



PATIENT

Luna Hallihan

SPECIES

Feline

BREED

Siamese X

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

35342

DATE

2/1/22

PRESENTING CLINICAL SIGNS

hematuria and weight loss

Abnormal PE/Chem/CBC/UA Results: cbc/chem pending; UA: protein +3, pH 6.5, blood +4, USPG > 1.040

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.

The area of the aortic trifurcation was free of pathology.

The kidneys were normal in size and margination with maintained 1:3 cortex/medulla ratio. Subtle uniform increased cortex echogenicity noted with mildly enhanced corticomedullary border distinction. No pyelectasia. No evidence of retroperitoneal inflammation. The left kidney measured 3.5 cm. The right kidney measured 3.7 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild asymmetrical medial capsule contour noted. The spleen measured 0.68 cm in width. 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.

Liver

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.

Gastrointestinal

The stomach exhibited moderate distention with progressively shadowing ingesta. The visualized gastric walls were sonographically. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.20 cm.

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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.21 cm.

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

Pancreas

The pancreas exhibited potential for mild prominent size with asymmetrical contour. Non-homogeneous to mixed echogenic pancreatic parenchyma noted, exhibiting subjective indistinct nodular changes.



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Evidence of mild regional peripancreatic reactive mesentery noted. Changes were most notable in the left pancreatic limb, caudal to the stomach.

Free Abdomen

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Small pockets of scant peritoneal free fluid noted. No overt lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous to indistinctly nodular pancreas with subjective mild peripancreatic non-uniform reactive mesentery – potential for chronic to chronic active pancreatitis with potential nodular hyperplasia, emerging neoplastic criteria considered unlikely, yet cannot be definitively excluded.
- Scant peritoneal free fluid
- Overtly normal urinary bladder and visible proximal urethra
- Mild non-specific chronic renal changes – no overt pyelonephritis.
- Distended stomach with ingesta, overtly normal small bowel

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The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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GI panel to include PLI, TLI, cobalamin and folate for further assessment of the pancreas as well as assessment for occult gastrointestinal disease (given the patient's weight loss) recommended.

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3-view chest radiographs suggested to rule out occult thoracic pathology as potential cause of weight loss.

Sonographic monitoring of the area of the pancreas and surrounding omentum would be ideal if gastrointestinal signs or persistent evidence of weight loss.

