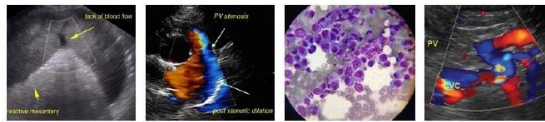




PATIENT	PRESENTING CLINICAL SIGNS
Chico Conway-Smith	Heart murmur is not consistently heard -pu/pd began approx 1 month ago (BW and urinalysis WNL) - Vomiting occurs at least once every 2 weeks, sometimes more -Vomitus is most often bile but he sometimes vomits up food -Switched to Z/D approx 2 months ago, has had softer stool periodically since switching and no change in vomiting -Will go through periods of inappetance (adopted in Jan 2022, inappetance waxes and wanes since early June/late May '22), given TD Mirtazapine as needed which seems to help -Possibly incidental: very high riding, loose (freely mobile) popliteal lymph nodes of normal size - 104 discolouration of enamel, m1 receded gumline m1-2 gingivitis (tooth root abscess not ruled out, abdominal ultrasound prioritized first) meds:Gabapentin 200mg before coming to clinic, Revolution plus given monthly, cerenia 4mg PO when needed, 2mg Transdermal Mirtazapine as needed, Solensia Inj monthly. Grade 1-2/5 Left Parasternal, heard 5/12/2022, undetected in visit in between, then re-auscultated 10/22/2022
SPECIES	
Feline	
BREED	
DSH	
SEX	
MN	Abnormal PE/Chem/CBC/UA Results: SDMA 22ug/dl Cholesterol 6.24mmol/L Sodium 166mmol/L Bloodwork run 10/22/22 Urinalysis: PH=5.0, otherwise WNL, very mildly isosthenuric (first morning cystocentesis sample USF 1.027) *Glucose WNL* *M1 cholesterolemia fasted, sample taken mid AM last meal previous PM* HR=168 RR=36 Avg BP 114/90 (98) Abdominal rads NSF
AGE	
~9-10 yrs	
WEIGHT	
7.45 kg	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP	Urinary System
IMAGING PERFORMED BY	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. Moderate, nondependent to swirling, particulate sediment, which may indicate 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.
Crystal Hill	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	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 or pyelectasia. A mildly prominent hyperechoic corticomedullary band, consistent with a mildly prominent medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.
Upper Canada AH	
REFERRING VET	
Dr. Rossi	
INVOICE	Adrenal Glands
15458	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.
DATE	
11/10/22	



PATIENT	Spleen
Chico Conway-Smith	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.
SPECIES	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 0.7 cm width at the level of the hilus.
Feline	
BREED	Liver/ Gallbladder
DSH	The liver presented normal in size. The parenchyma of the liver exhibited mild uniform increased echogenicity compared to the spleen and renal cortices. 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. Minor areas of biliary tree mineralization were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
SEX	
MN	
AGE	Gastrointestinal
~9-10 yrs	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 width measured 0.24 cm.
WEIGHT	
7.45 kg	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 duodenum wall measured 0.21 cm width. The jejunum wall measured 0.21 cm width. No overt pathology was noted at the level of the ileocolic junction.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	The visualized colon was sonographically normal.
IMAGING PERFORMED BY	Pancreas
Crystal Hill	The pancreas was overall sonographically unremarkable with mild hypoechoic pancreatic parenchyma in the area of the pancreas base and proximal right pancreatic limb medial to the duodenum. Mild evidence of associated regional peri pancreatic mild hyperechoic mesentery was noted.
HOSPITAL NAME	Free Abdomen
Upper Canada AH	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Rossi	<ul style="list-style-type: none"> • Moderate nondependent urinary bladder sediment • Bilateral nonspecific renal medullary rim sign • Sonographically unremarkable gastrointestinal tract • Focal discretely hypoechoic pancreas base / proximal right pancreas • Mild echogenic liver with focal minor biliary tree mineralization
INVOICE	
15458	
DATE	
11/10/22	



