



PATIENT PRESENTING CLINICAL SIGNS

Jewel Solt Several week duration intermittent vomiting, gradual weight loss, hematuria.
Medication: Cerenia

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC wnl, Ca 11.9, USG 1.024, 2+ pro, 3+ blood, T4 2.2

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH The urinary bladder was primarily empty which prohibited full evaluation of the bladder walls, potential for concurrent cystitis possible. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen (estimate 2). An example of an echogenicity measured 0.91 cm diameter.

FS 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. Bilateral areas of medullary to lateral diverticuli mineral to small renolithiasis was present. The left kidney measured 3.7 cm in length. The right kidney measured 0.38 cm in length

AGE 2013 The area of the aortic trifurcation was free of pathology.

WEIGHT 10.3 *Adrenal Glands*

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.41 width and the right adrenal gland measured 0.32 width

Spleen

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT 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 0.69 cm in width at the level of the hilus.

HOSPITAL NAME *Liver*

Lehigh Valley AH Allen 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. Meyer *Gastrointestinal*

INVOICE 12426ag 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE 12/15/2022 Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT *Pancreas*

Jewel Solt The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Feline *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DSH
 - Cystic calculi with suspect secondary cystitis
 - Bilateral mild chronic renal changes exhibiting non-obstructive medullary mineralization/small renoliths
- SEX
 - Sonographically unremarkable GI tract/pancreas

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2013

A urine C/S on a sterile urine sample to assess for or rule out underlying UTI is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Cystostomy with potential GI biopsies may be considered.

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH Allen

REFERRING VET

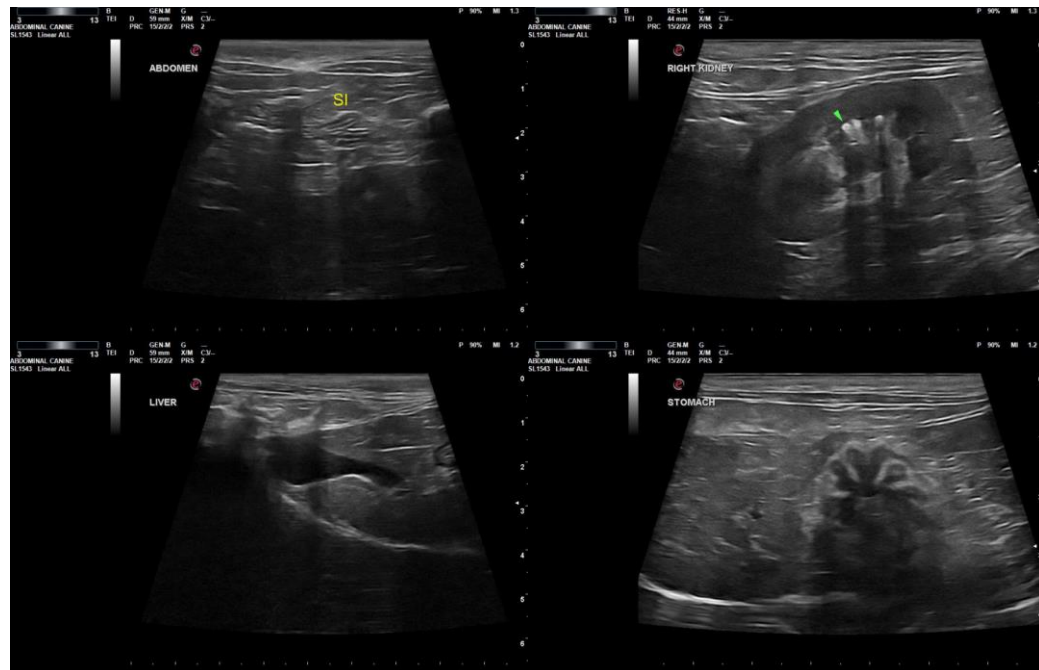
Dr. Meyer

INVOICE

12426ag

DATE

12/15/2022





PATIENT

Jewel Solt

SPECIES

Feline

BREED

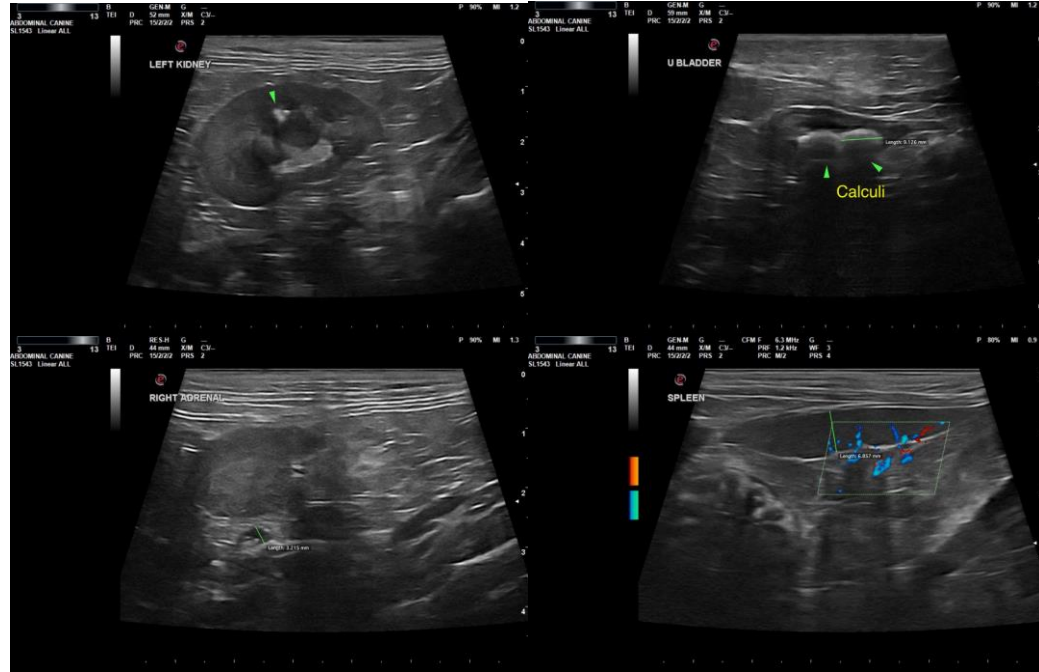
DSH

SEX

FS

AGE

2013



WEIGHT

10.3

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.

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.

INTERPRETED BY

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

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH Allen

REFERRING VET

Dr. Meyer

INVOICE

12426ag

DATE

12/15/2022