



PATIENT

Sandy Diaz

PRESENTING CLINICAL SIGNS

Patient presents for acute vomiting, history of constipation, and newly elevated ALT. Grade 3/6 systolic murmur. Current meds: Convenia and Cerenia,

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 19.6, neutrophils 15.4, suspect bands. ALT 516, glob. 5.7.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm. The right kidney measured 3.0 cm.

AGE

19 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measures 0.35 cm. The right adrenal gland measured 0.37 cm.

WEIGHT

6.1 Pounds

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.71 cm in width at the level of the hilus. 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.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Kelly Vazquez

Liver

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. 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.

HOSPITAL NAME

Animal General
on the Hudson

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained pyloric chyme. Gastric body wall measures 0.25 cm.

REFERRING VET

Dr. Vivian Ng

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42948

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.

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

DATE

11/23/22



PATIENT

Pancreas

Sandy Diaz

The pancreas was normal in size with mild asymmetrical contour. Mildly hypoechoic to non-homogeneous parenchyma noted. Mild pancreatic duct dilation.

SPECIES

Free Abdomen

Feline

Several mildly prominent, homogeneous pancreaticoduodenal nodes were present in the right cranial abdomen. The lymph nodes were not consistent with inflammatory or neoplastic criteria.

BREED

No omental masses or peritoneal free fluid.

DSH

SEX

Spayed Female

AGE

19 Years

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – Suspect inflammatory hepatopathy.
- Mild pancreatitis pattern
- Sonographically unremarkable gastrointestinal tract
- Mild subjective benign/reactive pancreaticoduodenal lymphadenopathy
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation recommended in the area of the pancreas. Correlation with spec fPL recommended. The hepatopathy may indicate primary parenchymal disease i.e., concurrent cholangiohepatitis, although secondary inflammatory or reactive hepatopathy is possible. No evidence of hepatobiliary, pancreatic, or gastrointestinal neoplastic criteria. Empirically, therapy for mild pancreatitis, as needed hepato-gastrointestinal support, and assessment of clinical response would be reasonable.