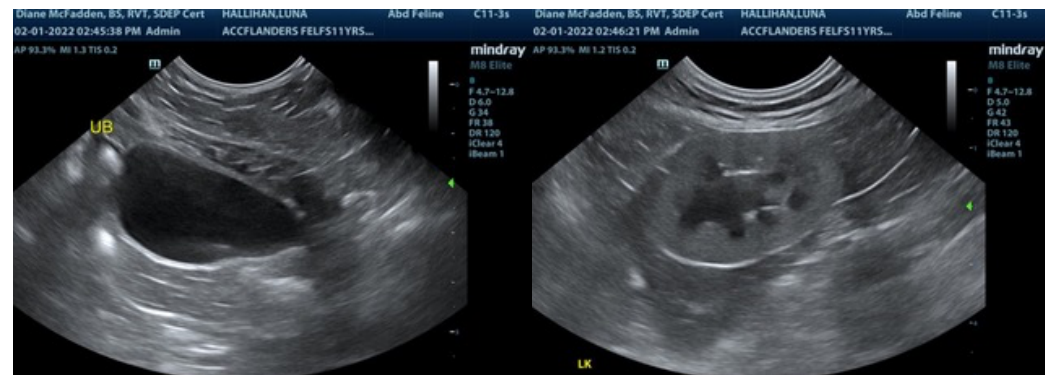
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An overt cause of the hematuria was not definitively evident. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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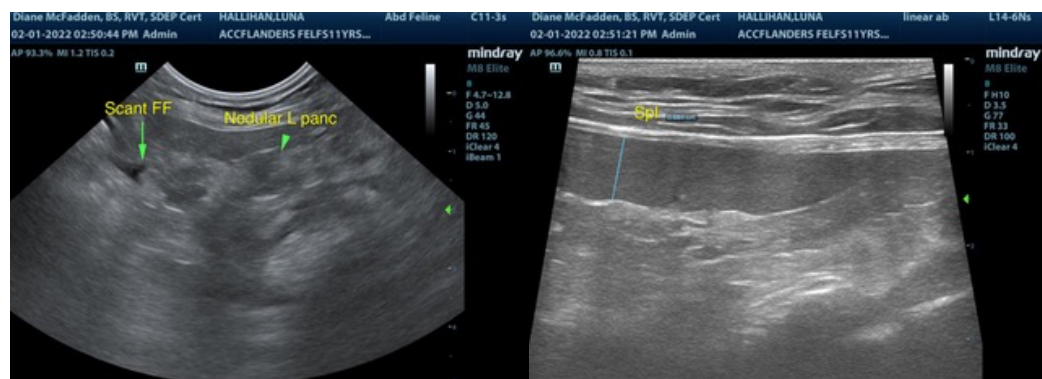
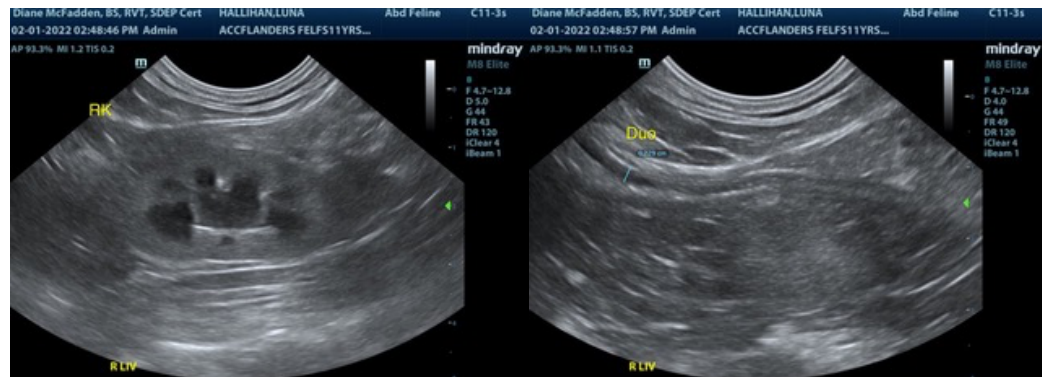
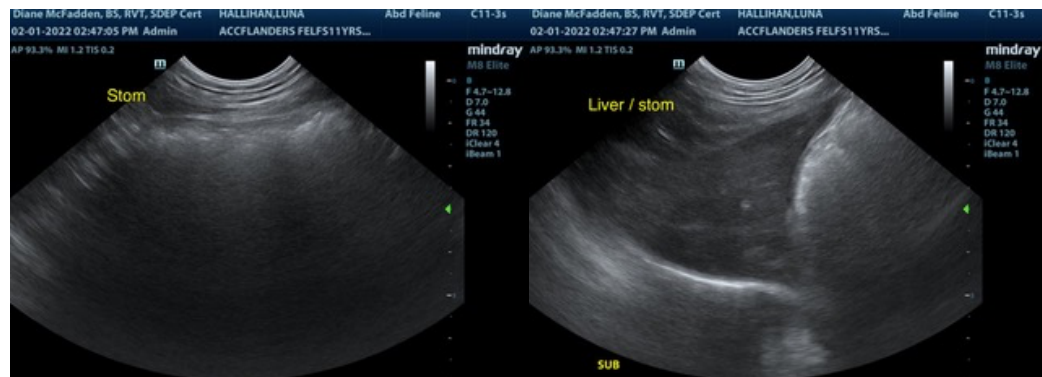
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com