

PATIENT PRESENTING CLINICAL SIGNS

Maxi Satfford

New heart murmur (has been controlled hyperthyroid and controlled hypertension) and has developed left hind limb paresis. Cardiomegaly present on radiographs w/o CHF. Hx CKD IRIS stage 2 and progressive weight loss.

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate sediment was present without evidence of calculus formation. The sediment is likely indicative of mild cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic bladder criteria was noted.

BREED

Siamese mix/blue point

SEX

MN

Sonographic assessment of the aortic trifurcation and iliac vessels revealed normal laminar flow without evidence of a distal aortic or saddle thrombus.

AGE

16 years 5 months

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle uniform increased cortex echogenicity was present both kidneys. Mild loss of corticomedullary symmetry and definition expected for the age of the patient was present. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

9.85 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

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 0.93 cm width.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

Liver/ Gallbladder

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 mild gallbladder debris. The generalized common bile duct to the approximate level of the duodenal papilla was dilated and tortuous. The common bile duct dilation measured 0.2 cm, not consistent with post hepatic obstruction. Anechoic content was present in the common bile duct.

INVOICE

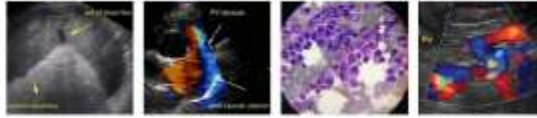
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Gastrointestinal

DATE

12/21/21

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. The pylorus wall width measured 0.30 cm.



PATIENT

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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. The jejunum wall width measured 0.23 cm. The duodenum wall width measured 0.25 cm.

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Feline

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

Pancreas

The pancreas was normal in size with mild asymmetrical contour and mild hypoechoic to heterogeneous parenchyma compared to adjacent omentum with mild pancreatic duct dilation.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

16 years 5 months

- Minor gallbladder debris with concurrent nonobstructive common bile duct dilation
- Sonographically unremarkable gastrointestinal tract with minor retained pyloric fluid
- Suspect low-grade chronic to chronic active pancreatitis

WEIGHT

9.85 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris and mild common bile duct dilation were nonspecific yet may indicate some degree of cholestasis with age-related common bile duct changes or low-grade cholangitis is possible if previous history of hepatic enzyme elevations. No evidence of duodenal papilla obstructive pathology or duodenal masses was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

No overt evidence of caudal abdominal vasculature or pelvic inlet pathology, i.e., lymphadenopathy, saddle thrombus, mass, etc., as an obvious cause of left hind limb paresis was noted.

Correlation with an echocardiogram is recommended.

