

PATIENT PRESENTING CLINICAL SIGNS

Cal Larson adopted as a feral cat. Under 1 year on MN 6.4 pound cat. Unknown history prior to 2 months ago. E/d well, no vomiting just pu/pd. See attached BW Neg for ffelv/fiv eye discharge chronic

SPECIES BUN 105, Creatinine 4.0, SDMA 41, Albumin 2.5, ALT 17, WBC 21.2 with mild lymphocytosis

Feline **Urinary System**

BREED 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.

SEX The area of the aortic trifurcation was free of pathology.

MN Normal size and margination were present in the kidneys. Mild loss of corticomedullary border demarcation was present, yet maintained overall corticomedullary architecture. No evidence of pyelectasia or evidence of retroperitoneal inflammation / effusion was noted. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

AGE

1 year

Adrenal Glands

WEIGHT No overt pathology was noted in the area of the left or right adrenal glands.

6.4 lbs.

Spleen

INTERPRETED BY The spleen exhibited normal size and overall contour. Subtle generalized splenic parenchyma heterogeneity was present. No distinct splenic masses or nodules were noted. The spleen measured 1.0 cm width.

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

Liver/ Gallbladder

IMAGING PERFORMED BY

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Slerra Pet Clinic

Gastrointestinal

REFERRING VET

Dr. Kris Moger

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 width measured 0.25 cm.

INVOICE

12755

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 0.21.

DATE

12/6/21

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



PATIENT *Pancreas*

Cal Larson The left pancreatic limb exhibited subtle prominent size with mildly hypoechoic parenchyma compared to adjacent omentum.

SPECIES *Free Abdomen*

Feline Intermittent, midabdominal mesenteric and focal medial iliac lymph node were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the medial iliac lymph node measured 0.45 cm width. An example of a mesenteric lymph node measured 0.37 cm width.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX *Primary Findings*

- MN
 - Bilateral nonspecific nephropathy
 - Subtle splenic heterogeneity - nonspecific
- AGE**
 - Sonographically unremarkable gastrointestinal tract
 - Intermittent minor benign to reactive mesenteric and medial iliac lymphadenopathy

1 year

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

6.4 lbs.

Given the overall normal renal size, maintained discernable architecture with only minor loss of corticomedullary border demarcation, and without evidence of retroperitoneal Inflammation, the bilateral kidneys were not overtly consistent with neoplastic or granulomatous (FIP) criteria. Likewise, the appearance of the bilateral kidneys was not consistent with end-stage renal disease or congenital dysplasia. Given the unknown history of the patient, consider potential exposure to infectious disease / Leptospirosis, toxin, insult, or similar. Correlation with full urinary workup Including full urinalysis, urine C/S and baseline UPC Is recommended. Monitoring of systemic blood pressure is advised. Hospitalization with appropriate diuresis protocol with monitoring of urine output, bodyweight, and renal response Is suggested. Potential chronic renal disease therapy may be indicated.

INTERPRETED BY

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

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The mild splenic heterogeneity was nonspecific yet not indicative of underlying pathology, given the normal overall splenic size. Minor hyperplasia, hematopoiesis, or incidental splenitis is suspected.

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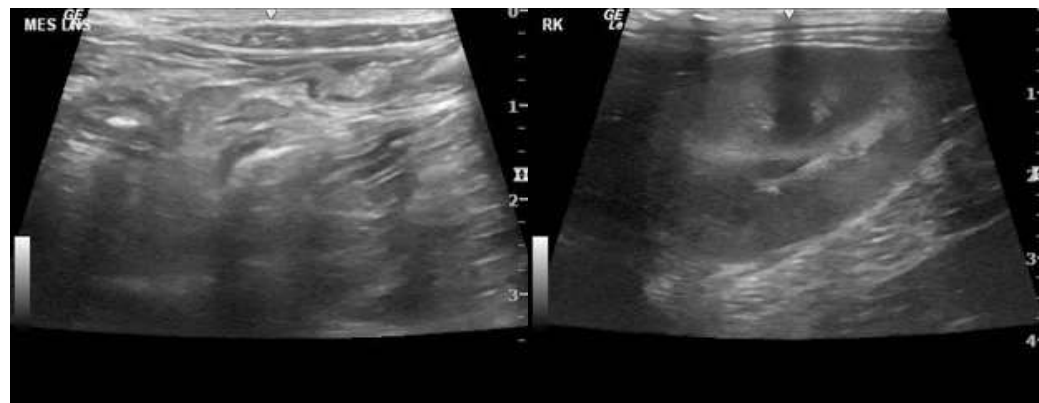
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SPECIES

