



PATIENT PRESENTING CLINICAL SIGNS

Angus Cowden

Hx of megacolon, managed with diet Moderate periodontal disease M1 Obese Dermal lesion medial RF - intermit licking since May? 2022 No signs/symptoms of cardiac disease. Routine bloodwork last year normal. This year elevation in ProBNP. Today when stressed, can hear a grade 2-3 right sided heart murmur not noted before.

SPECIES

Feline

Gabapentin 15mg BID for anxiety/licking RF limb, Gabapentin 150-300mg for travel.

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Please see attached radiograph, ECG and Bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

MN

Urinary System
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

5yr

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 3.9 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

5.45kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width.

Spleen

IMAGING PERFORMED BY

Crystal Hill

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 0.50 cm in width at the level of the hilus.

HOSPITAL NAME

Haldimand Animal
Hospital

Liver

REFERRING VET

Dr. Rode

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

INVOICE

12201ag

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.

DATE

11/21/2022

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.



PATIENT

Angus Cowden

The colon appeared to be non-distended in size with normal visible colon walls and apparent formed shadowing feces in lumen. No evidence of mural pathology at the level of the distal colon or colorectum.

Pancreas

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

- Sonographically unremarkable abdomen
- Mild urinary bladder sediment

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5yr

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. A urine C/S may be considered if evidence of inflammatory sediment is present on UA.

WEIGHT

5.45kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Haldimand Animal
Hospital

REFERRING VET

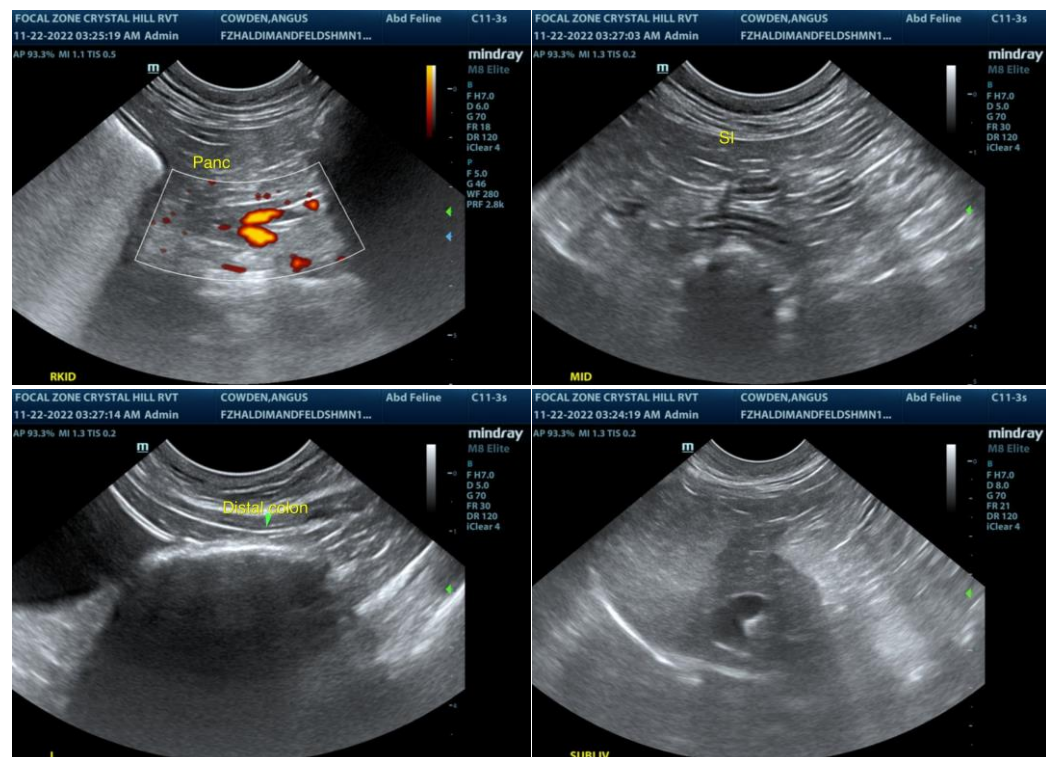
Dr. Rode

INVOICE

12201ag

DATE

11/21/2022





PATIENT
Angus Cowden

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

5.45kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Haldimand Animal
Hospital