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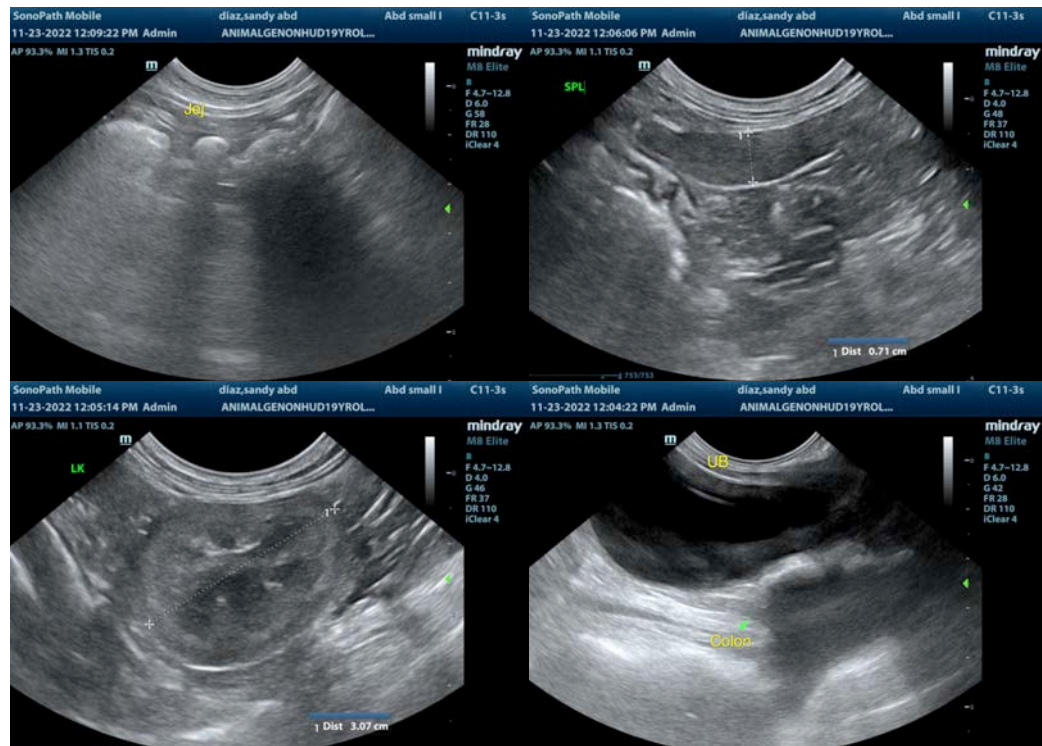
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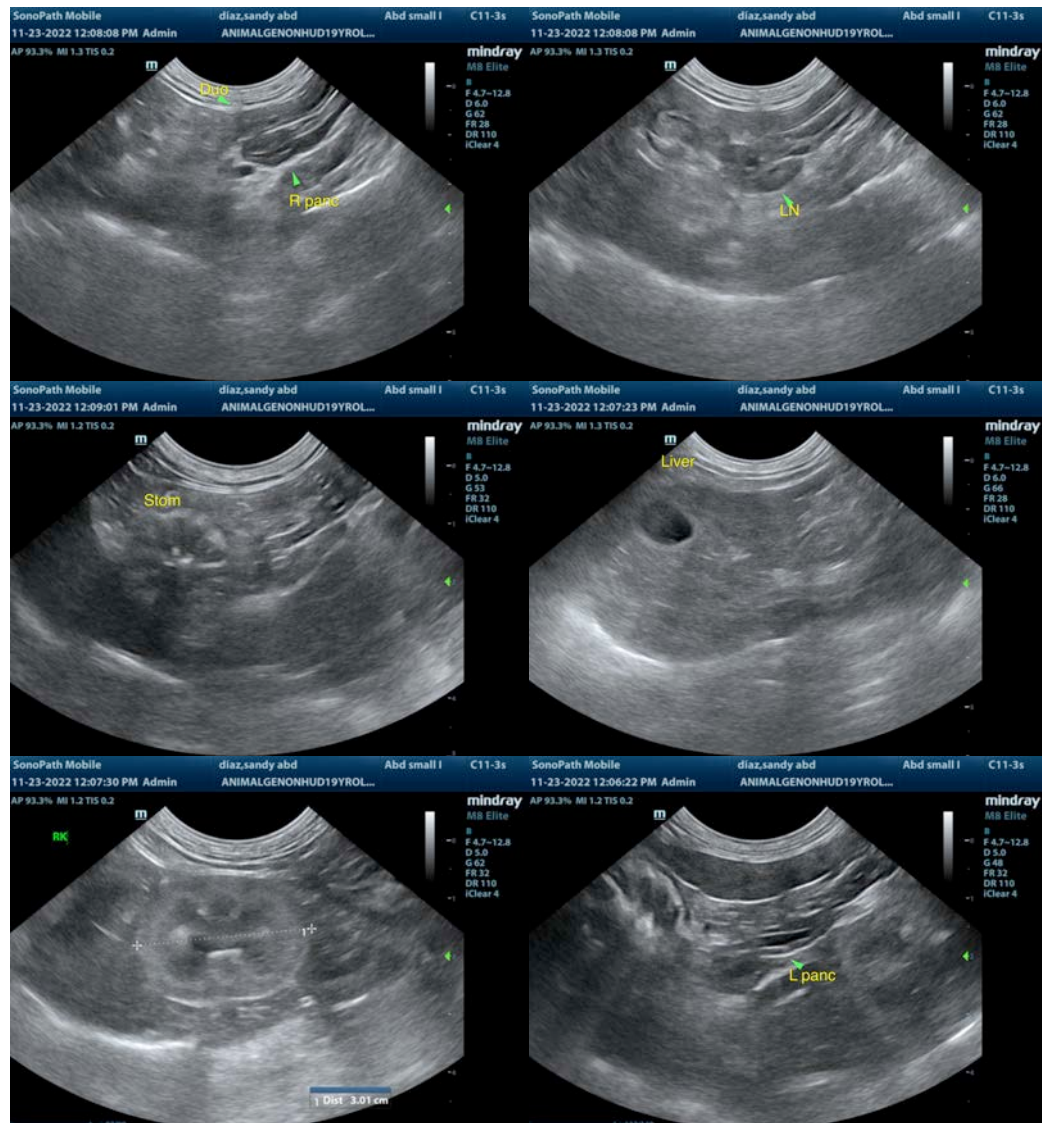
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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