



PATIENT

Joey Lambs Gap

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Jennifer Todd

INVOICE

26764

DATE

11/2/21

PRESENTING CLINICAL SIGNS

Joey is our six year old, FS, DSH clinic cat. So, of course, she has problems! Beginning in May 2021, Joey has had a history of progressive non-regenerative anemia. She also had an episode of Fever of Unknown Origin in May. At that time, FUO PCR was negative for calici, bartonella, anaplasma, ehrlichia, coronavirus, felv, fiv, cryptococcus, toxo, cytauxzoon. In July, mycoplasma haemofelis/haemominutum/turicensis PCR was negative. Thoracic rads on 10/25/21 showed persistent unchanged feline asthma, constipation, chronic renal infarcts on right, and suspect enteritis. Joey takes 2.5 mg prednisolone twice weekly to control asthma. Abdominal ultrasound in July was normal. Most recently, Joey has had lip commissure inflammation, lethargy, and HCT=22%. Path review of CBC showed normocytic, normochromic non-regenerative anemia with no hemoparasites noted. Mildly enlarged submandibular lymph nodes cytology were reactive,

Recent CBC – Hct 22.4, Retics 5, WBC 11.5 w/mild eosinophilia, platelets adequate. Unremarkable previous Chem.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. No evidence of previously noted urinary bladder sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 4.4 cm. The right kidney measured 3.9 cm.

The area of the aortic trifurcation was free of pathology without evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

The adrenal glands were not definitively visualized, potentially owing to Prednisolone therapy. No evidence of pathology in the area of the left or right adrenal gland.

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. The spleen measured 0.84 cm in width.

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.



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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. Gastric body wall measured 0.25 cm.

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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. Jejunum wall measured 0.21 cm. Ileocolic wall measured 0.34 cm width. No evidence of loss of intestinal wall layering or intestinal masses.

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

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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 was evident.

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Free Abdomen

No omental lymphadenopathy, masses or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with previous ultrasound, no evidence of visceral pathology as an obvious cause for the patient's anemia. Given previous negative diagnostics, and without evidence of thoracic pathology, bone marrow assessment may be indicated or should be considered in this patient.

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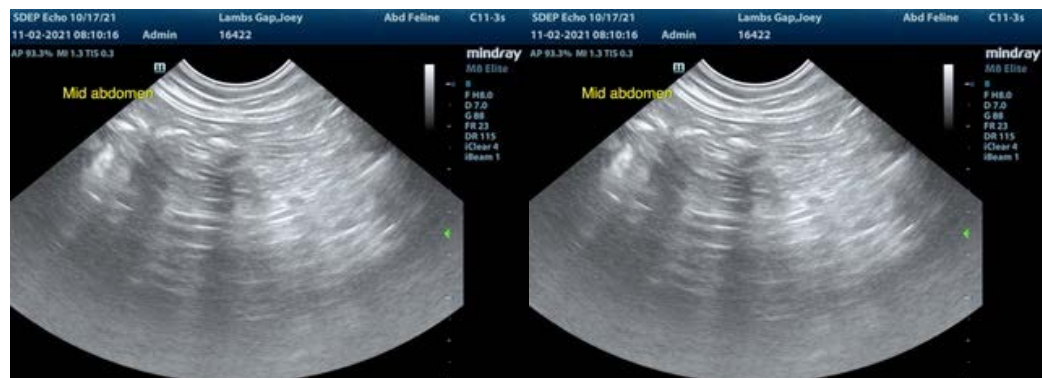
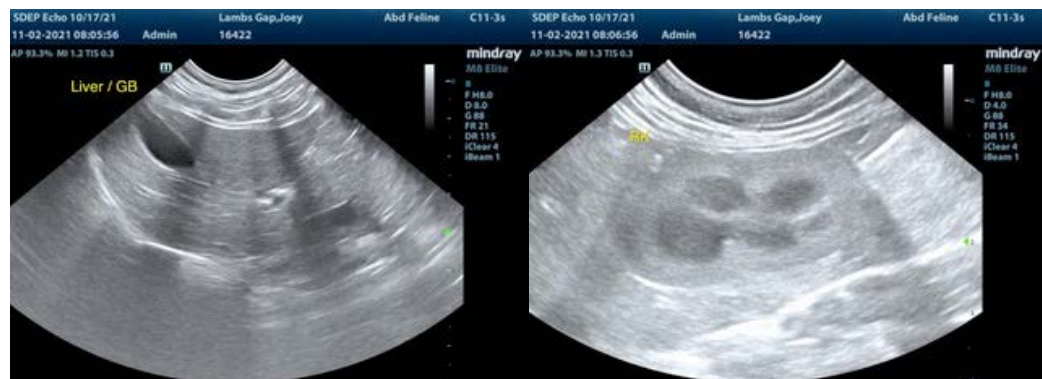
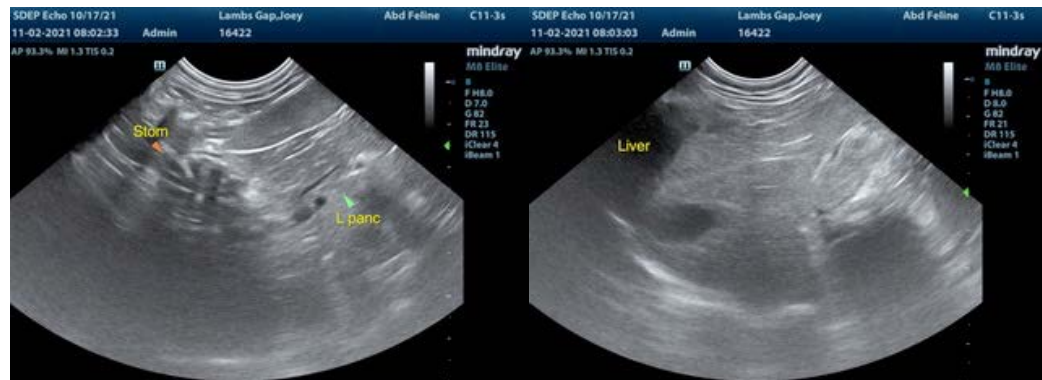
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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