



PATIENT PRESENTING CLINICAL SIGNS

Harper Pavis Straining to urinate since December, hematuria, no improvement with medication.
 Medication: Convenia, Meloxicam

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder was normal in size and tone with normal urinary bladder walls without evidence of significant inflammatory criteria. No urinary bladder tumors were present. Anechoic content with mild, primarily dependent, hyperechoic to shadowing sand / micromineral was present. No evidence of macro calculi was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2020

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation, pyelectasia or pyelonephritis. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

14

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.22 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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Creeview VH

Liver/ Gallbladder

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.

REFERRING VET

Dr. Ballek

Gastrointestinal

INVOICE

16209

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

2/16/23

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.



PATIENT

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

Harper Pavis

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild dependent urinary bladder sand / micromineral
- Normal bilateral kidneys - no evidence of pyelonephritis

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Although no evidence of significant urinary bladder mural pathology including no evidence of neoplastic criteria, possible low-grade cystitis in conjunction with mild dependent urinary bladder micromineral to sand is suspected. Urine C/S on a sterile urine sample, if not recently done, is recommended. Pending urine C/S, empirical therapy for idiopathic cystitis which may include urinary diet, anti-anxiety medications, analgesia, behavior modification, etc., is recommended. Sonographic reassessment of the urinary bladder to assess for progressive inflammatory mural changes or luminal mineral, if persistent clinical signs, is recommended.

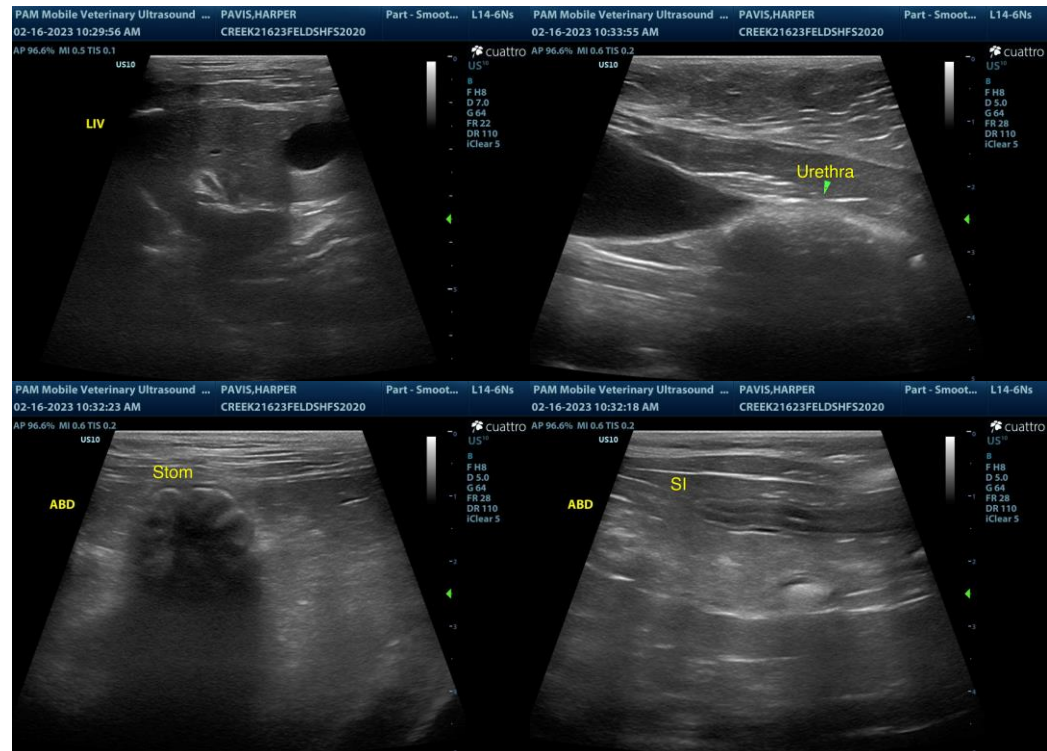
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WEIGHT

