



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Shadow Muschette
Clinical Exam Findings: - presented for 1 week Hx vomiting, usually 20 minutes after eating - exam unremarkable

SPECIES Current Medications methadone, mirtazapine, cerenia, ampicillin, pantoprazole

Feline Abnormal PE/Chem/CBC/UA Results: - elevated glob - hypophosphatemia - abnormal fPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no dependent particulate sediment. 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 changes were noted.

SEX MI
AGE 13yr
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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the right kidney. The left kidney measured 3.8 cm in length. The right kidney measured 4.5 cm in length

WEIGHT 6kg
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology was present in the area of the bilateral adrenal glands.

The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.27 cm in width.

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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing pyloric ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
Veterinary Emergency

REFERRING VET

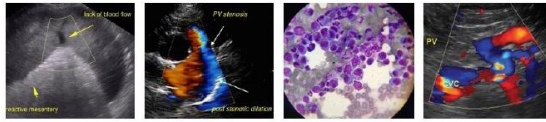
Dr. Vercaigne

INVOICE

12463ag

DATE

12/19/2022



PATIENT

Shadow Muschette

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective subtly prominent segmental to generalized muscularis layer was present with no evidence of intestinal mural hypertrophy, 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. The small intestinal wall measured 0.23 cm in width.

SPECIES

Feline

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

Pancreas

BREED

DSH

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.

SEX

MI

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13yr

- Urinary bladder sediment
- Mild chronic renal changes with right kidney pyelectasia
- Chronic active pancreatitis pattern
- Overtly normal GI tract with mild pyloric ingesta/chyme-possible low grade inflammatory enteropathy
- Non-obstructive mild proximal CBD dilation-nonspecific

WEIGHT

6kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM, DABVP
(Canine and Feline)

The proximal CBD dilation is suspected to be an age related variant sometimes seen in geriatric cats given lack of hepatic enzyme elevation or cholestasis. Some degree of mild cholangitis cannot be excluded given the short half life of hepatic enzymes in cats. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is suggested. Dietary intolerance / food hypersensitivity, structurally insignificant inflammatory gastroenteropathy or suspected chronic active pancreatitis are all potentials. Assessment of cobalamin and folate levels recommended to assess for concurrent intestinal disease as a contributing factor.

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Empirically, a limited antigen or hydrolyzed diet trial, as needed gastric protectants and therapy for low grade chronic active pancreatitis and assessment of clinical response would be reasonable.

