

**PATIENT**

Rover Glanville

PRESENTING CLINICAL SIGNS

Asymptomatic. He has Mirataz applied prn.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC-CHEM on 11-17, and detected a mild non-regenerative anemia. HCT = 29%, MCV = 41, MCHC = 32.2. PLT 382. CHEM - BUN 41, CREA 1.9. ALB 3.8. ALT 57. GLU 113, Na 149, K 4.4, TP 7.7, GLOB 3.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

DSH

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 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

MN

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length

AGE

20yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.3lb

Adrenal Glands

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 0.31 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sarah Pender CV

Liver**HOSPITAL NAME**

SVS Imaging QC

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.

REFERRING VET

Dr. Oliver

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing to variably echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.22 cm in width.

INVOICE

12326ag

The small intestine presented intact segmentally prominent wall layering with mildly prominent jejunal muscularis layer. Concurrent segmental small intestinal ingesta/chyme was present with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.33 cm width.

DATE

11/29/2022

**PATIENT**

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

Pancreas**SPECIES**

Feline

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

BREED***Free Abdomen***

DSH

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

- Mild chronic renal changes
- Intact segmental mildly prominent small bowel walls
- Heterogeneous pancreas-patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible

AGE

20yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely geriatric abdomen without evidence of significant visceral pathology. Given that the patient is reported asymptomatic, the subtle small intestine mural changes may potentially be normal patient variant however if GI signs or weight loss have been noted or arise, potential for inflammatory enteropathy as well as low-grade to chronic pancreatitis may be considered.

WEIGHT

9.3lb

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INTERPRETED BY

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If clinically indicated.

IMAGING PERFORMED BY

Sarah Pender CV

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Oliver

INVOICE

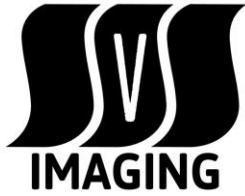
12326ag

DATE

11/29/2022

IMAGING PERFORMED BY

svsimaging.net 309-737-3070



Clinical Sonography & Telectyology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rover Glanville

