



PATIENT PRESENTING CLINICAL SIGNS

Hugo Stayden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

PAWS Request Form: Chief Concern / Provisional Diagnosis: ~ Abnormal gastric motility (finding), Inflammatory bowel disease, Abdominal pain (finding), Back pain ~Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~rec. bw ih to assess kidneys rec. bp to assess for hypertension, concern w/ eye dilation bp 120, 122, 124, 120 mm Hg 4-8 cm LF cbc: lymph slt low (pred use?) IH bun 34 (36) creat 1.7 (2.4) sdma 9 (14) iris stage 1, normotensive will tolerate meds long term rec. abd. u/s to eval. intestines/pancreas rec. adjusting medication, consider chlorambucil instead of pred, esp. since p. seems to be having a harder time, Mountain View Animal Hospital and Holistic Pet Care
Ultrasound Submission Form Inflammatory bowel disease ~ Current medications (include full name, dosage and frequency): Med/Supplement Name:~Prednisolone oral Dosage (mg)(how often):~1.6mls SID Med/Supplement Name:~Gabapentin Dosage (mg)(how often):~0.5ml BID Med/Supplement Name:~Lactulose Dosage (mg)(how often):~ 2ml SID Med/Supplement Name:~Dasuquin Dosage (mg)(how often):~ 1 capsule over food SID Relevant Radiograph Findings(email radiographs if available):

Abnormal PE/Chem/CBC/UA Results: sedated dex/torb

AGE

14 years

WEIGHT

10.8 lbs.

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, particulate, nondependent 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.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.9 cm in width.

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PATIENT *Liver/ Gallbladder*

Hugo Stayden The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, ovoid, cystic lesion to nodule was noted in the subjective deep mid to right liver, measuring 3.0 cm in diameter. A concurrent, mild, uniformly echogenic nodule was noted in the caudate liver. 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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct dilation measured 0.24 cm diameter.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild, retained anechoic gastric fluid was noted. No evidence of retained ingesta or foreign material was present.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.22 cm.

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

WEIGHT

10.8 lbs.

Pancreas

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.

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Free Abdomen

No peritoneal masses, lymphadenopathy, or effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis renal pattern - chronic renal changes, potential for nonspecific nephritis such as interstitial nephritis
- Hepatic cystic lesion / nodule - complex hepatic cyst or cystic biliary adenoma suspected
- Nonobstructive proximal common bile duct dilation
- Chronic enteropathy with mild gastric stasis

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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. Baseline UPC is suggested if no evidence of Inflammatory cells.



PATIENT

Both the hepatic and splenic nodules are suggestive of probable lipogranulomas.

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This proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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Potentially, the current use of prednisolone may be masking gastrointestinal mural changes given the patient's history. Mild gastrointestinal prokinetic agents such as Metoclopramide may prove beneficial if concern for subnormal gastric motility.

