



PATIENT

Bert Whalen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.32

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Dr. Taryn Mooney

INVOICE

20068

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Not eating or drinking, very lethargic for 5 days. No CSVD/PU/PD
Abnormal PE/Chem/CBC/UA Results: 12/9: Thrombocytopenia (blood film not done) with hyperglycemia, neutrophilia with bands. 12/13: Platelets increased today, and blood film reveals adequate thrombocytes along with megakaryocytes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate particulate to focally hyperechoic sediment was present without evidence of calculus formation. The sediment may indicate cellular debris / protein, crystalline debris, 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. Aortic trifurcation was normal.

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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 0.73 cm in width at the level of the hilus.

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.

Focal to intermittent transdiaphragmatic comet tail artifact was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with luminal gas. The gastric body wall measured 0.26 cm.



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The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical or metabolic intestinal ileus.

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

Pancreas

The pancreas was normal in size with mild capsule asymmetry with subtle heterogenous isoechoic parenchyma compared to adjacent nonreactive or inflamed omentum with evident of mild pancreatic duct dilation.

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Free Abdomen

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Intermittent, enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.5 cm in length. No evidence of peritoneal free fluid or omental masses.

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ULTRASONOGRAPHIC FINDINGS

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- Urinary bladder sediment
- Nonspecific chronic renal changes
- Focal to intermittent nonspecific transdiaphragmatic comet tail artifact
- Mild irregular to heterogenous pancreas, exhibiting minor pancreatic duct dilation- possible chronic pancreatitis
- Overtly normal gastrointestinal tract
- Intermittent subjective benign/reactive minor mesenteric lymphadenopathy- possible mild hyperplasia or reactive lymphadenitis, potentially secondary to inflammatory bowel episode

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas, which may suggest mild chronic pancreatitis, is recommended. Assessment of cobalamin and folate levels may be considered to assess for occult intestinal disease especially if evidence of weight loss. No overt evidence of intraabdominal neoplastic criteria. Urine culture and sensitivity is suggested on sterile urine sample if evidence of inflammatory sediment. Hospitalization with 24-48-hour IV fluid, gastrointestinal support and empirical therapy for gastroenteritis/chronic pancreatitis may prove beneficial. Three view chest radiographs are recommended to assess for or rule out occult thoracic pathology.

