



PATIENT

Isaac Brett

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 yrs.

WEIGHT

12.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Leduc

INVOICE

15311

DATE

11/1/22

PRESENTING CLINICAL SIGNS

4/8/2020 US (Animal Sounds) lymphoid hyperplasia to causative agent via cytology. Responded to prednisolone and various single protein diets until the last month. Now currently on 20 mg pred daily and somewhat controlled. Senior screen WNL Current Medications Prednisolone 20 mg daily Primary Question/Differential to Be Answered in This Exam What has changed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment, which may indicate minor 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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and was maintained. Subtle uniform increased cortex echogenicity was noted with mildly enhanced yet indistinct corticomedullary border demarcation. No pyelectasia was noted in either kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly suppressed in size, likely owing to Prednisolone therapy. NO adrenal neoplastic criteria was present. The left adrenal gland measured 0.22 cm width.. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen was normal in size with areas of subtle medial capsule asymmetry and generalized mild parenchyma heterogeneity. Multiple nondisruptive well-demarcated hyperechoic nodules, likely consistent with benign myelolipomas, were present with an example measuring 0.39 cm in diameter. The overall spleen measured 0.8 cm width at the level of the hilus.

Liver/ Gallbladder

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.

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.



PATIENT	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 0.23-0.25 cm width. No overt pathology was noted at the level of the ileocolic junction.