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DVM, DABVP
(Canine and Feline)



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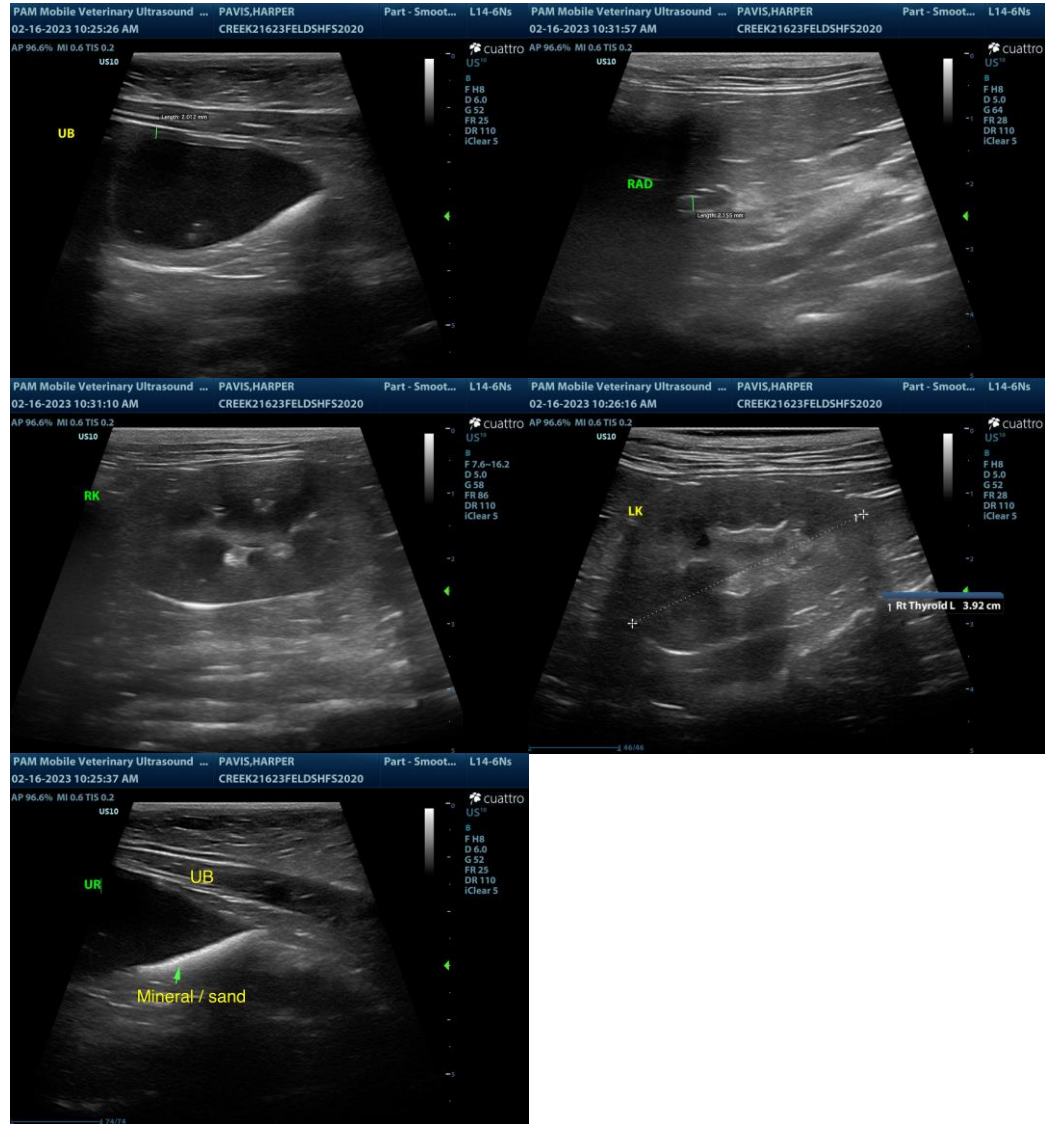
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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