



PATIENT PRESENTING CLINICAL SIGNS

Ember Nielson

History: Previous head injury - seems normal mentation Drinks a lot of water, frequent urination, has not gained much weight

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Adult Screen: Results: WBC = 22,700 with 11,123 lymphocytes, monocytosis SDMA = 24 Phos = 7.3 Urinalysis: spgr 1.005, ph = 5.5 Path review: absolute lymphocytosis possibly secondary to epinephrine-mediated stress, nonspecific immune stimulation such as vaccine or infection or due to normal kitten variance (normal range is 10,460 +/- 2,610). IDEXX consult: recommend repeat Felv/FIV testing and abdominal ultrasound. added on Combo test.

BREED

DLH

SEX

Intact Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

5 Months

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

WEIGHT

3.25 Lbs.

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. The left kidney measured 2.8 cm in length. The right kidney measured 2.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

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

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm in width.

Spleen

HOSPITAL NAME

Countryside AC

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. The spleen measured 0.4 cm in width at the level of the hilus.

REFERRING VET

Dr. Cox

Liver

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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.

DATE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Ember Nielson

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.

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 duodenum and jejunum wall measured 0.20 cm.

BREED

DLH

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

SEX

Intact Female

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

5 Months

Intermittent focal, mildly prominent to enlarged mesenteric nodes 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 lymph node size measured 2.1 cm x 0.51 cm. No peritoneal effusion was present.

WEIGHT

3.25 Lbs.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal abdomen
- Intermittent, benign mesenteric lymphadenopathy- mild benign hyperplasia or immunologic immaturity likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sara Hansen

No overt evidence of abdominal visceral pathology, specifically renal, gastrointestinal or hepatic pathology, as an obvious cause of the patients clinical signs, including PU/PD and failure to gain weight.

Full urinary work up, including monitoring of urine specific gravity, urine culture and sensitivity as well as baseline UPC on sterile urine sample suggested.

HOSPITAL NAME

Countryside AC

Overt evidence of a portosystemic vascular anomaly was not noted given the normal hepatic volume. However, fasting and postprandial bile acids could be considered. Pending recheck retroviral status and additional diagnostics, a GI oanel to assess serum cobalamin and folate levels may also be considered to rule out underlying structurally insignificant gastrointestinal disease as a potential cause of failure to gain weight.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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HOSPITAL NAME

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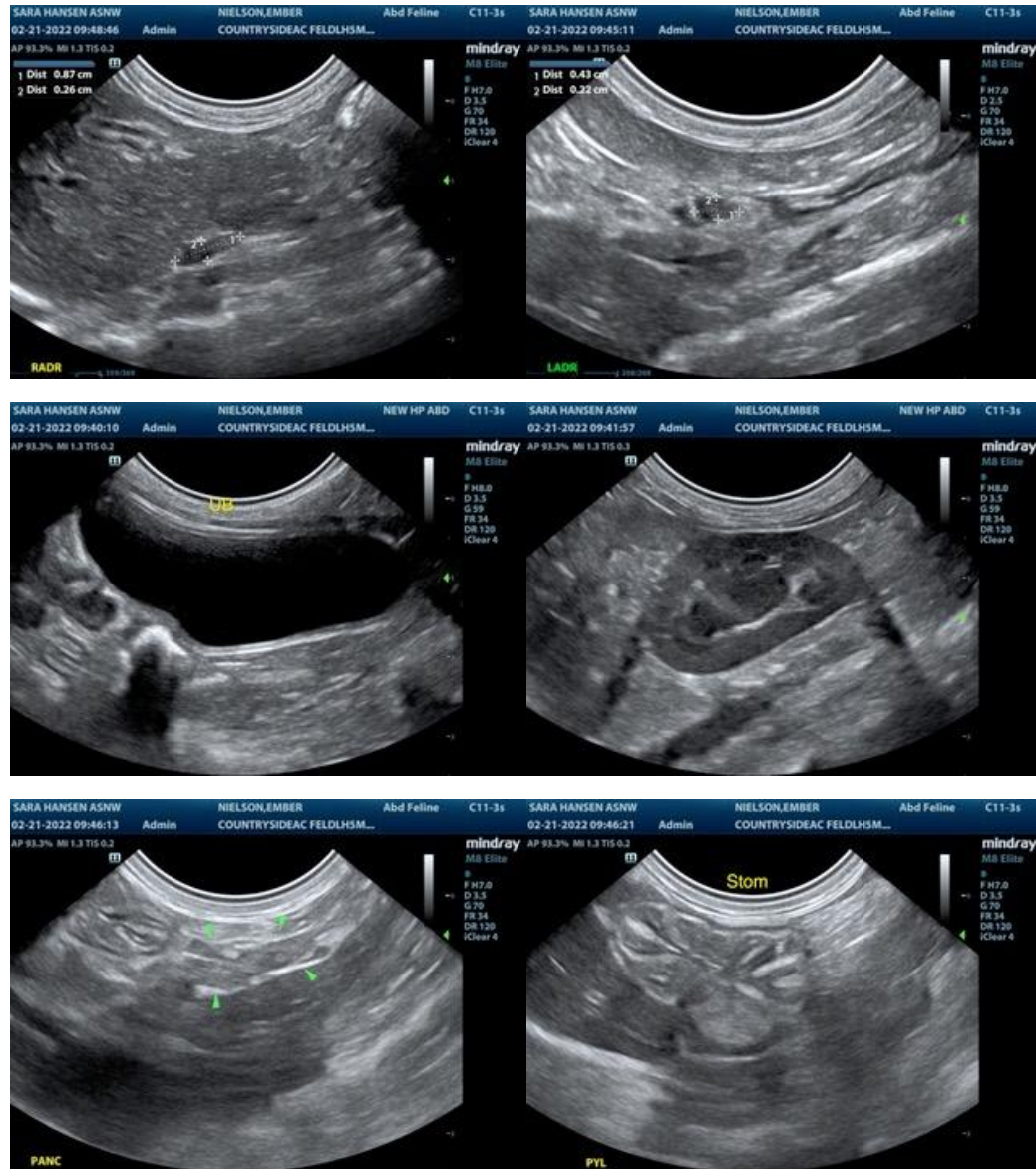
Dr. Cox

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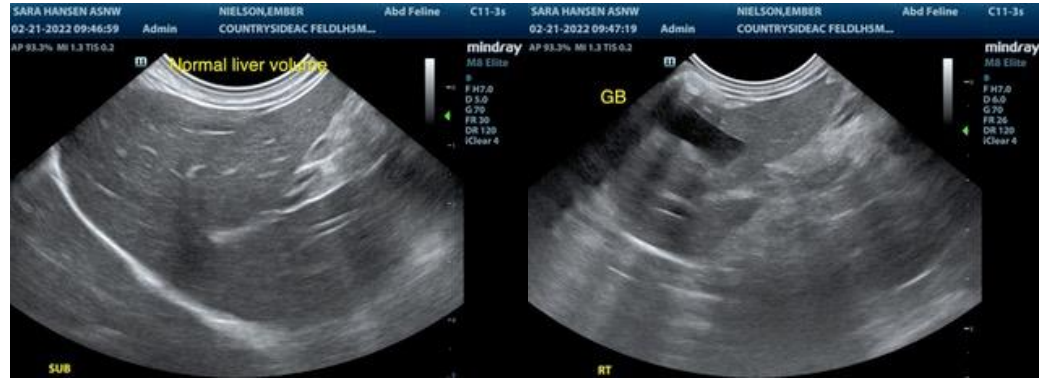
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com