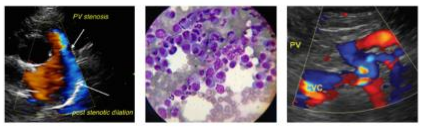
IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cami Da Silba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rider

INVOICE

12759

DATE

12/1/21

PRESENTING CLINICAL SIGNS

History: Presented today for not eating/drinking for 2 days and lethargic.

Abnormal PE/Chem/CBC/UA Results: T98.8 WBC 25.6, neut 21.3, mono 1.0 BUN 93, CREA unreadable, Phos 8.2, ALT <10 Patient is being hospitalized on IVF.

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 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.

Aortic trifurcation was normal.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic pyelectasia. The left kidney measured 3.8 cm in length.

The right kidney was subnormal in size with asymmetrical margination. 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild right kidney pyelectasia was present. The right kidney measured 2.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.44 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

Spleen

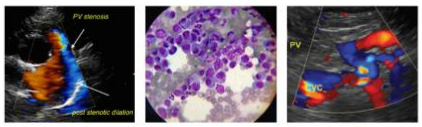
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.75 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 minor non-dependent particulate gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder was otherwise sonographically unremarkable.

IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cami Da Silba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rider

INVOICE

12759

DATE

12/1/21

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. The gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with minor segmental jejunal corrugation as well as subjective propensity for mildly prominent jejunal muscularis layer. No overt evidence of intestinal masses noted. The jejunum wall measured 0.28 cm. The duodenum wall measured 0.35 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.38 cm.

Pancreas

The generalized pancreas exhibited prominent size with hypoechoic to swollen parenchyma including ill-defined mass effect in the area of the proximal left pancreas, pancreas base and proximal right pancreas. The mass effect measured approximately 3.3 cm x 2.5 cm.

Free Abdomen

Generalized non-uniform to indistinctly nodular mesentery along with subjective moderate peritoneal free fluid exhibiting cellular component. No overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Left kidney moderate chronic renal changes
- Right kidney subnormal size with advanced chronic renal changes and mild pyelectasia
- Prominent to hypoechoic pancreas with pancreas base ill-defined mass effect
- Possible segmental enteropathy
- Generalized non-uniform indistinctly nodular mesentery with moderate cellular peritoneal free fluid

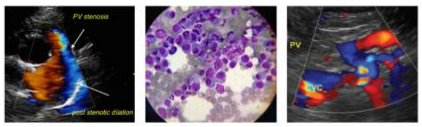
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys was consistent with chronic nephropathy as opposed to acute renal insult or injury. The chronic changes were more prominent in the right kidney. Potential for acute on chronic renal insult given the degree of azotemia and cannot be definitively excluded. Full urinalysis, urine culture and baseline UPC recommended. Subjectively, the degree of chronic renal changes was not overtly consistent with that which may result in secondary peritoneal free fluid. Abdominocentesis for fluid analysis, cytospin cytology +/- culture and sensitivity (if evidence of inflammatory cells are present) is recommended. Given the mildly echogenic fluid changes, assuming normal albumin levels and without overt evidence of significant hepatogastrointestinal pathology, which may result in an effusion of this nature, concern for neoplastic effusion potentially deriving from the pancreas (i.e., carcinomatosis, lymphomatosis or similar) is of primary concern. FIP is technically a potentially a potential in this case yet considered unlikely given the age of the patient. Regardless, very guarded to potentially unfavorable prognosis is likely indicated given the degree of azotemia and presence of peritoneal effusion.

IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cami Da Silba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

