

PATIENT PRESENTING CLINICAL SIGNS

Sophie Adams Hyperthyroidism (20-Dec-2021) • UTI - Urinary tract infection (20-Dec-2021) • Tachycardia (15-Dec-2021) • Weight loss (15-Dec-2021) • Anorexia (15-Dec-2021) Lethargic- depressed- Ecoli on urine culture

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. 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 was noted.

BREED

DSH

SEX

FS

AGE

13 years

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited variably echogenic cortex hypertrophy. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the right kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

9.68 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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 0.72 cm width.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. Anechoic content was present in the mild proximal common bile duct, without evidence of ductal mucus or calculi. The common bile duct measured 0.2 width.

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

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Gastrointestinal

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.

DATE

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with areas of mild segmental jejunal ileus. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

DSH

Free Abdomen

No evidence of significant lymphadenopathy was present. No peritoneal effusion was noted.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

13 years

- Moderate chronic renal changes with mild left kidney pyelectasia
- Nonobstructive proximal common bile duct dilation
- Overtly normal gastrointestinal tract with mild segmental jejunal ileus

WEIGHT

9.68 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the right kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and baseline urine protein: creatinine ratio on sterile urine sample is recommended.

This proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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No overt evidence of structural gastrointestinal pathology or active pancreatitis was noted. However, potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, which may present as sonographically normal, cannot be definitively excluded. However, the weight loss in this patient and potential overall clinical signs may be owing to uncontrolled hyperthyroidism if clinically applicable.

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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.

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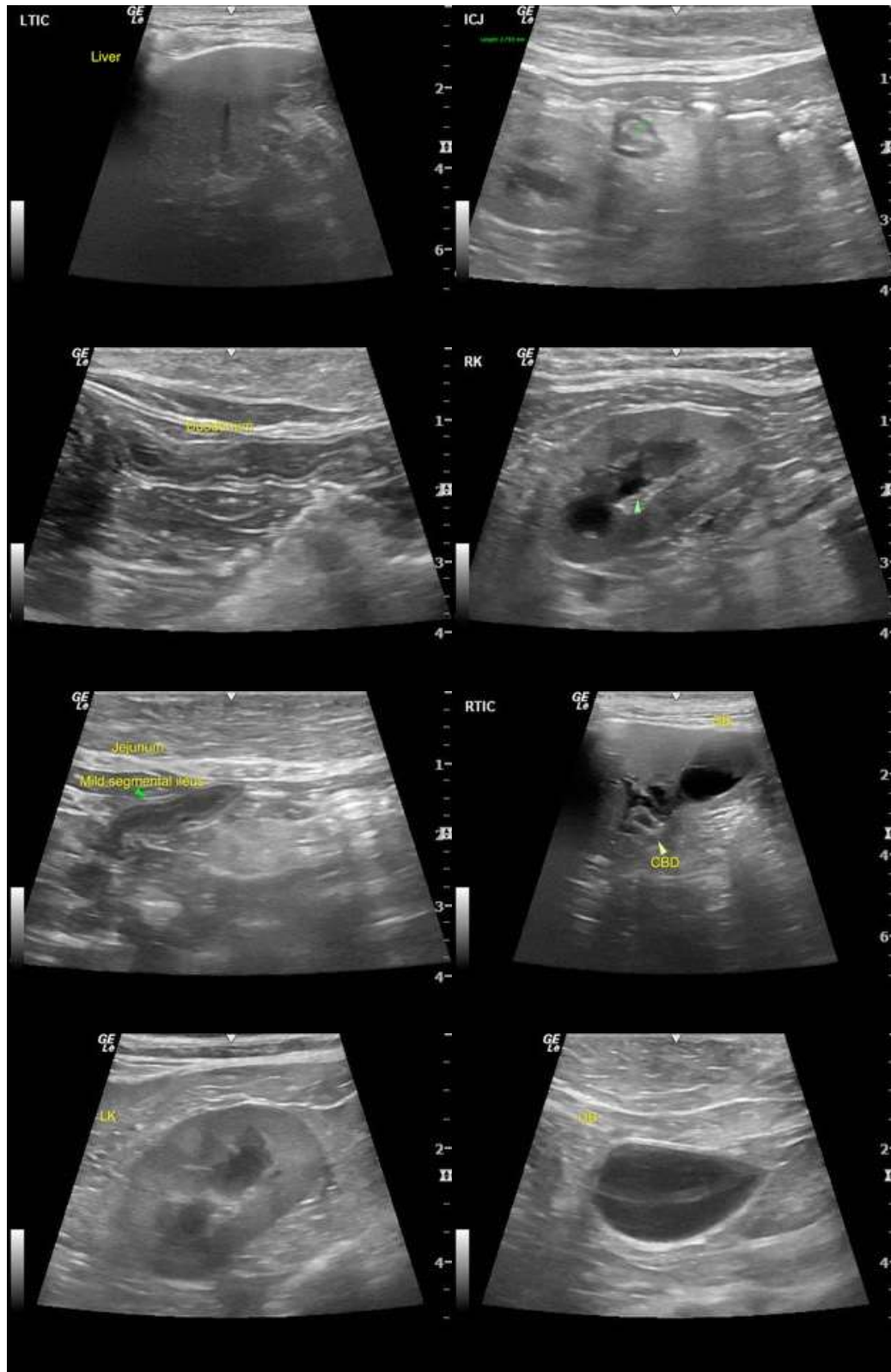
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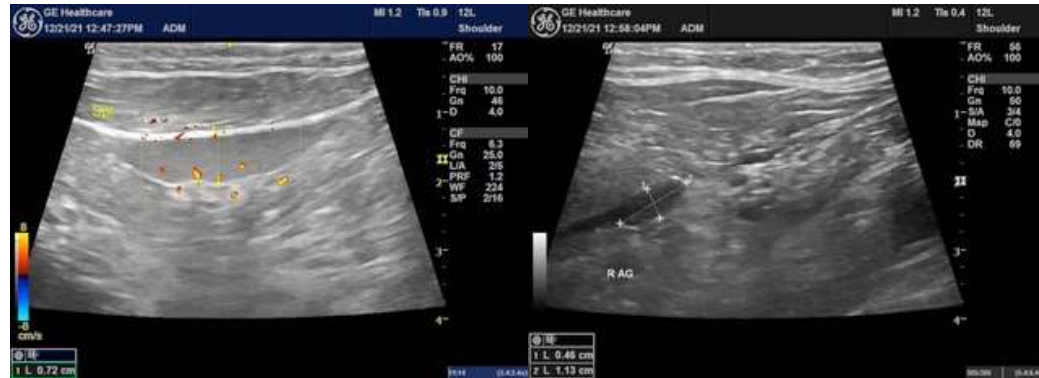
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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