HOSPITAL NAME

VCA Feline AH

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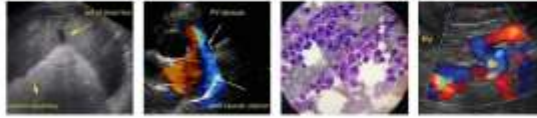
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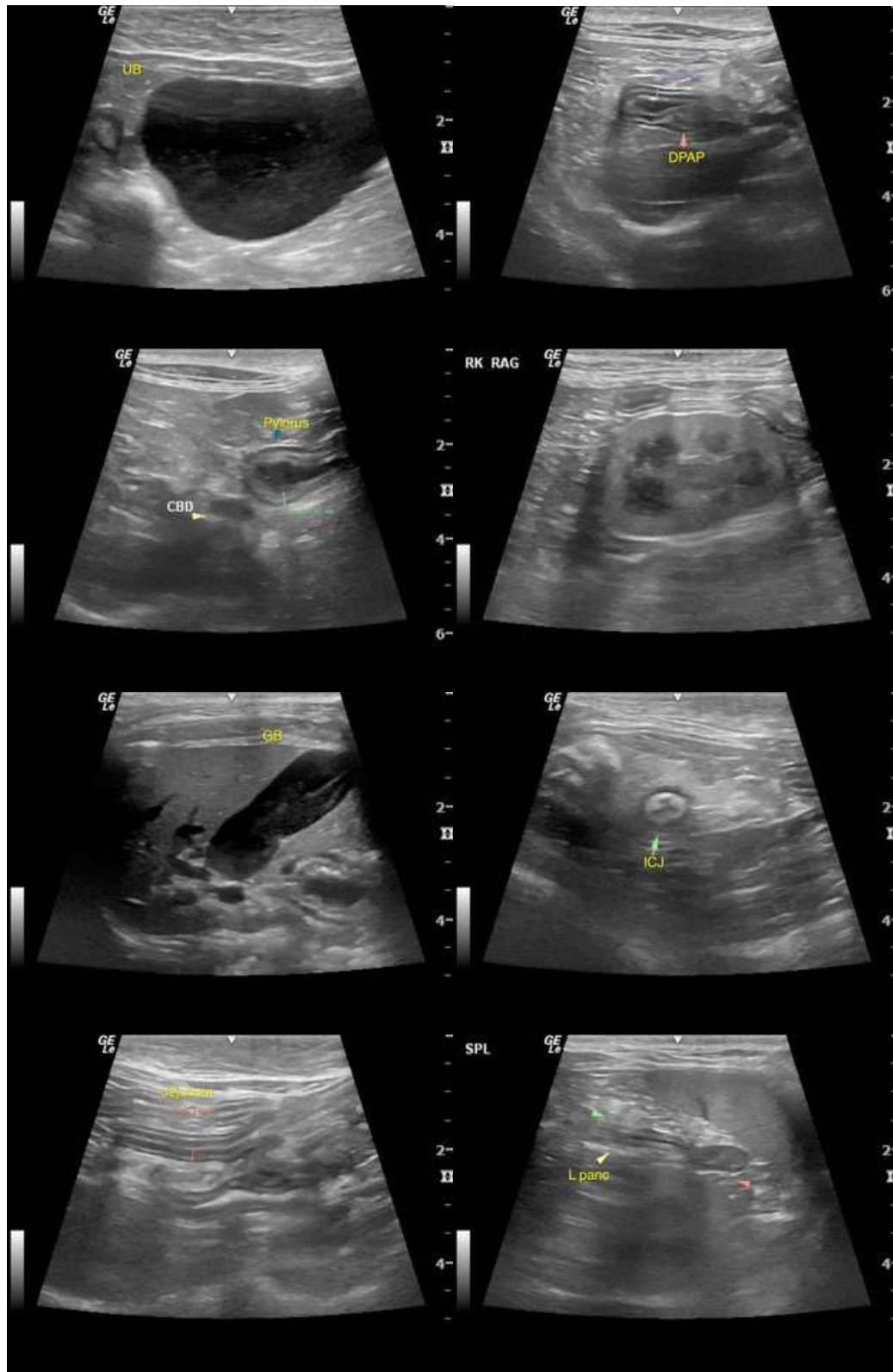
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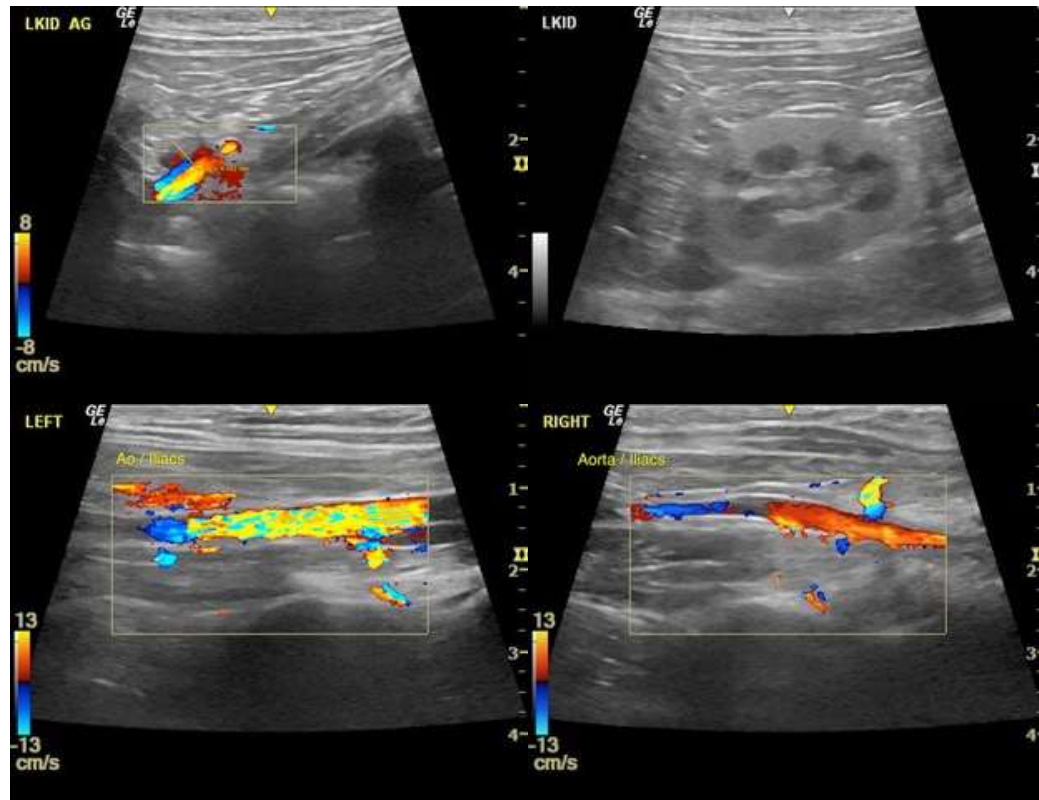
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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