PATIENT

Chico Conway-Smith

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

~9-10 yrs

WEIGHT

7.45 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Upper Canada AH

REFERRING VET

Dr. Rossi

INVOICE

15458

DATE

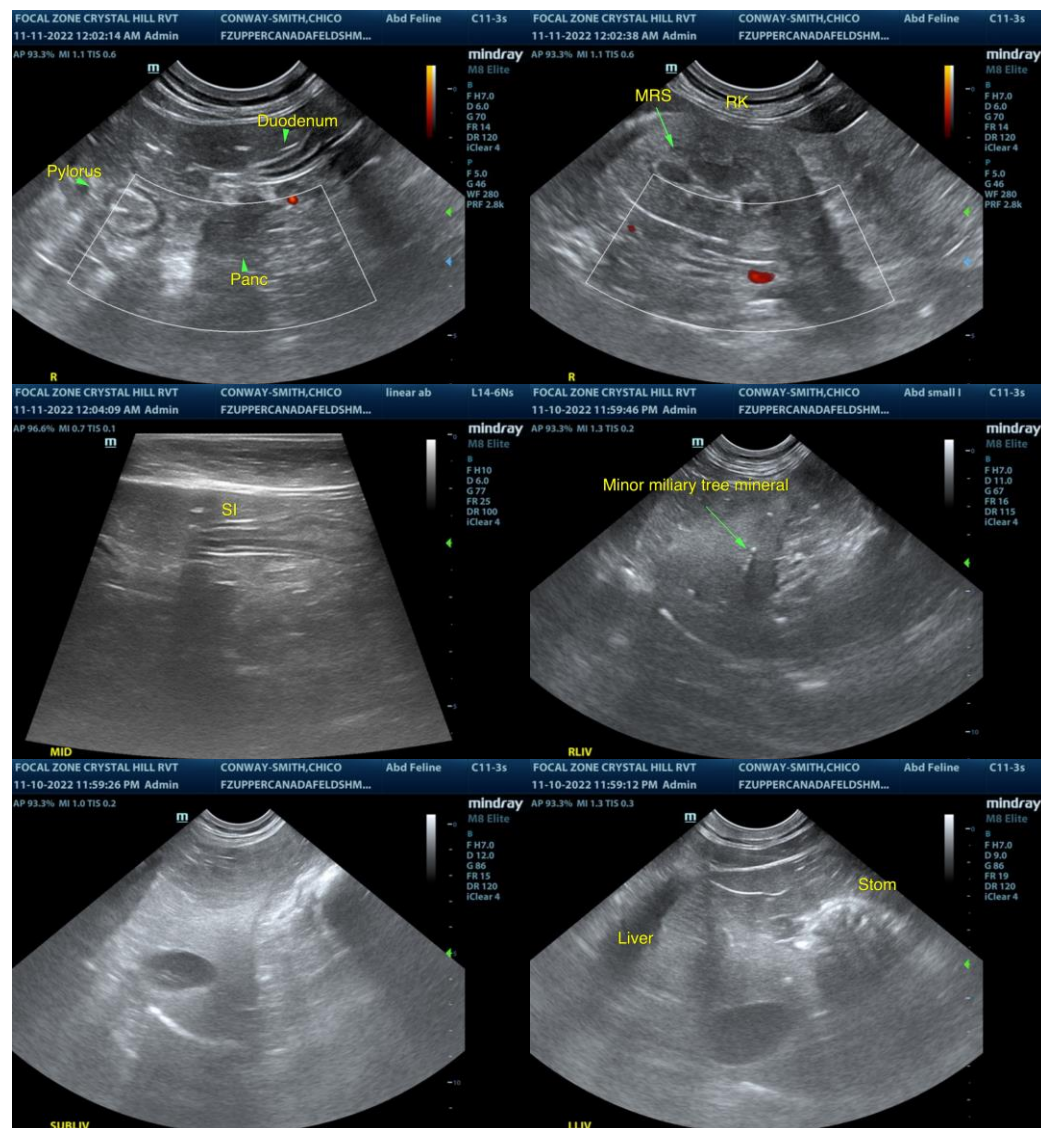
11/10/22

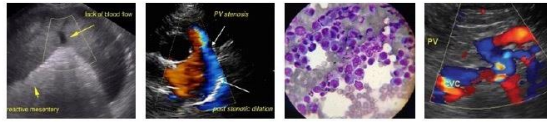
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for dietary intolerance / food allergy even with previous to current hydrolyzed diet, occult parasitism, structurally insignificant inflammatory gastroenteropathy, are possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Potential for focal to regional low-grade pancreatitis may be suspected if evidence of cranial abdominal / subxiphoid discomfort in the area of the pancreas base or right pancreatic limb.

