



PATIENT

Tedy Richleter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.88 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

18921

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: p has been lethargic and slow and since Sunday. P hasn't been on insulin in a very long time, per O, he is only borderline diabetic. No vomiting or diarrhea, P is eating and drinking normally until today he had a decreased appetite but ate. Urination and BM have been normal.

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 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. Mild pyelectasia was present in both kidneys. No evidence of left or right hydroureter. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 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 0.48 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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.

Liver

The liver exhibited generalized enlargement. Symmetrical to mildly rounded to swollen contour was noted. Uniform mild increased hepatic parenchyma echogenicity exhibiting mild to mild coarse parenchyma echotexture noted. No masses or nodules noted.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent muscularis layer noted. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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

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Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral mild pyelectasia
- Hepatomegaly, exhibiting mild parenchyma hyperechogenicity
- Mild nonobstructive proximal common bile duct dilation
- Low grade to chronic active pancreatitis pattern
- Possible mild inflammatory enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full CBC/chemistry panel and urinalysis is recommended if not recently done. Screening hepatic FNA cytology, assuming normal clotting status and with vitamin K pretreatment, could be considered if evidence of hepatic enzyme elevations. Cholangitis/cholangiohepatitis, lipidosis, vacuolar hepatic changes or less likely infiltrative hepatic neoplasia are all potentials. Although nonspecific given the lack of reported gastrointestinal signs or weight loss, potential for mild inflammatory enteropathy/IBD pattern. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the pancreatic and intestinal presentation if clinically indicated.