REFERRING VET

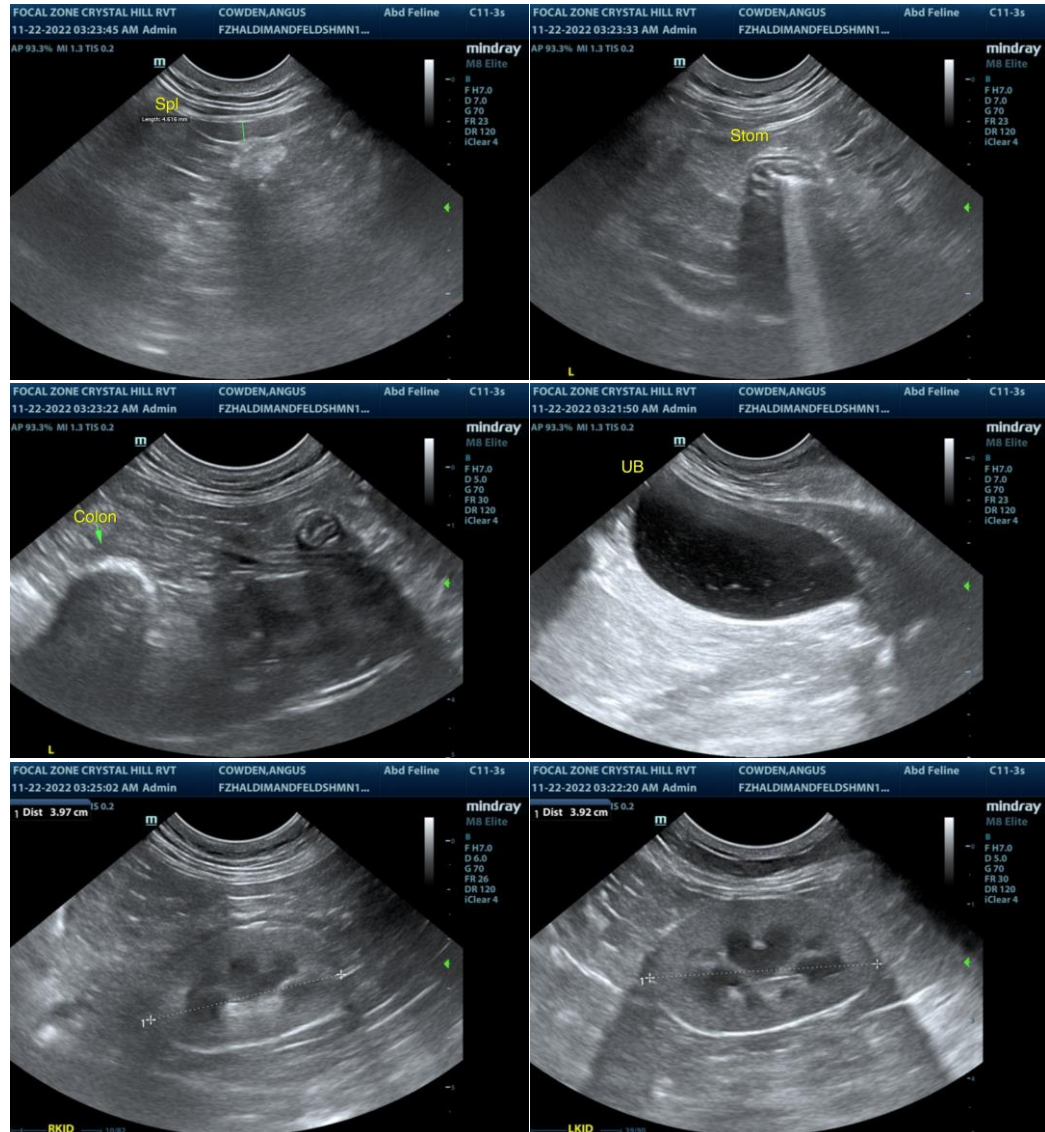
Dr. Rode

INVOICE

12201ag

DATE

11/21/2022



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