



## PATIENT

Samantha Sammies  
Friends

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

10 Lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT  
LVT

## HOSPITAL NAME

Brighton Greens VH

## REFERRING VET

Dr. Robin Janeway

## INVOICE

13724

## DATE

2/2/22

## PRESENTING CLINICAL SIGNS

History: SEDATED She IS a follow up from an SonoPath ultrasound last April. Having diarrhea on select protein diet just started back on prednisone has been doing great until recently now having diarrhea for the past month. Prednisone was started about five days ago. Two rounds of metronidazole twice a day for five days showed no improvement.

Abnormal PE/Chem/CBC/UA Results: LABs and prev report attached

## 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. Primarily anechoic urine was present in the lumen. Mild, primarily dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. The left kidney measured 4.1 cm in length.

The right kidney revealed moderate to marked loss of corticomedullary border demarcation and asymmetrical margination with cortical infarcts and reduced medullary volume. Moderate pyelectasia was noted in the right kidney. Pinpoint medullary mineral noted. Subtle evidence of associated right retroperitoneal reactivity. No evidence of retroperitoneal effusion. The right kidney measured 3.7 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

No overt pathology in the area of the right adrenal gland.

### 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

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, exhibiting mild progressive distal acoustic shadowing ingesta. The ventral gastric body wall measured 0.23 cm. No evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subtle propensity for mildly prominent to echogenic submucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.36 cm.

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Normal visible colon wall layers were present with generalized semi-formed to soft feces in lumen.

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**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 was evident.

**AGE**

12 Years

**Free Abdomen**

No overt lymphadenopathy. Potential small pockets of very scant free fluid were noted adjacent to intestinal loops.

**WEIGHT**

10 Lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Left kidney, mild chronic renal changes with minor pyelectasia
- Right kidney, moderate to marked chronic renal changes with cortical infarcts, moderate pyelectasia and subtle evidence of associated right retroperitoneal reactivity
- Gastric ingesta- suspect postprandial presentation
- Overtly normal small bowel with subjective propensity for mildly prominent to echogenic submucosa
- Structurally normal colon containing semi-formed to soft feces

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The urinary bladder sediment may indicate suspected mild cellular or crystalline debris with potential for mucus. The use of prednisolone may be masking intestinal mural changes. Chronic inflammatory bowel disease, dietary indiscretion/food intolerance or other enteropathy may be possible without overt evidence of neoplastic intestinal criteria. Recheck GI panel, to include PLI, TLI, cobalamin and folate warranted. In addition to prednisolone therapy, a hydrolyzed or potential higher fiber diet as well as high colony count probiotics (such as Provable) may prove beneficial. Empirical cobalamin supplementation recommended if GI panel is not elected.

