



PATIENT PRESENTING CLINICAL SIGNS

Skitts Hall History: Clinical Exam Findings: PU/PD, weight loss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14

WEIGHT

7.4

Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC-mild anemia 27.4% (was 26.6% 7/2022) High WBC 19,400, neutrophilia 16,859, clumped platelets (was 20,330 and 17,438 7/2022) Chem- Creatinine 1.6 mg/dL (was 1.6 7/2022) BUN 36 mg/dL (was 50 7/2022) SDMA 12 ug/dL (was 15 7/2022) low Total protein 6.2 g/dL (was 6.3 7/2022) low Albumin 2.5 g/dL (was 2.4 7/2022) low ALT 22 U/L (was 22 U/L) high SpecFPL 7.4 ug/L (was 6.2 7/2022) T4- 2.1 ug/dL (was 2.0) good control UA-USG 1.023, was 1.023 Current Medications: Methimazole 2.5 mg q 12 hours Radiographic Findings: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted. Aortic trifurcation was normal.

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. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

Both adrenal glands were normal in size, position and shape. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.32 cm.

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 0.82 cm in width at the level of the hilus.

Liver

The liver exhibited subjective mild enlargement. The parenchyma of the liver exhibited uniform mild increase in echogenicity compared to the spleen and falciform fat. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted.

The gallbladder was non-distended in size with primarily anechoic luminal content and mild nonorganized variably echogenic luminal sludge. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Beyerinck

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PATIENT

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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 gastric body wall measured 0.25 cm.

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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 measured 0.25 cm. The duodenum wall measured 0.28 cm. The ileocolic wall measured 0.43 cm.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

BREED

Pancreas

DSH

The pancreas was normal in size with mild capsule asymmetry with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. Discrete pancreatic duct dilation was noted. No signs of neoplasia.

SEX

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Free Abdomen

No evidence of significant lymphadenopathy. No omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Potential low grade/chronic pancreatitis
- Nonspecific mild hepatomegaly, exhibiting subjective mild uniform parenchyma hyperechogenicity
- Mild gallbladder debris
- Overtly normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology, including no evidence of intraabdominal neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The hepatic presentation was nonspecific given the lack of hepatic enzyme elevations.

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Given the patients weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology as a contributing factor +/- screening hepatic FNA cytology, using a 25-gauge needle and assuming normal clotting status may be considered. If evidence of previous hepatic enzyme elevations or inflammatory criteria on screening hepatic FNA, triad disease could be a consideration in this patient.

