



PATIENT

Layla Duvall

SPECIES

Feline

BREED

American Shorthair

SEX

FS

AGE

9yr

WEIGHT

5.17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

13014ag

DATE

02/19/2023

PRESENTING CLINICAL SIGNS

Layla is a 9 YO FS American shorthair who presented for not urinating. P was posturing on the couch and crying out this morning. She favoring back right leg and not using the left. All symptoms started this morning. No vomiting or diarrhea. Normal appetite.

PE: Icteric, tense abdomen

Chem: COMP: ALP 355 U/I, GGT: 20 U/I, TBili 8.3 U/I

CBC: Lymphopenia, Anemia

Negative FELV/FIV

EPOC: lactate markedly elevated

Radiographs: Hepatomegaly, colonic corrugation

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 minor 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 minor asymmetrical 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. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

Liver/Gallbladder

The liver presented mild to moderately increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

Layla Duvall

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.

SPECIES

Feline

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 0.20 cm in width.

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

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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 was evident.

Free Abdomen

AGE

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder with minor sediment
- Hepatomegaly with parenchyma hyperechogenicity, normal gallbladder - lipidosis, inflammatory disease, cholestasis,
- Infiltrative round cell neoplasia all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-distended urinary bladder is not suggestive of urinary obstruction at this stage. Monitoring for urination and thorough musculoskeletal / neurological exam is recommended. Assuming normal clotting status, using 25ga needle and with vitamin K pretreatment, FNA cytology of the liver warranted for further assessment. No signs of post hepatic obstruction. Assessment of rectal temperature, thoracic radiographs if not done, and echocardiogram may be considered to assess for evidence of an aortic thrombus if clinically applicable.

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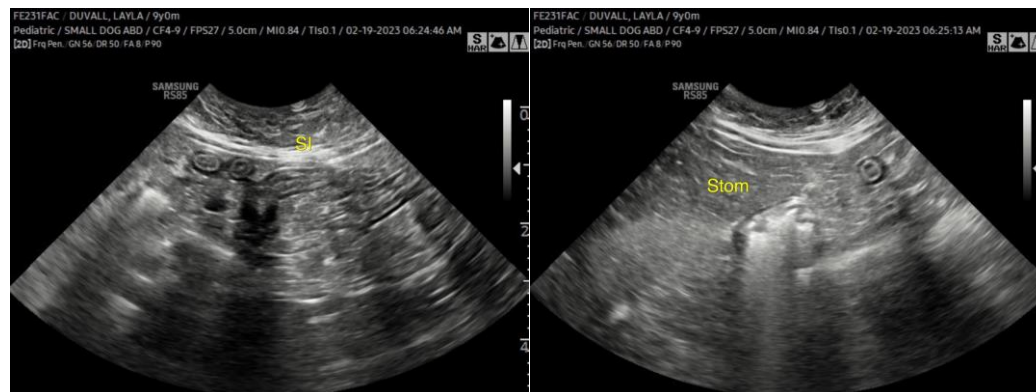
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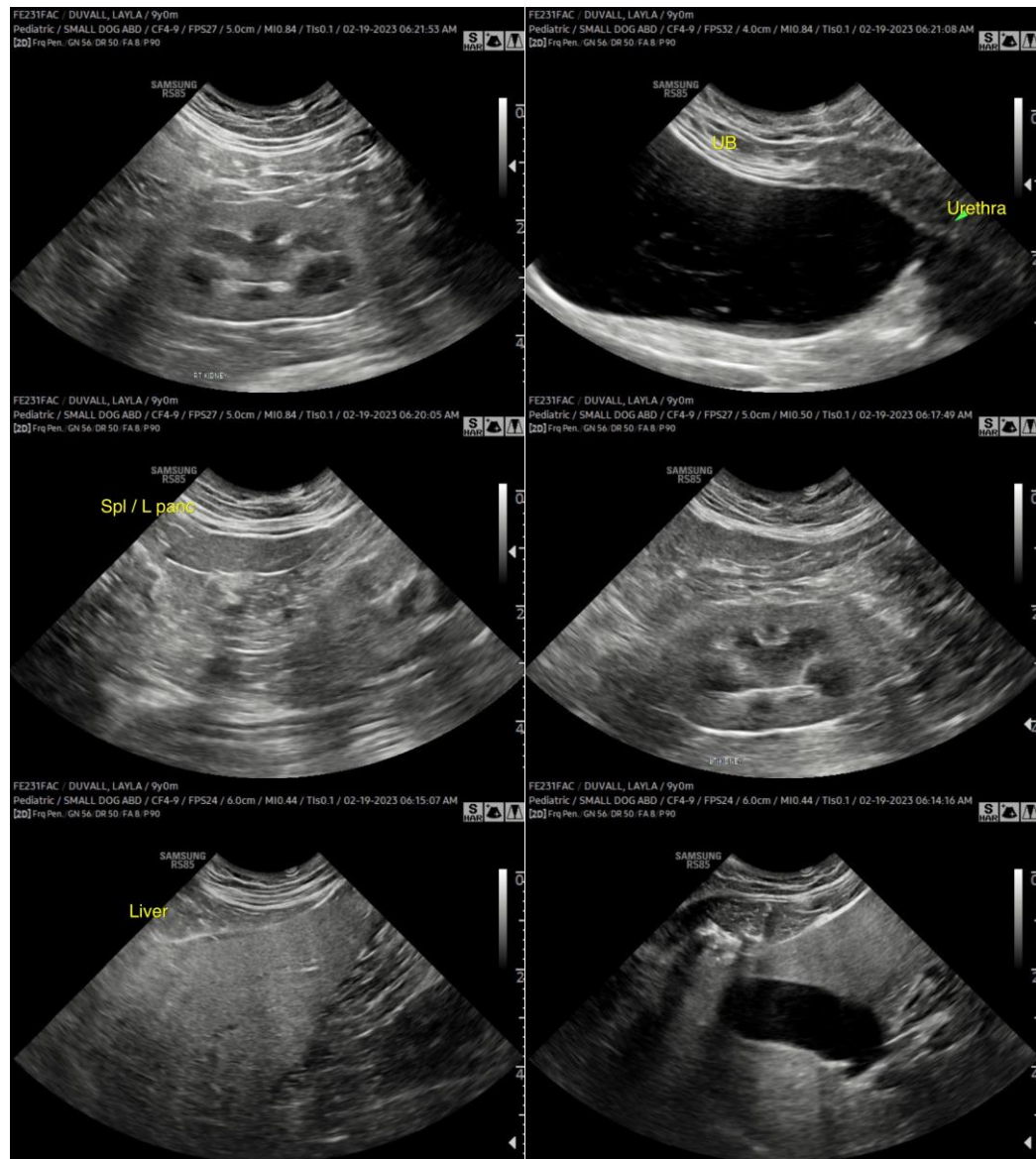
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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