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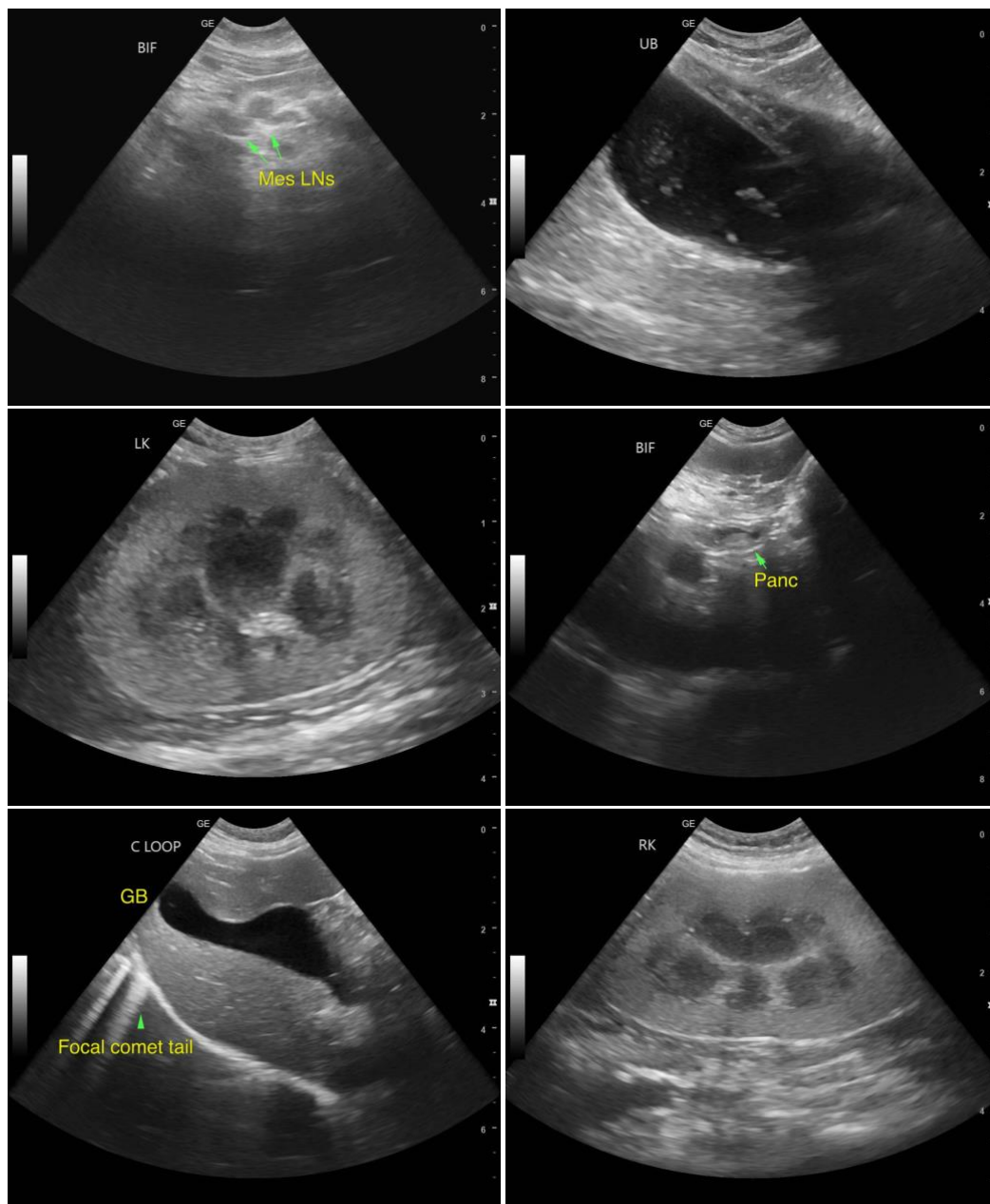
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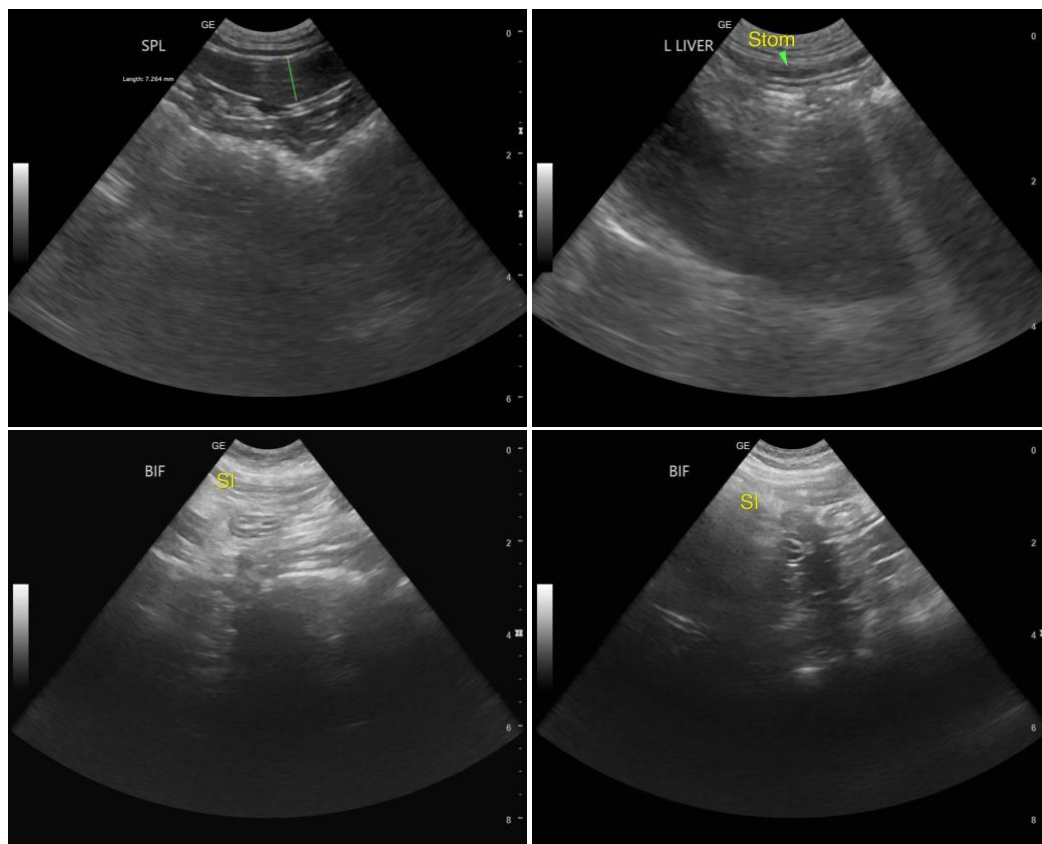
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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