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The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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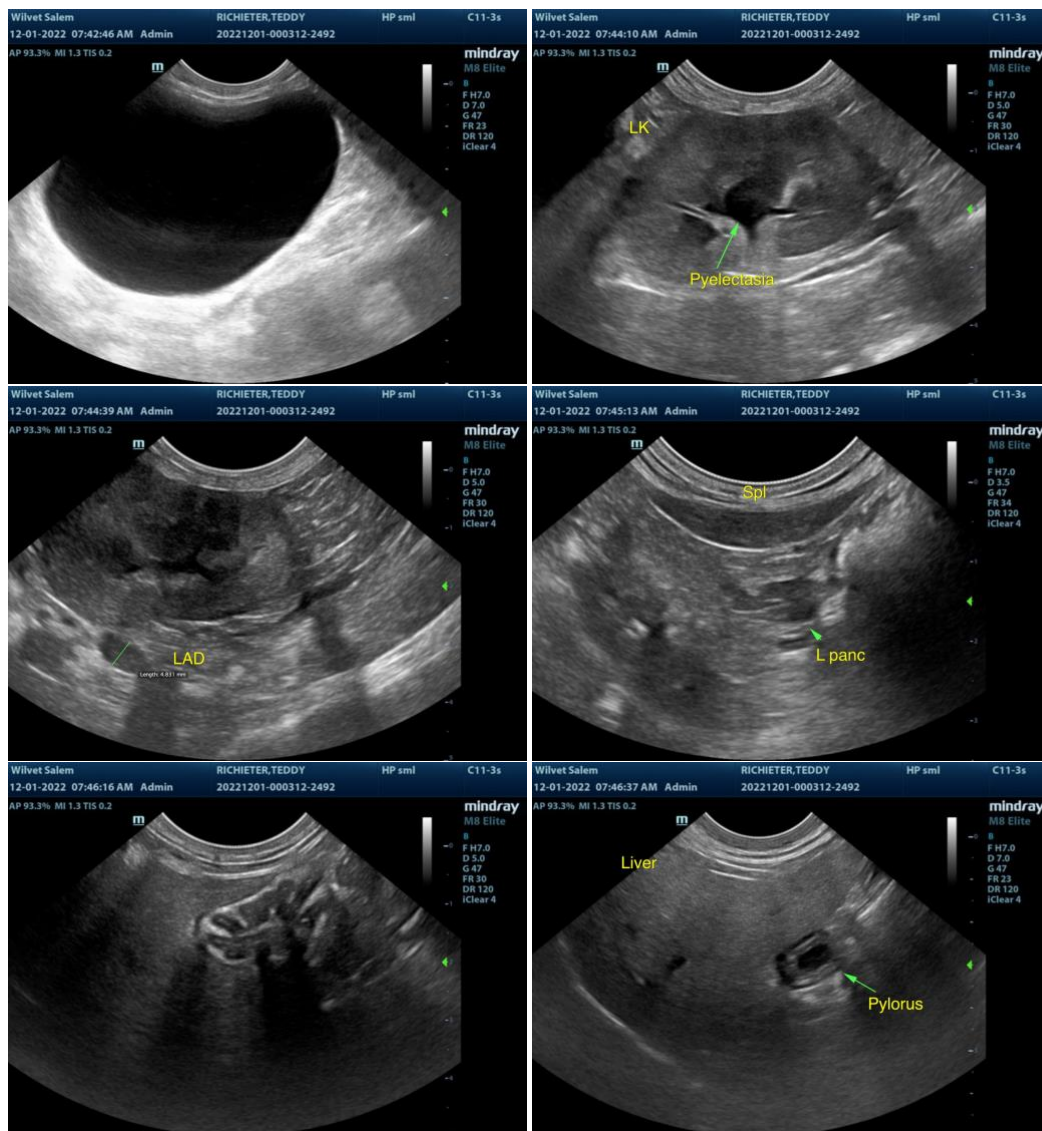
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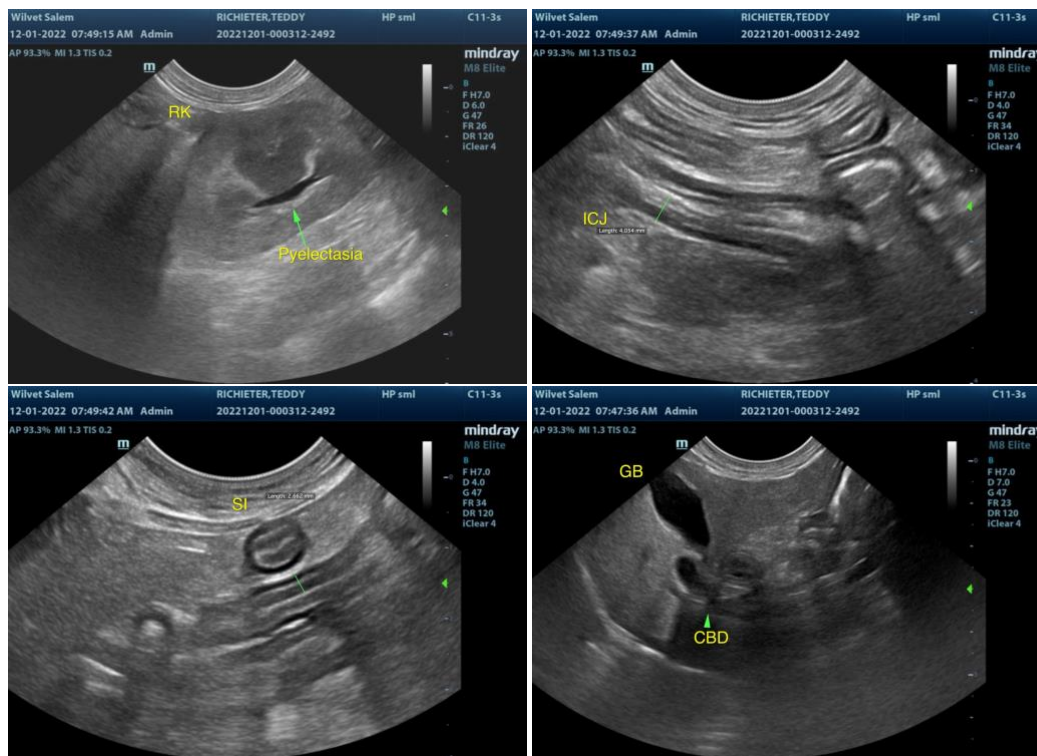
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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