Urine C/S is suggested if evidence of inflammatory urinary sediment.

The echogenic liver and minor biliary tree mineral are likely incidental given the lack of reported hepatic enzyme elevations yet at times this presentation has been associated with hepatobiliary inflammation. Potential novel protein or hydrolyzed diet rotation, gastroprotectant protocol, and empirical deworming may be beneficial.





PATIENT

Chico Conway-Smith

SPECIES

Feline

BREED

DSH

SEX

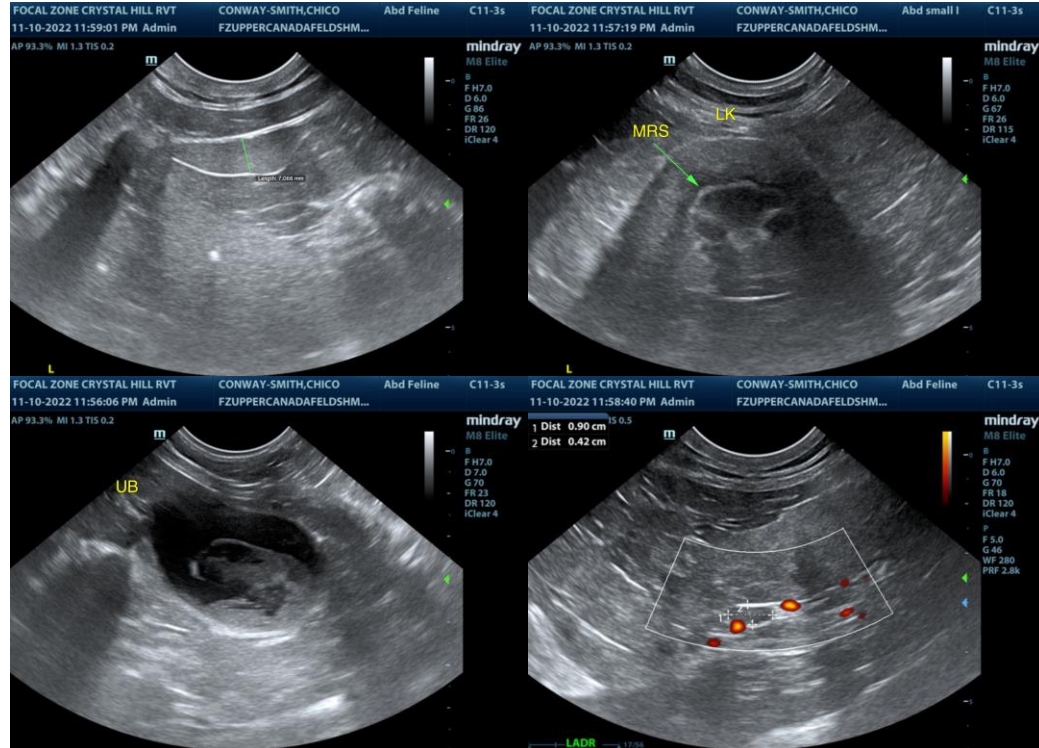
MN

AGE

~9-10 yrs

WEIGHT

7.45 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Upper Canada AH

REFERRING VET

Dr. Rossi

INVOICE

15458

DATE

11/10/22

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