REFERRING VET

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

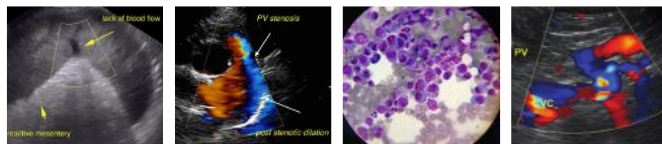
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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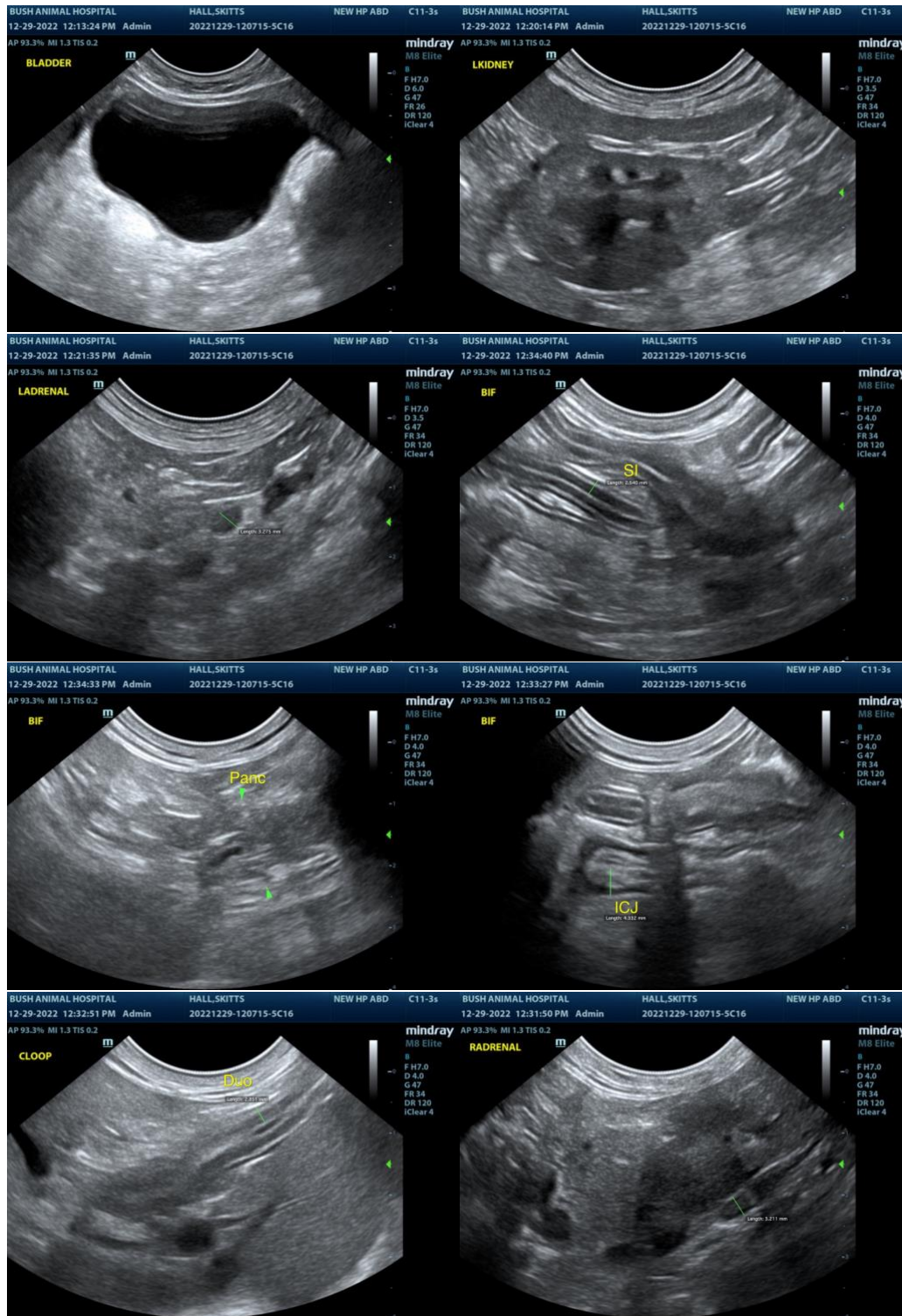
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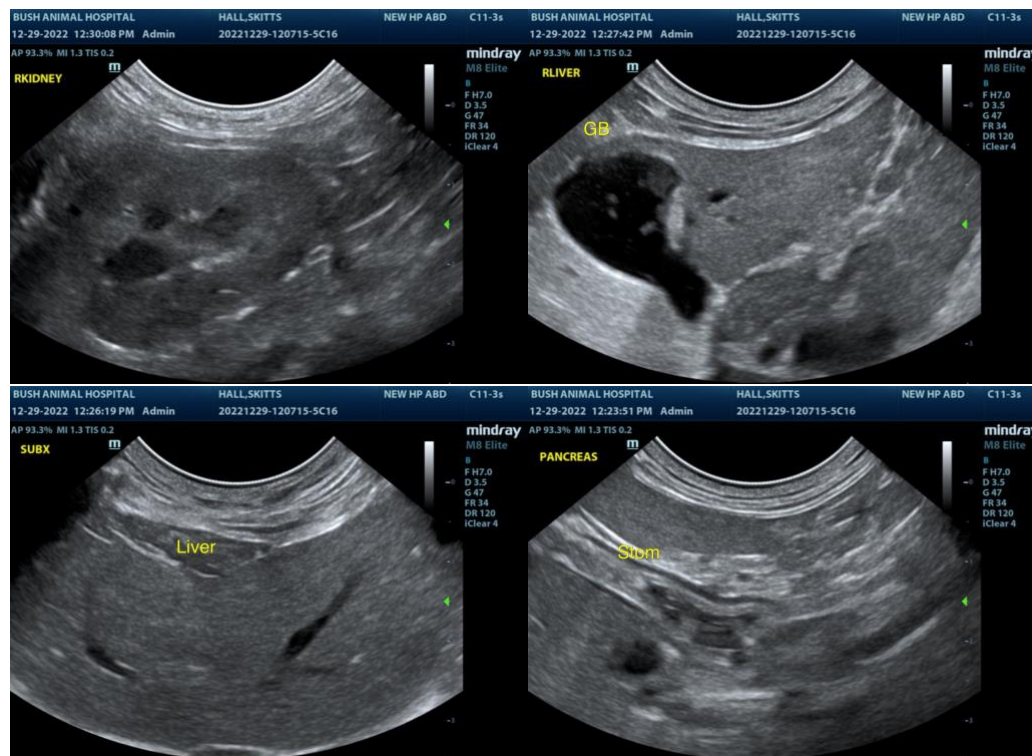
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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