



PATIENT PRESENTING CLINICAL SIGNS

Taz Birchall Normal abdominal palpation; small palpable bladder. noticed mass/possible bladder stone near dorsal aspect of bladder; recommended abdominal radiographs Blood work: slightly elevated Monocytes and GLOB; rest fine 2 mm x 9 mm round radio-opaque structure, pushing down on dorsal aspect of bladder

SPECIES

Feline Current Medications Fortiflora SID, Clavamox 62.5 BID

BREED

Ragdoll Abnormal PE/Chem/CBC/UA Results: Blood work: slightly elevated Monocytes and GLOB; rest fine Radiographic Findings noticed mass/possible bladder stone near dorsal aspect of bladder; recommended abdominal radiographs 2 mm x 9 mm round radio-opaque structure, pushing down on dorsal aspect of bladder

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12yr

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 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.

WEIGHT

4.95kg

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. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

Governors Road AH

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.

REFERRING VET

Dr. Dogar

Liver

INVOICE

12470ag

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 and mild dependent hyperechoic mildly shadowing luminal debris. The cystic and common bile ducts were normal.

DATE

12/19/2022

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting areas of mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
Taz Birchall	
SPECIES	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of loss of intestinal wall layering or intestinal masses.
Feline	
	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	Pancreas
Ragdoll	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.
SEX	Free Abdomen
MN	
AGE	Within the area of the distal descending colon dorsal to the urinary bladder, possible focal area of spherical mineralization was present measuring ~ 1.5 cm in diameter. This was not consistent with overt pathology and potentially indicative of an area of nodular fat necrosis or Bates body and likely incidental.
12yr	
WEIGHT	Solitary prominent to enlarged medial iliac lymph node was present adjacent to the iliac trifurcation and distal descending colon. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm x 0.5 cm. This node was not consistent with inflammatory or neoplastic criteria.
4.95kg	

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder-no cystic calculi or inflammatory/neoplastic mural changes
- Mild chronic renal changes
- Possible focal nodular fat necrosis or Bates body in the area of the dorsal urinary bladder/sublumbar space
- Intact prominent small bowel walls, generalized prominent muscularis layer
- Mild emerging non-obstructive gallbladder mineralized debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplastic intra-abdominal criteria was present. Sonographically the appearance of the small intestine is suggestive of inflammatory enteropathy however given lack of reported GI signs or weight loss, this finding is non-specific with potential for patient variant. Monitoring for GI signs/weight loss +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.



PATIENT

Taz Birchall

SPECIES

Feline

BREED

Ragdoll

SEX

MN

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REFERRING VET

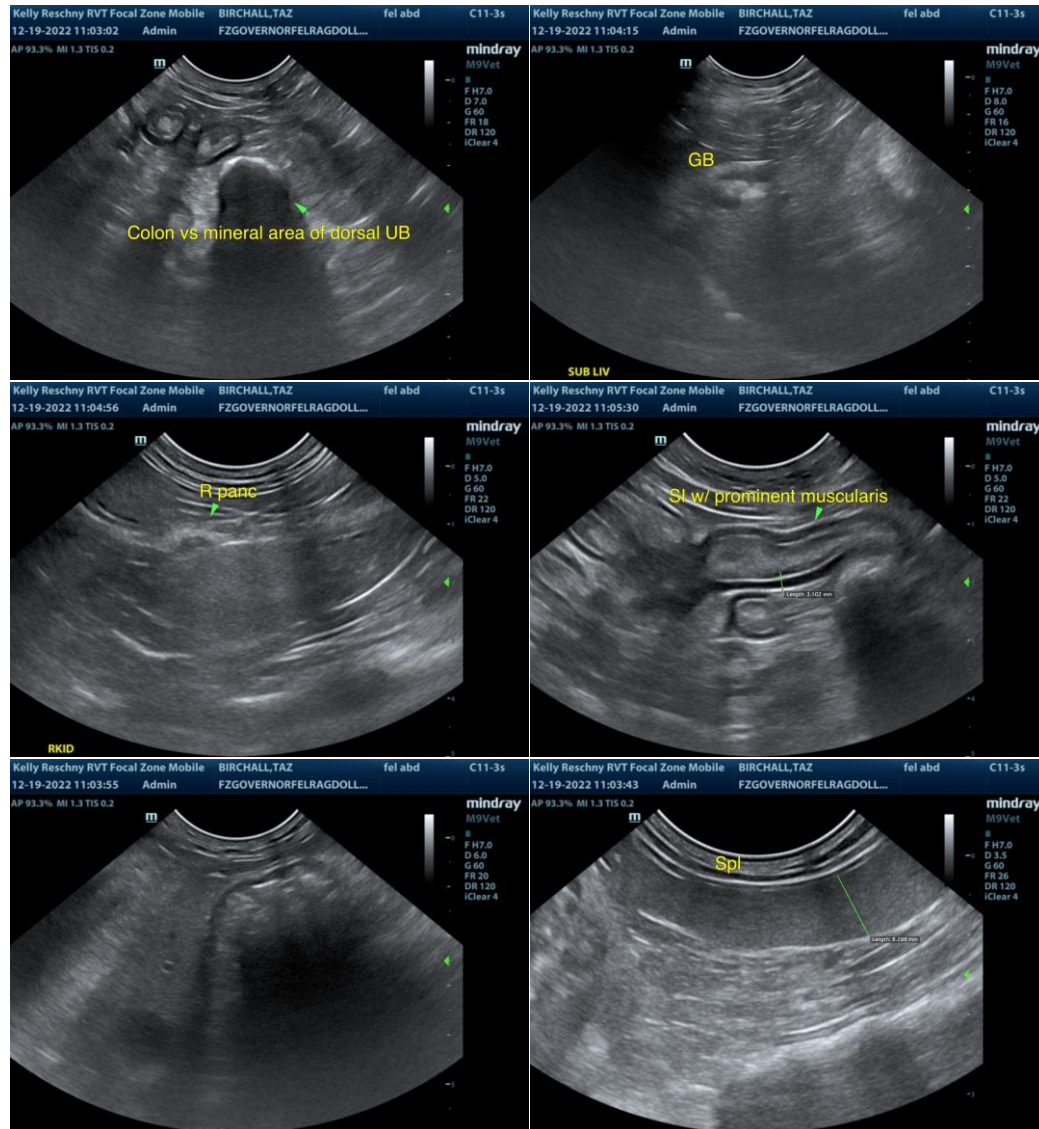
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PATIENT

