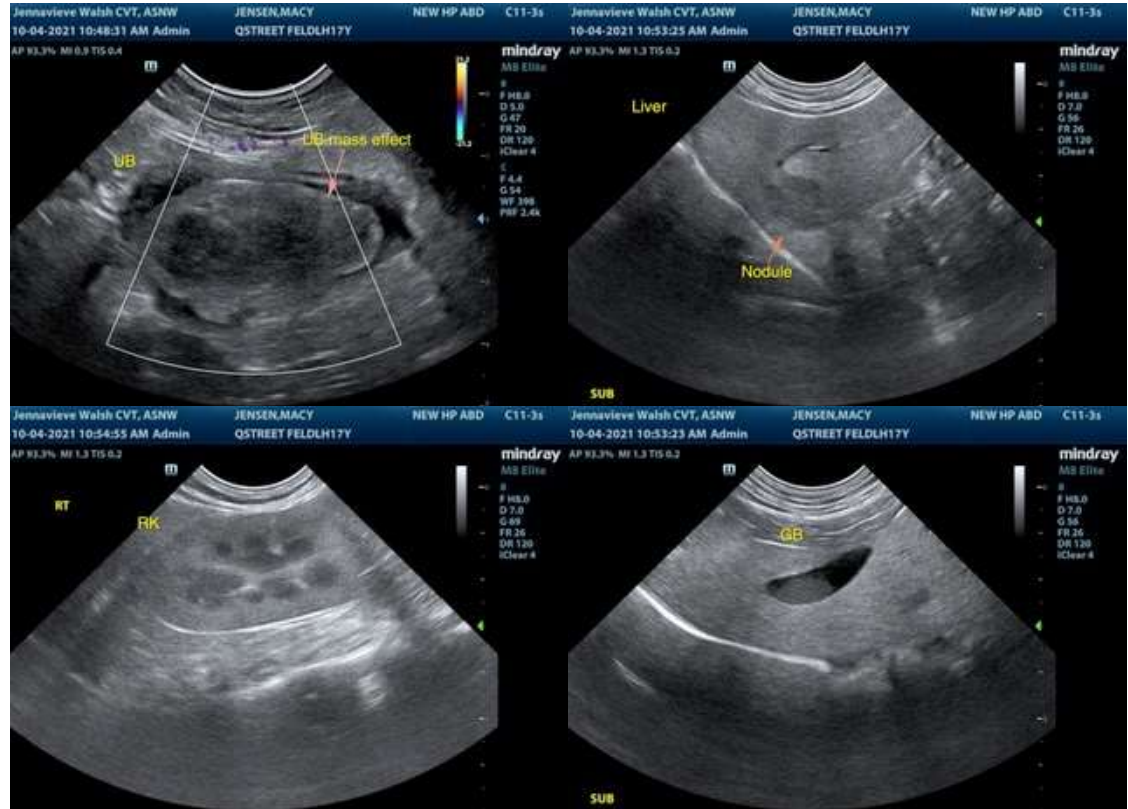
Dr Bretschneider

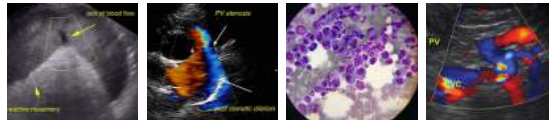
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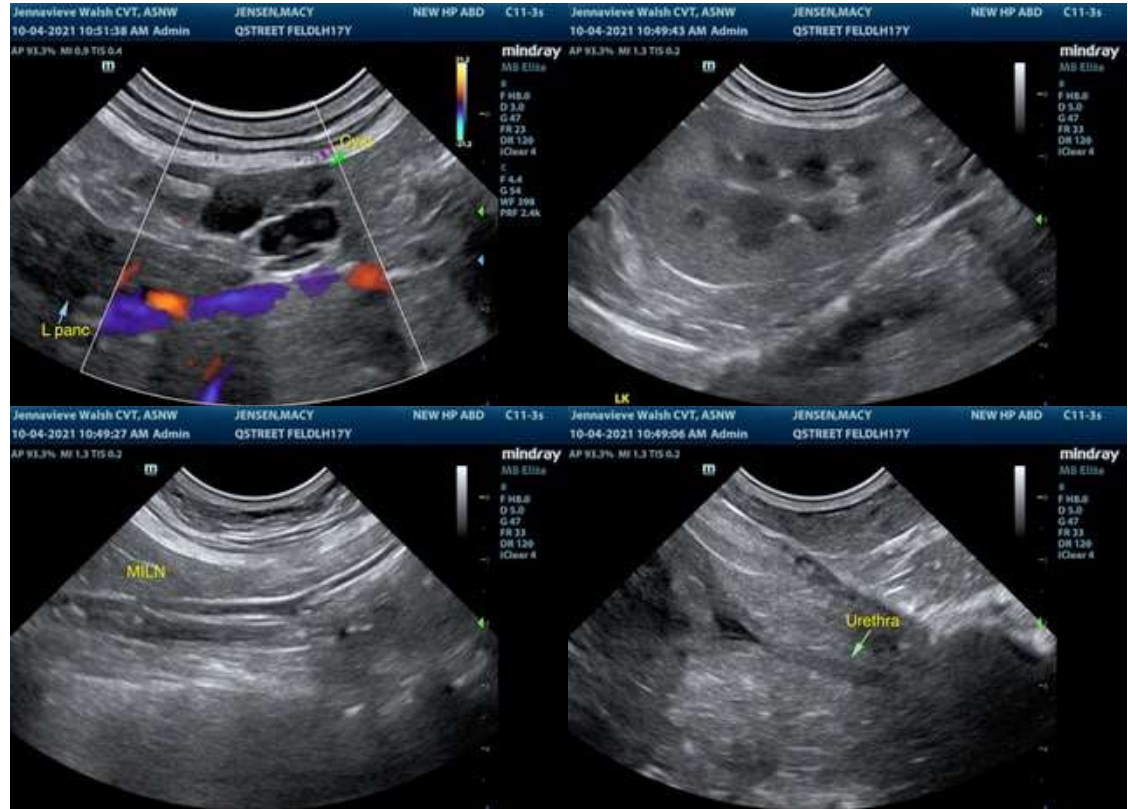
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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