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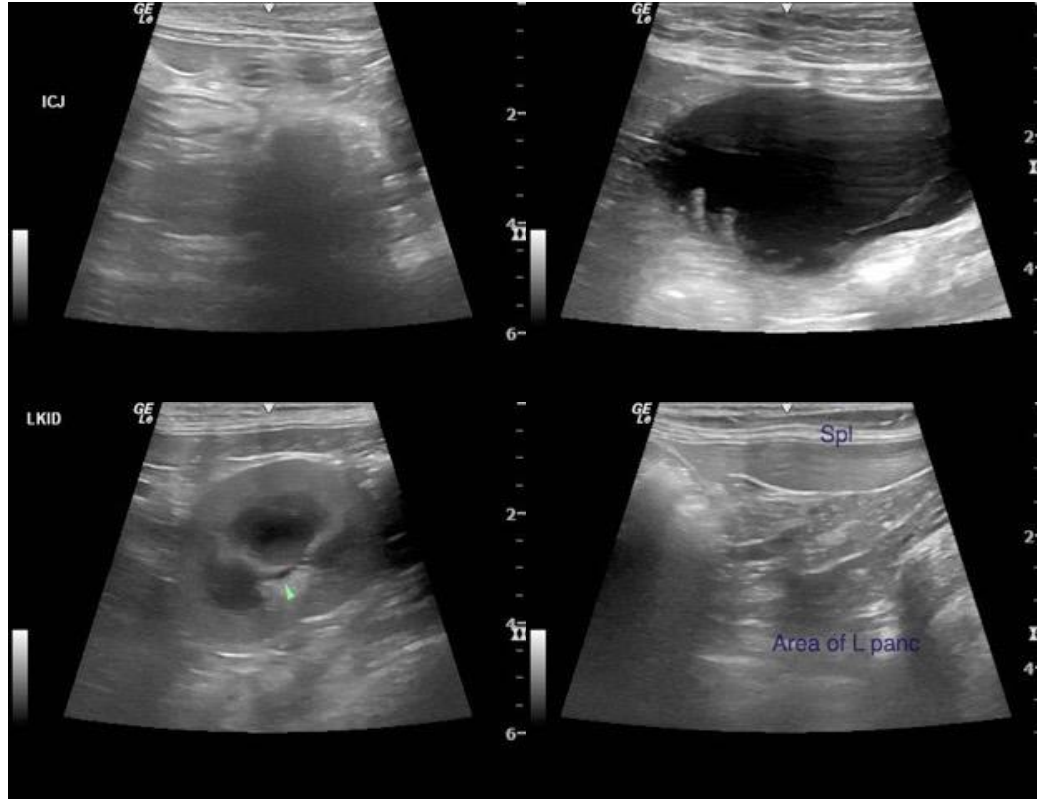
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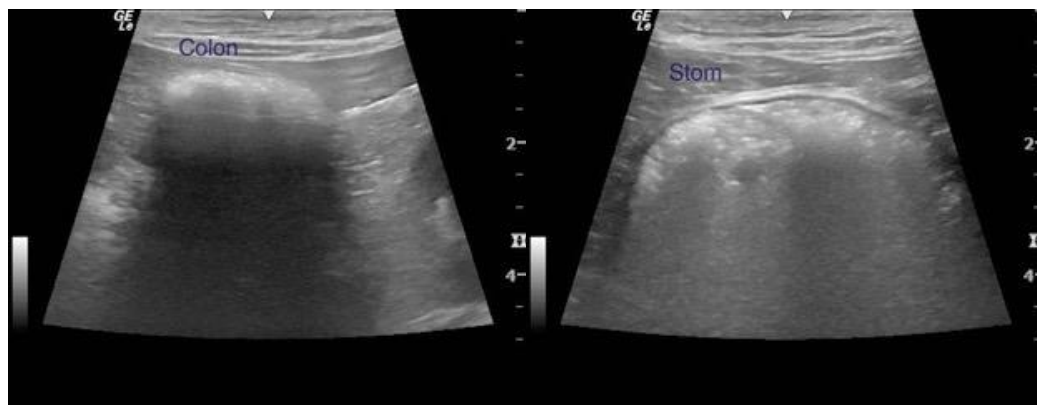


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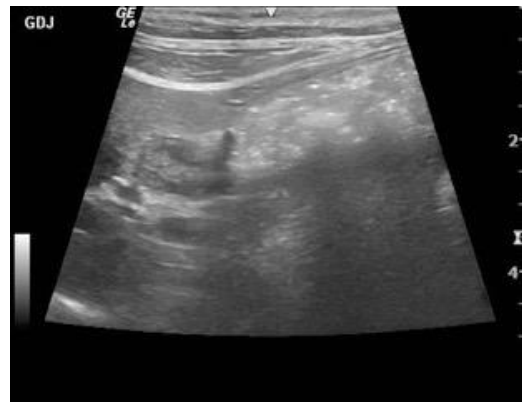
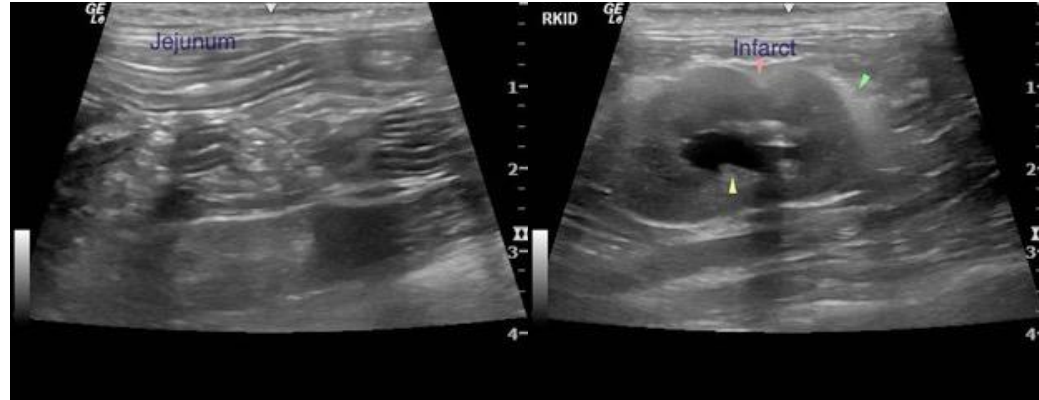
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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