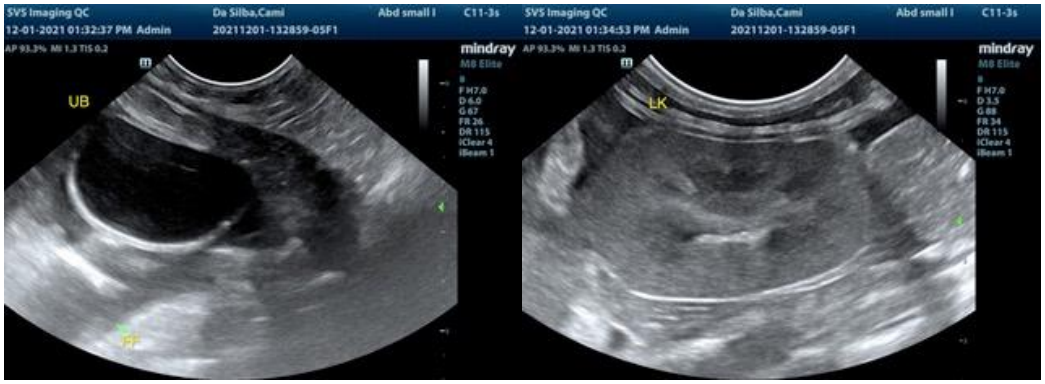
Dr. Rider

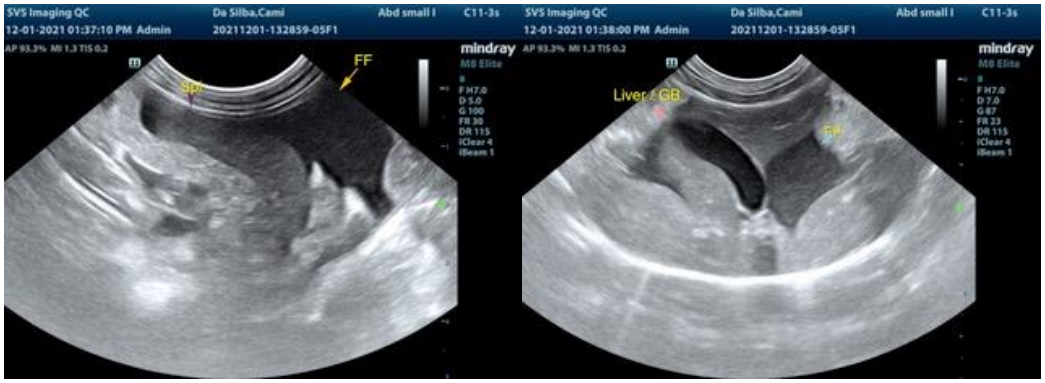
INVOICE

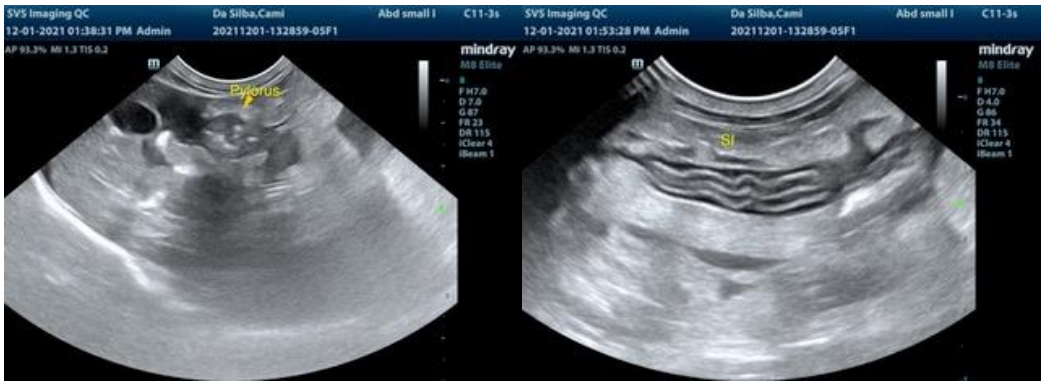
12759

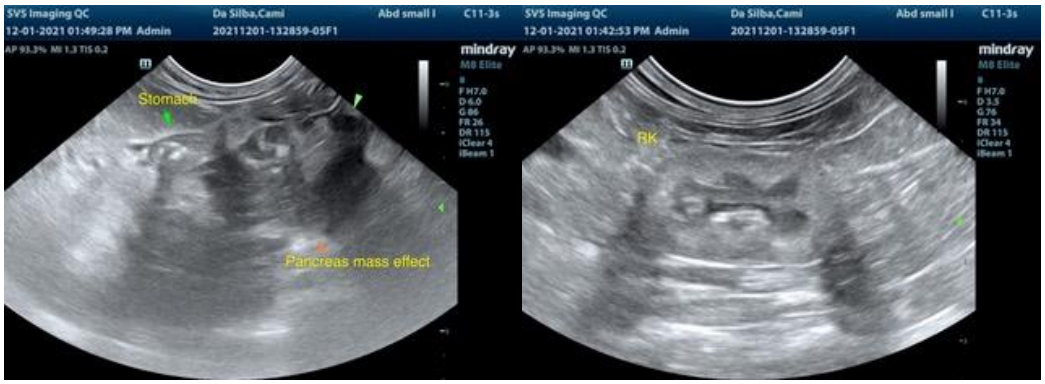
DATE

12/1/21



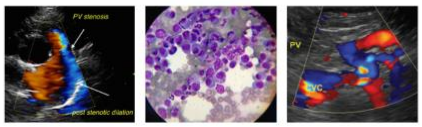






IMAGING PERFORMED BY

svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Cami Da Silba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

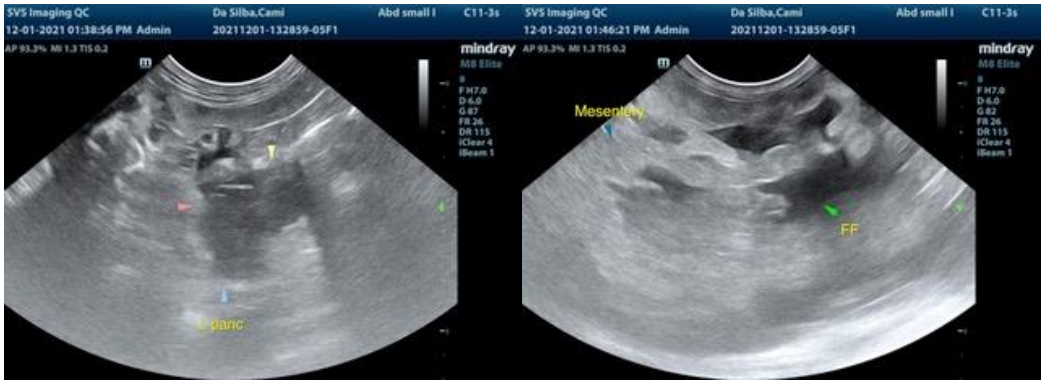
Dr. Rider

INVOICE

12759

DATE

12/1/21



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com