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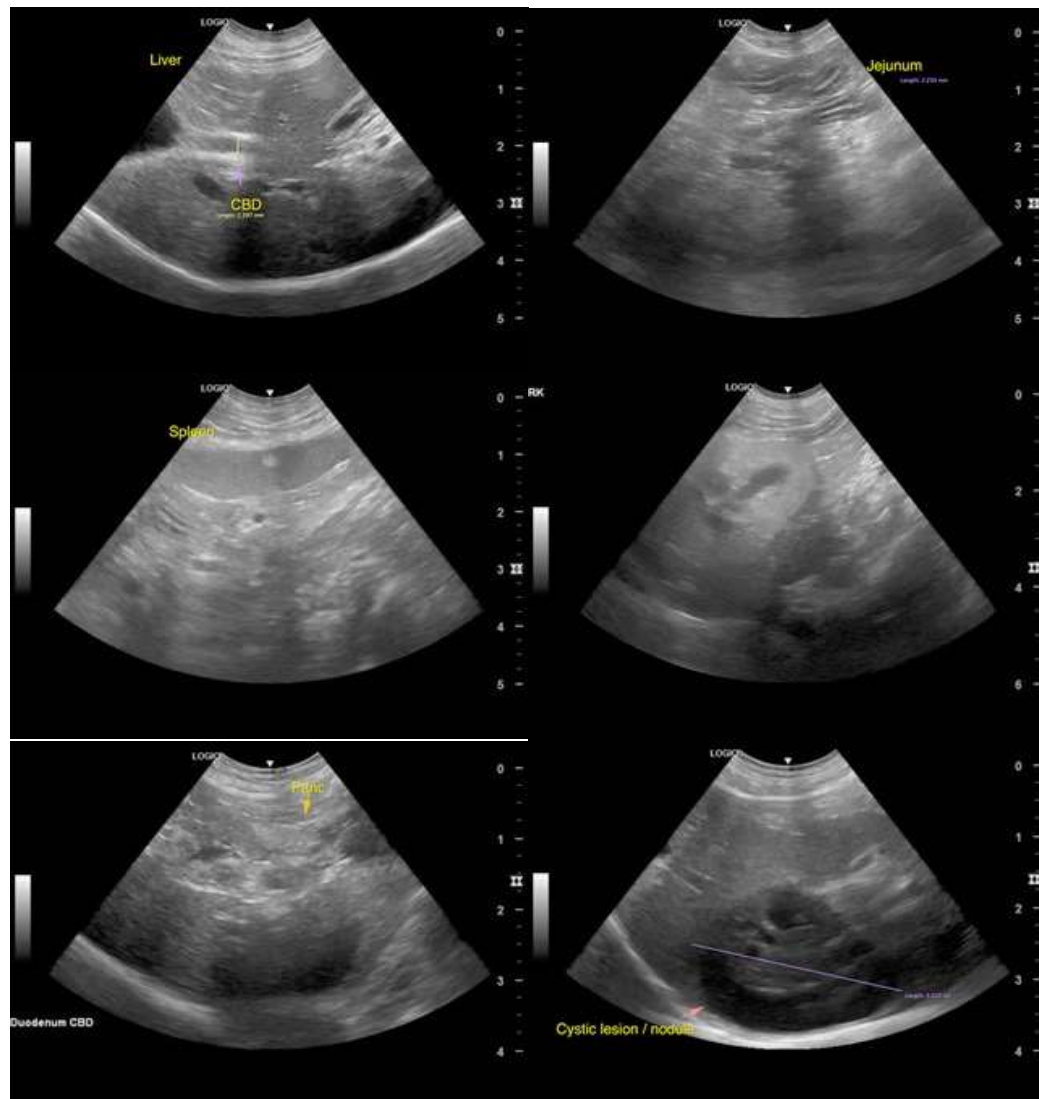
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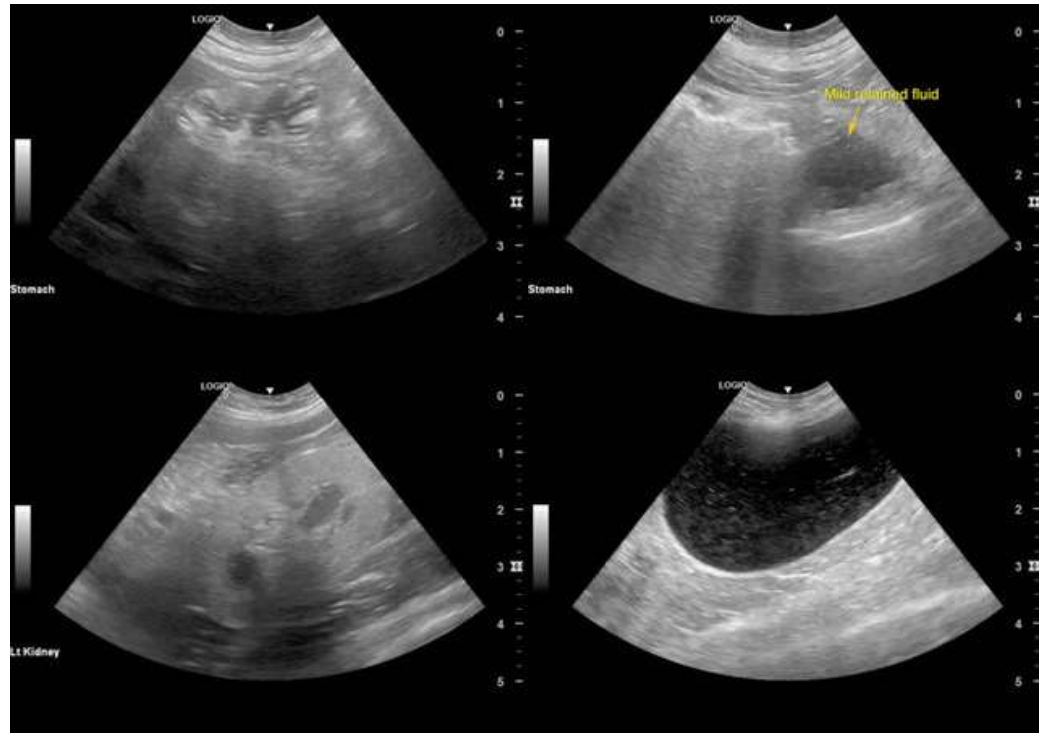
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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