Isaac Brett	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas was prominent to mild irregular in appearance exhibiting nonhomogeneous parenchyma. Subtle evidence of peripancreatic hyperechoic mesentery was noted.
DSH	Free Abdomen
SEX	No evidence of previously noted lymphadenopathy, omental masses or peritoneal free fluid was noted.
MN	
AGE	ULTRASONOGRAPHIC FINDINGS
12 yrs.	<ul style="list-style-type: none">• Prominent to nonhomogeneous pancreas, evidence of minor peripancreatic reactive mesentery - suggestive of chronic-chronic active pancreatitis
WEIGHT	<ul style="list-style-type: none">• Sonographically unremarkable gastrointestinal tract• Benign splenic nodules
12.1 lbs	<ul style="list-style-type: none">• Nonspecific mild chronic renal changes• Minor urinary bladder sediment
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas, which may correlate with chronic- chronic active pancreatitis is suggested. Correlation with a Spec fPL or ideally full or recheck GI panel to include PLI/TLI/Cobalamin/Folate, especially if recurrent GI signs or evidence of weight loss is suggested. Potentially, Prednisolone therapy in this patient may be masking GI mural changes.
IMAGING PERFORMED BY	No overt evidence of intraabdominal neoplastic criteria.
Jenna Walsh, CVT	As-needed GI support, continued Prednisolone therapy, hydrolyzed diet trial, high colony count probiotics such as Provable if diarrhea is present, +/- empirical deworming if clinically applicable may be considered.
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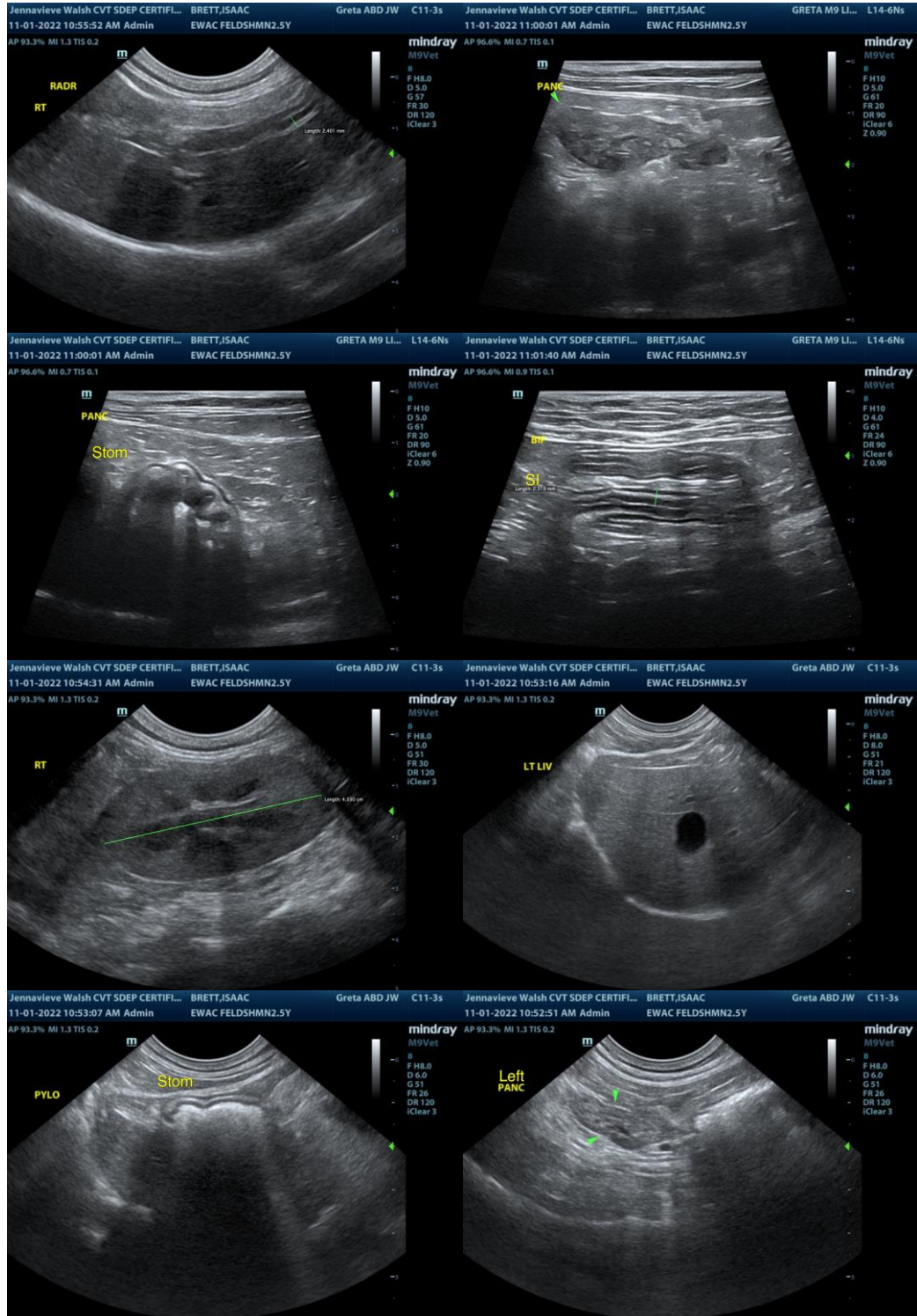
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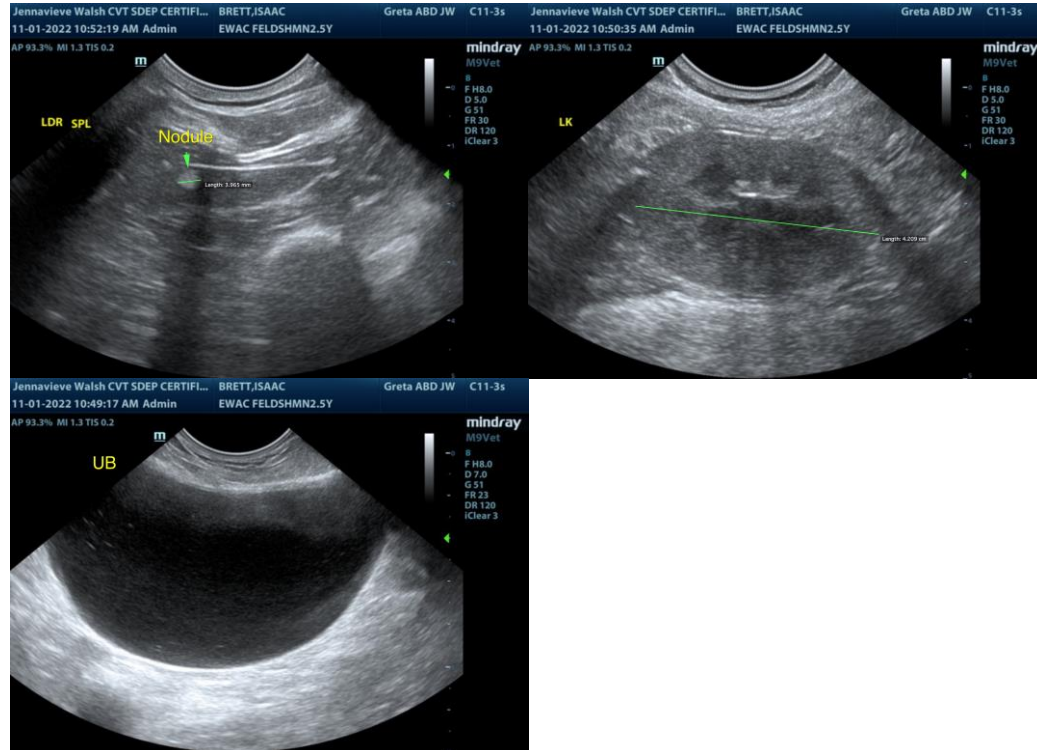
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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