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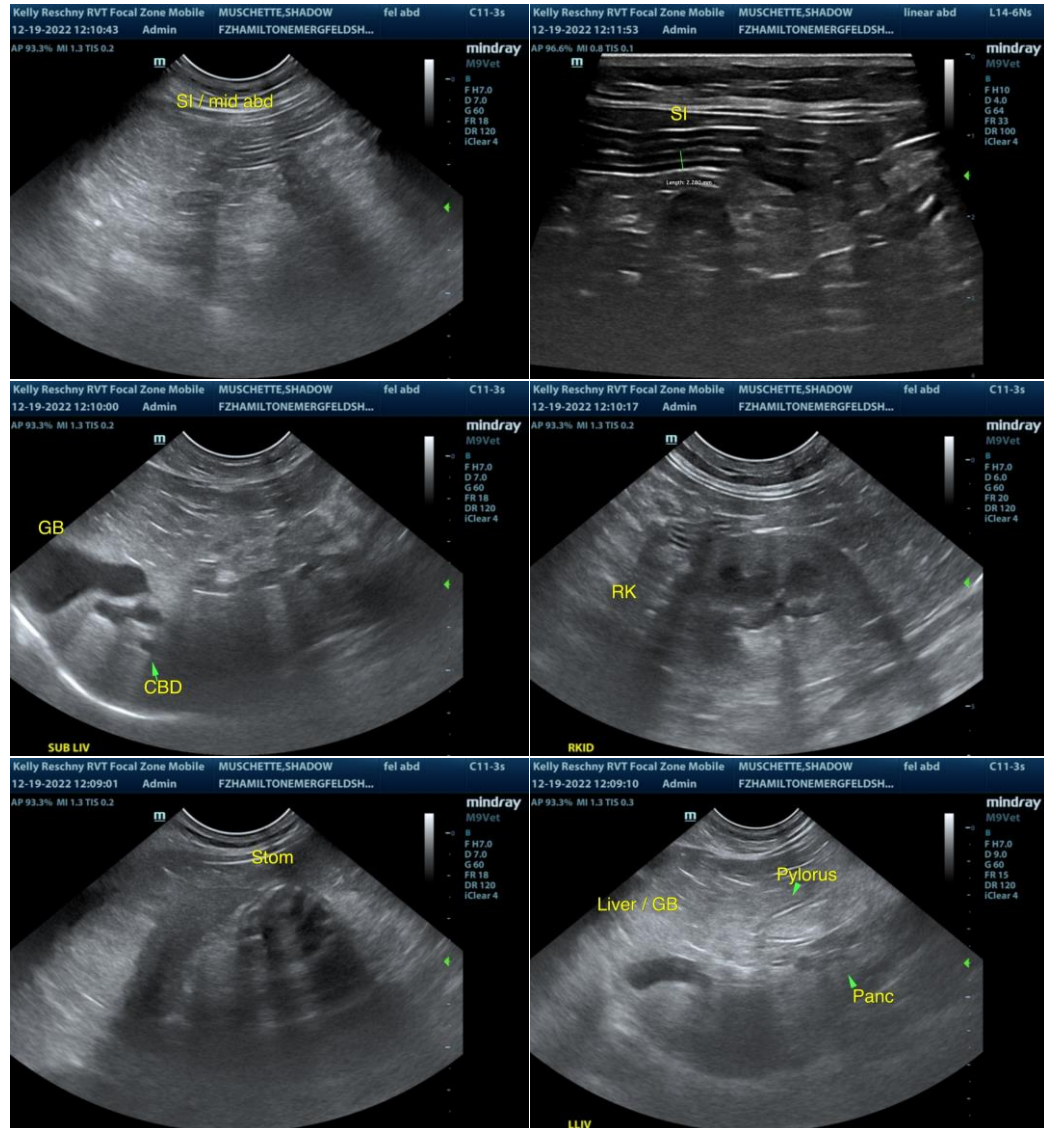
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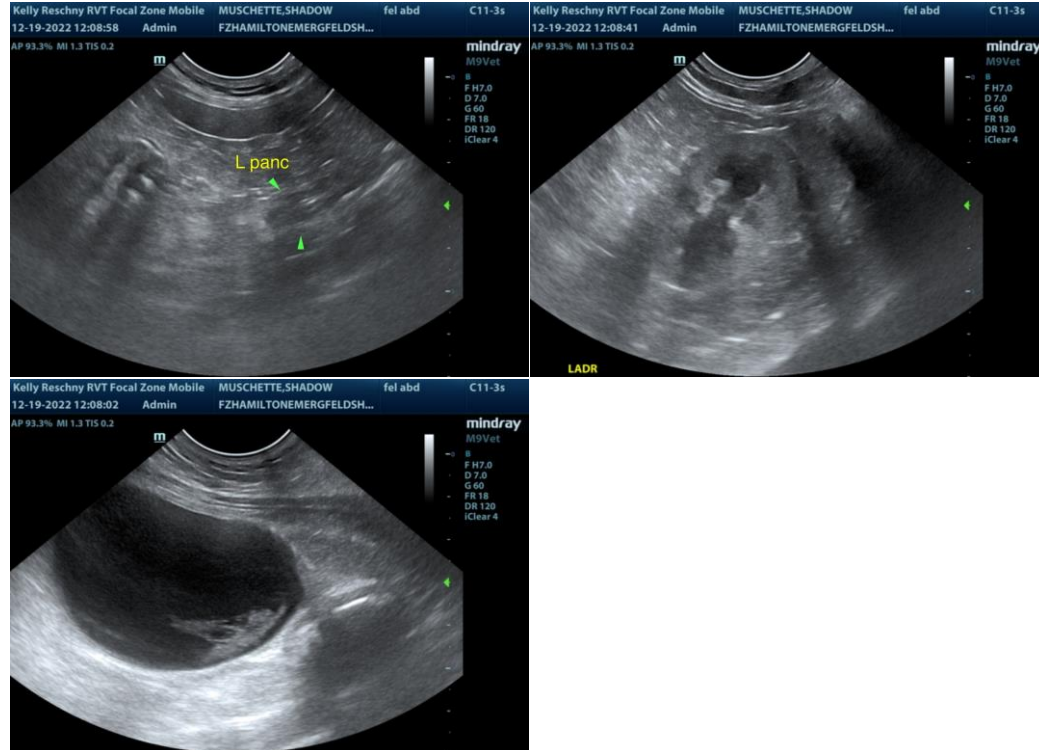
MI

AGE

13yr

WEIGHT

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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.

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