



PATIENT

Ruthie Wayne

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14.5yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Emily Kent DVM

INVOICE

12383ag

DATE

12/05/2022

PRESENTING CLINICAL SIGNS

Presenting History: - 14.5 y/o FS DSH presented 12/1/2022 for exam and FeLV vaccine. O has some ongoing concerns about P's GI bloat and states it seems to be getting worse and P is tense to the touch of her abdomen. - O states P was worked up for previous GI issues at VRCCO and the chronic vomiting has still been an issue. - P vomited 2-3 times daily at least 4-5 times weekly. O reports P vomits more than not most days and it is both bile and food. - Sore to get up and very slow to get going - O is interested in treatment for OA as P is clearly showing signs of discomfort. - Possible PU/PD - P has been on a digestible food for awhile now but no major improvements (Blue Buffalo kibble). - P eats grass and hunts. - Appetite normal and weight is the same (no weight loss). PPH: - Cortical cyst in the left kidney (diagnosed 8/2018 by AUS), measuring ~ 3 cm (anechoic). - GIT was reportedly normal during AUS in 2018.

Patient received 100 mg Gabapentin to facilitate AUS on 12/5/22

Abnormal PE/Chem/CBC/UA Results: 12/1/2022: PE: - LS OU, moderate dental disease, perceived abdominal bloating in the cranial abdomen and tensing/pain with palpation. CBC: -- NSF CHEM: -- WNL T4: -- wnl UA: -- USG: 1.018, mild hematuria (20-30 RBC/HPF, suspect cystocentesis obtained sample). No other abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 mild non-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.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of non-obstructive medullary mineral were present. Previously documented mild progressive thinly walled cyst containing anechoic fluid was present measuring 4.0 cm in diameter. The discernable left kidney measured 4.0 cm in length.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was 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 right kidney measured 4.3 cm in length

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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm 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



