



PATIENT PRESENTING CLINICAL SIGNS

Rocky Ficker

History: Recurrent episodes of cystitis with hematuria - History of constipation (responds well to Lactulose) Current Medications Gabapentin 100 mg PO prior to appointment, Lactulose 2 ml PO BID Primary Question/Differential to Be Answered in This Exam Rule out bladder tumor or stone

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 42 (n=14-36), Cre 2.4 (n=0.6-2.4), urinalysis 1+ protein, SPG 1.019, 3+ blood and >50 RBCs

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

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. Mild nondependent particulate sediment was present, suspected to be cellular debris/protein or crystalline debris, potential for mild lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of macrocalculi. Aortic trifurcation was normal.

AGE

17 Years

WEIGHT

8.12 Pounds

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm.

IMAGING PERFORMED BY

Jenna Walsh, CVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

Spleen

HOSPITAL NAME

Q Street AH

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.

REFERRING VET

Dr. Bretschneider

Liver

The liver exhibited potential for mild borderline to mild generalized enlargement. Primarily homogenous to mildly echogenic parenchyma was noted in the left and mid liver, extending into the right liver. Mild sized spherical nonhomogenous to cystic mass was present in the caudate liver lobe, measuring approximately 3.0 - 3.5 cm in diameter.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.



PATIENT *Gastrointestinal*

Rocky Ficker 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.

SPECIES

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The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.28 cm. The ileocolic junction was sonographically normal, measuring 0.32 cm in wall width.

BREED

DSH

The colon was normal and nondistended in appearance, containing formed fecal matter.

SEX

Pancreas

Neutered Male

The left pancreas exhibited mild prominent size and mild capsule asymmetry. Heterogenous mildly hypoechoic parenchyma was noted compared to adjacent omentum.

AGE

Free Abdomen

17 Years

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

8.12 Pounds

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with mild nondependent sediment
- Bilateral chronic renal changes
- Nonhomogenous to cystic caudate liver mass- sonographically consistent with benign cystic biliary adenoma. Potential for cystic biliary adenocarcinoma is considered unlikely.
- Possible chronic active pancreatitis
- Intact mildly prominent small intestinal walls- possible low grade inflammatory enteropathy/IBD

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Given the lack of reported gastrointestinal signs or weight loss, the pancreatic and intestinal presentation is of unclear clinical significance with potential for intestinal patient variant. However, continued monitoring for evidence of gastrointestinal signs or weight loss, going forward, +/- A GI panel to include PLI/TLI/Cobalamin/Folate, if these clinical signs are noted, is recommended. Sonographic monitoring of the probable cystic biliary adenoma for evidence of progression would be ideal. Pending further renal staging, empirical therapy for structurally insignificant cystitis would be reasonable.