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

20yr

WEIGHT

9.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CV

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

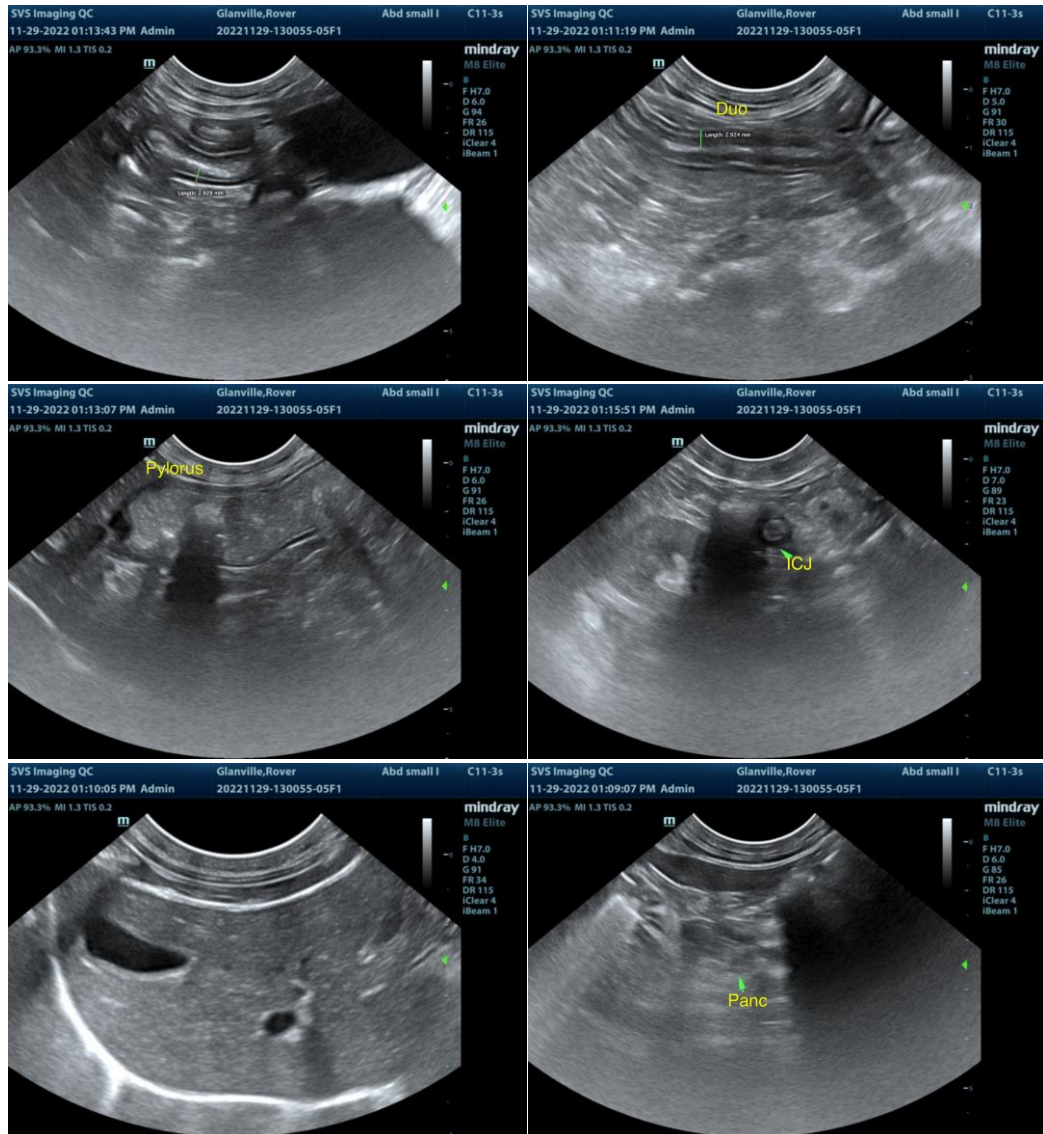
Dr. Oliver

INVOICE

12326ag

DATE

11/29/2022





PATIENT

Rover Glanville

SPECIES

Feline

BREED

DSH

SEX

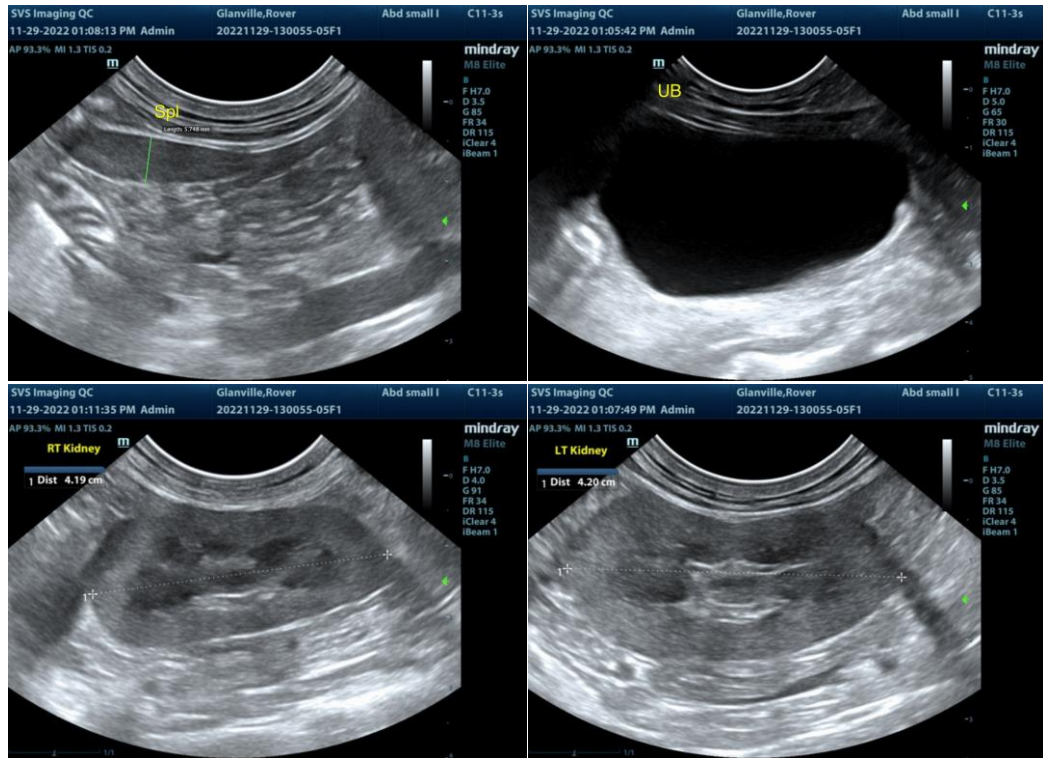
MN

AGE

20yr

WEIGHT

9.3lb



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.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Sarah Pender CV

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Oliver

INVOICE

12326ag

DATE

11/29/2022