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| PATIENT | thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. |
| Ruthie Wayne | |
| | Liver |
| SPECIES | 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 cystic and common bile ducts were normal. |
| Feline | |
| BREED | |
| DSH | Gastrointestinal |
| SEX | 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 0.24 cm in width. |
| FS | |
| AGE | The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. |
| 14.5yr | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| WEIGHT | Pancreas |
| 5.9kg | The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia. |
| INTERPRETED BY | Free Abdomen |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | No omental masses, overt lymphadenopathy or peritoneal effusion was present. |
| IMAGING PERFORMED BY | ULTRASONOGRAPHIC FINDINGS |
| Patti Mayfield DVM | <ul style="list-style-type: none"> • Mild urinary bladder sediment • Left kidney moderate chronic changes with non-obstructive medullary mineral and mild progressive cyst • Right kidney mild chronic changes • Overtly normal GI tract with minor segmental small intestinal ileus • Heterogenous pancreas |
| HOSPITAL NAME | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Sunriver Veterinary Clinic | Aside from the previously documented mildly progressive left kidney cyst, no evidence of significant visceral pathology was present with largely mild age related changes. A urine C/S is recommended if evidence of inflammatory sediment +/- baseline UPC if evidence of significant/persistent proteinuria. |
| REFERRING VET | Considerations for the GI signs may include dietary intolerance / food hypersensitivity, low grade to chronic inflammatory enteropathy/IBD or low grade to chronic pancreatitis both of which may appear sonographically normal. Given the patient exhibits a normal appetite and without evidence of reported weight loss, a hydrolyzed diet trial +/- empirical dewormed if clinically applicable and assessment of GI response may prove beneficial. |
| Emily Kent DVM | |
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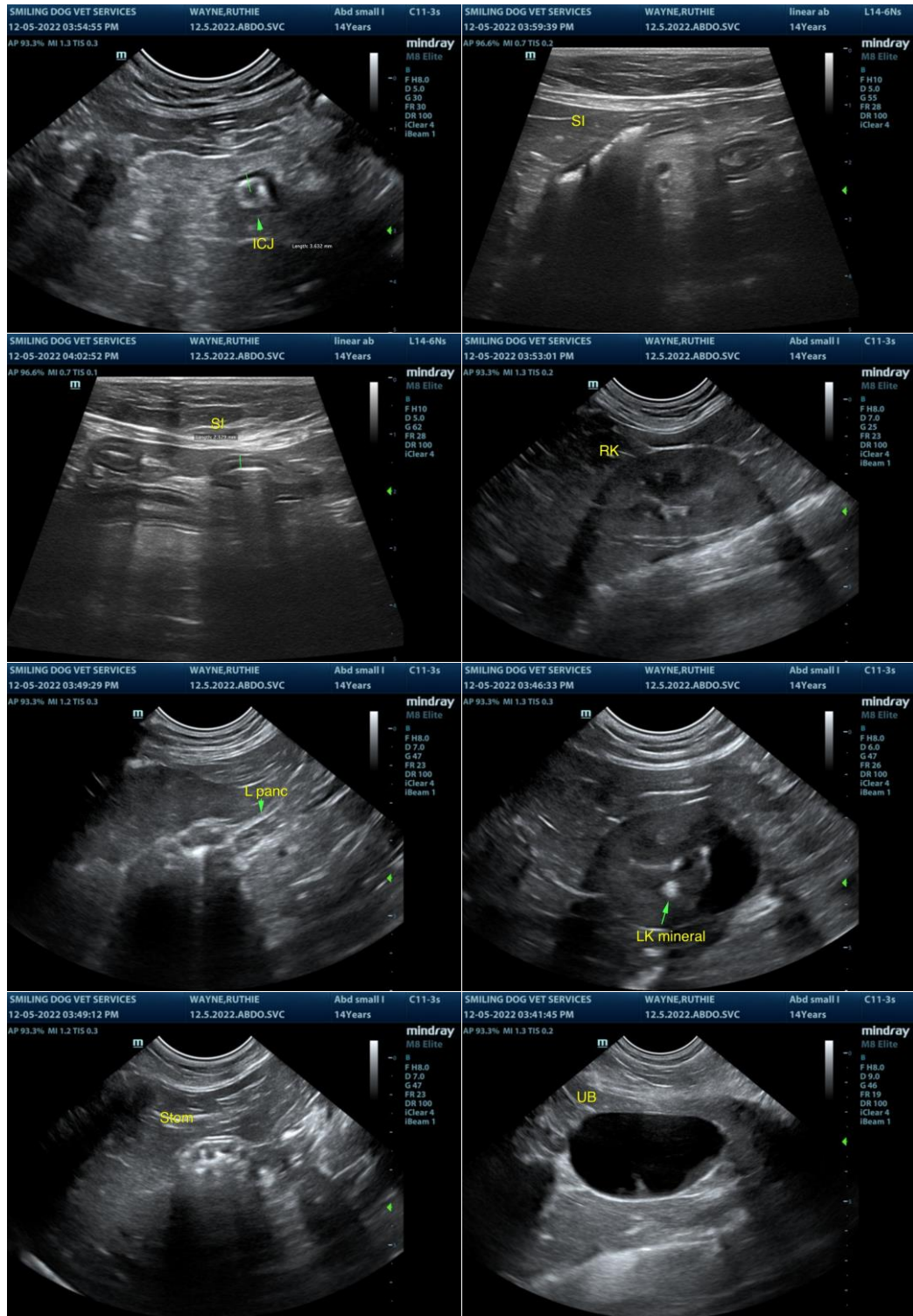
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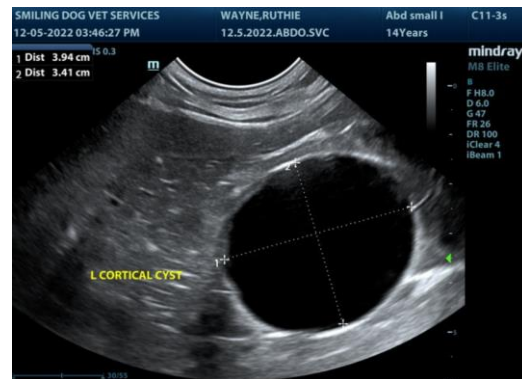
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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