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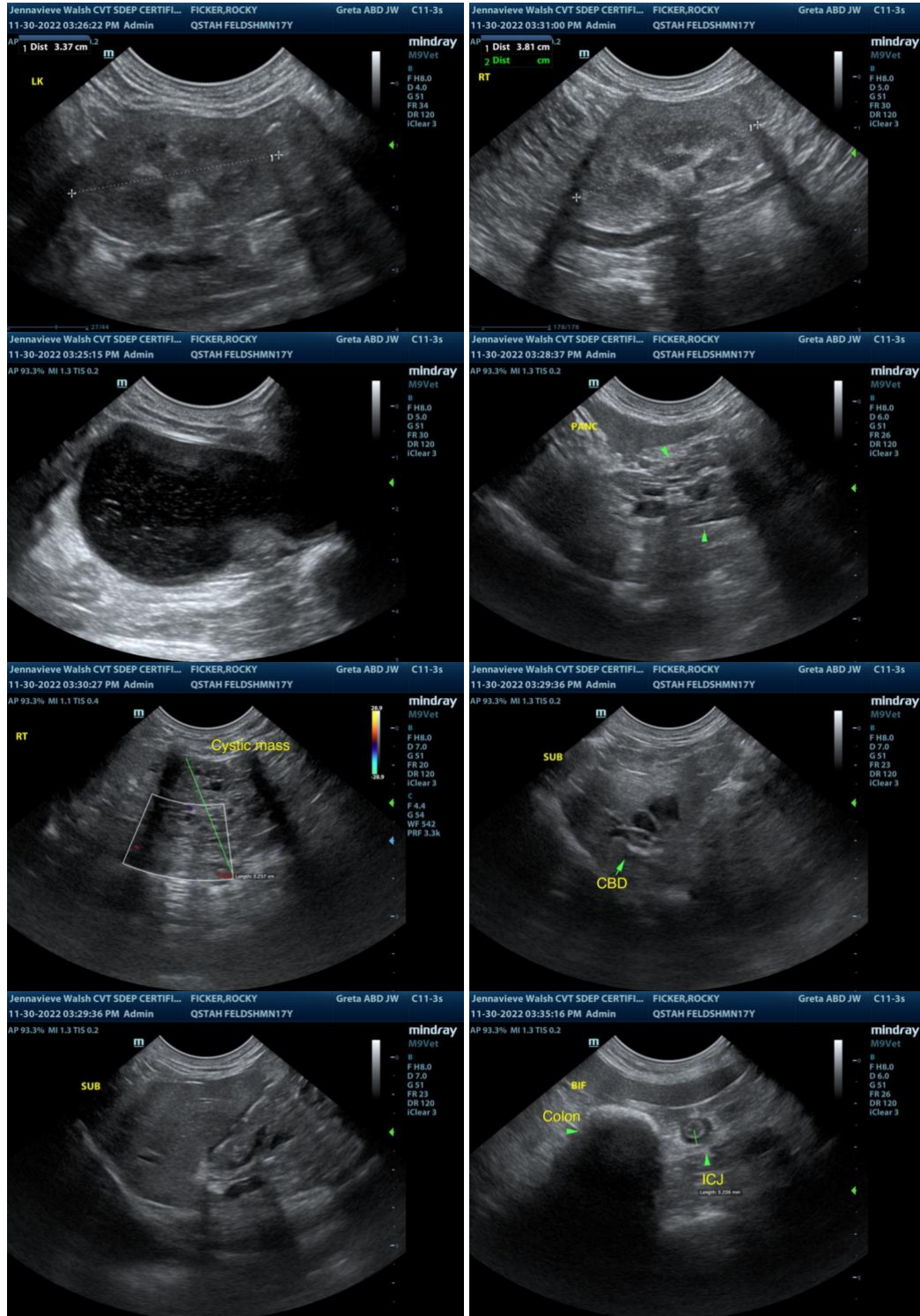
Dr. Bretschneider

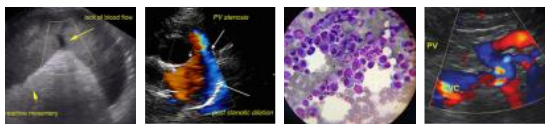
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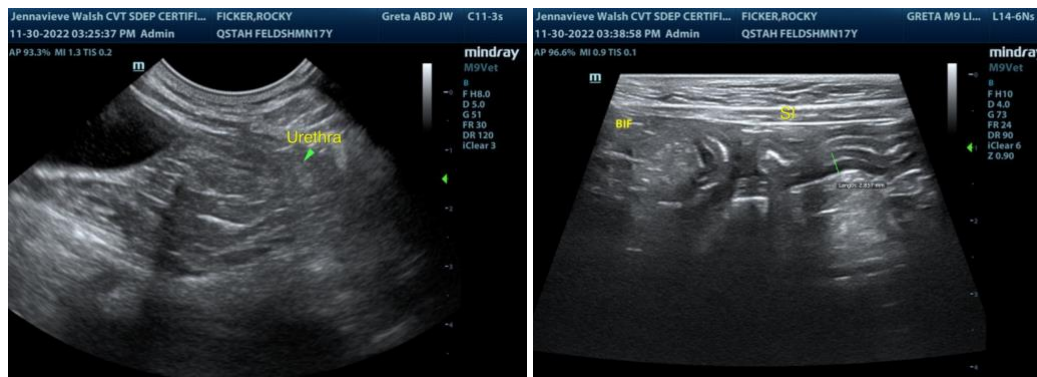
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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