Taz Birchall

SPECIES

Feline

BREED

Ragdoll

SEX

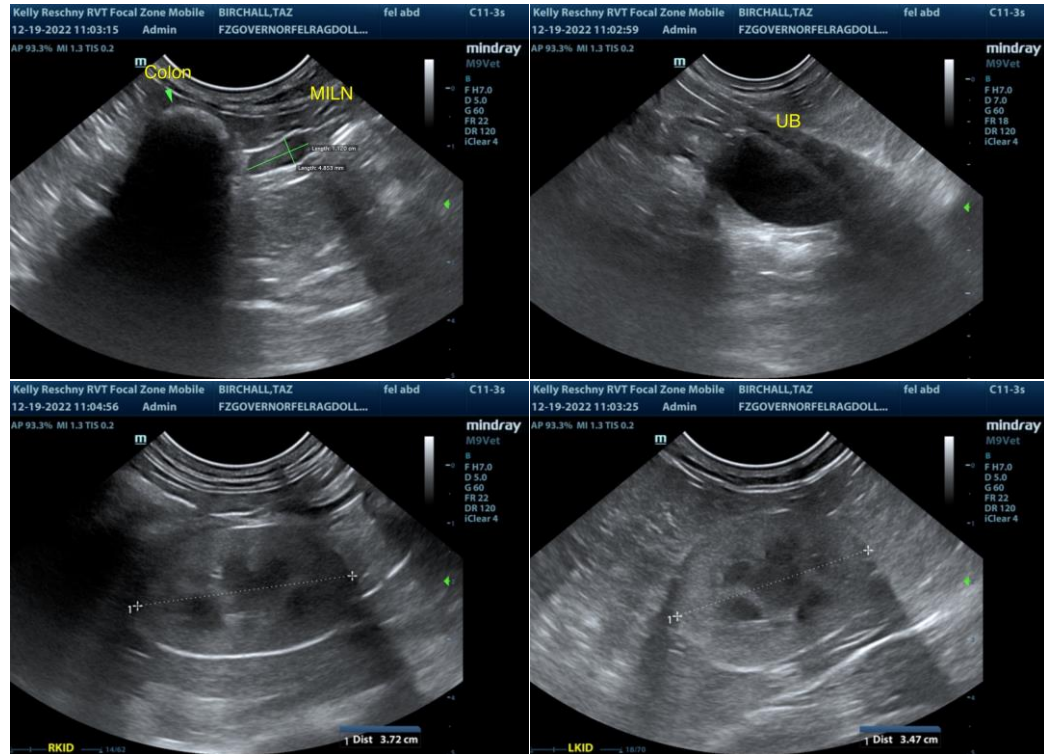
MN

AGE

12yr

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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