Feline

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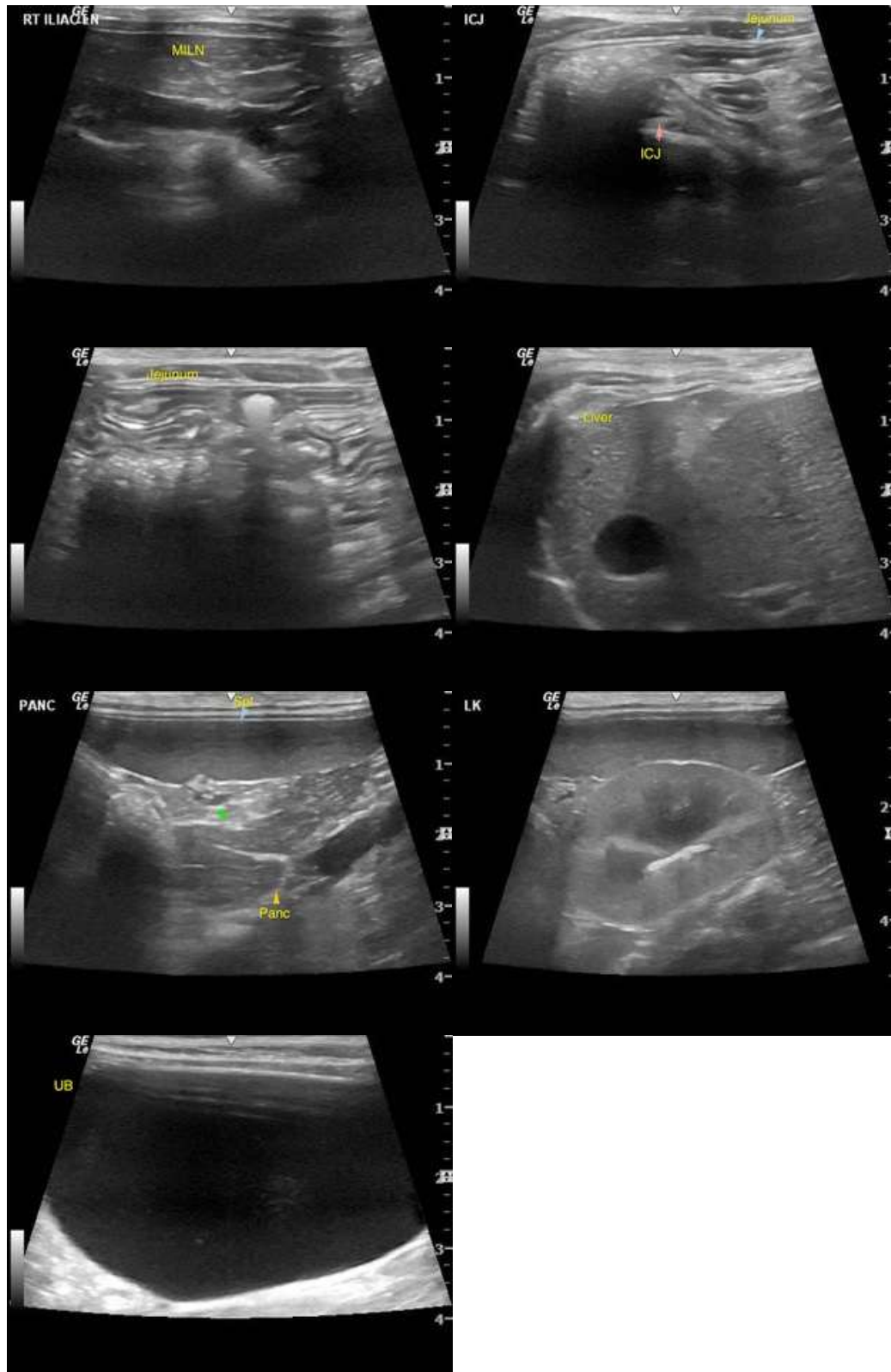
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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