



PATIENT

Pumpkin White

SPECIES

Feline

BREED

DLH

SEX

M/N

AGE

15 years

WEIGHT

9.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Kristen Mitchell

INVOICE

16238

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Hx IDDM treatment elsewhere. Painful abdomen roughly 8 months, and O would like to start/refine treatment

Abnormal PE/Chem/CBC/UA Results: Pet is obese with significant pddz. Occasionally wheezy on auscult, very reactive when abdomen touched. Orthopedic exam not done but spine is painful on mild palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended containing anechoic urine with very minor, accumulated particulate, sediment in the cranial lumen. The visible pelvic urethra to a depth of 6.0 cm exhibited normal thickness and tone. 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 bilateral kidneys were mildly prominent in size with symmetrical contour. A 1:3 cortex / medullary ratio was maintained. Mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present in both kidneys with pinpoint hyperechoic medullary foci, which may indicate discrete areas of medullary fibrosis, microinfarction or emerging mineralization. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands. Subjectively, the left adrenal gland measured approximately 0.49 cm width.

Spleen

The spleen exhibited mild enlargement with 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 1.3 cm width at the level of the hilus. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited borderline to possible mild enlargement yet maintained a symmetrical capsule contour. Uniform minor increased hepatic parenchyma echogenicity compared to the falciform fat was present. Normal hepatic vascular volume was noted with no masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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 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.

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

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.

Free Abdomen

An increased amount of omental and falciform fat was present. No omental masses, lymphadenopathy, or peritoneal free effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Borderline to mild renomegaly exhibiting nonspecific mild hyperechoic cortex and pinpoint hyperechoic medullary foci
- Mildly echogenic liver - benign
- Sonographically unremarkable gallbladder / common bile duct
- Mild splenomegaly - benign, suspect secondary to sedation or patient variant
- Overtly normal pancreas / gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology.

A definitive cause of potential intraabdominal pain was not obvious. Consideration for nonabdominal pain or referred abdominal pain may be indicated.

Urine C/S on a sterile urine sample is recommended if evidence of inflammatory sediment on urinalysis or glucose urea.

If unregulated diabetic, some or all of the following differentials may be considered.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)



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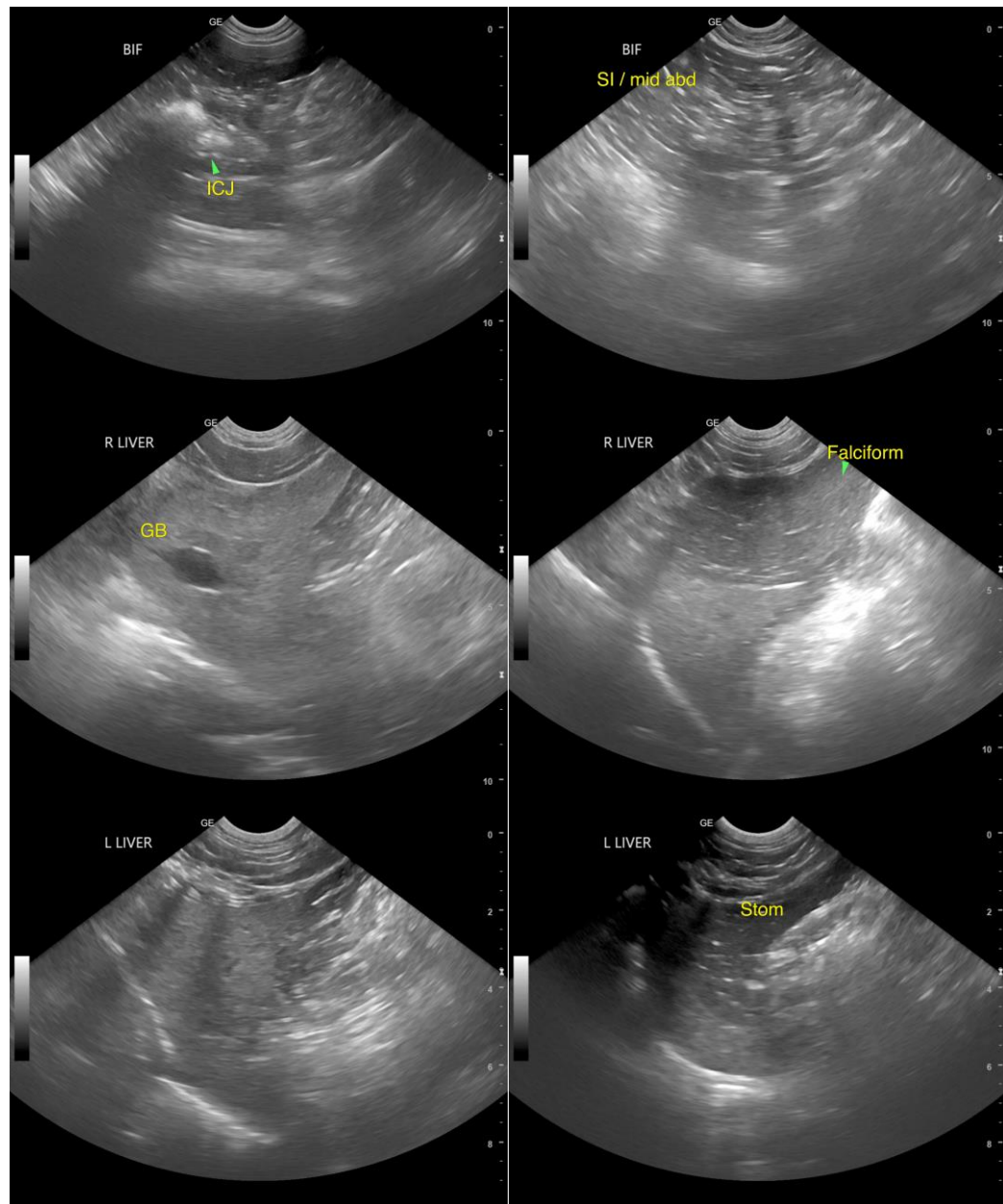
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Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease





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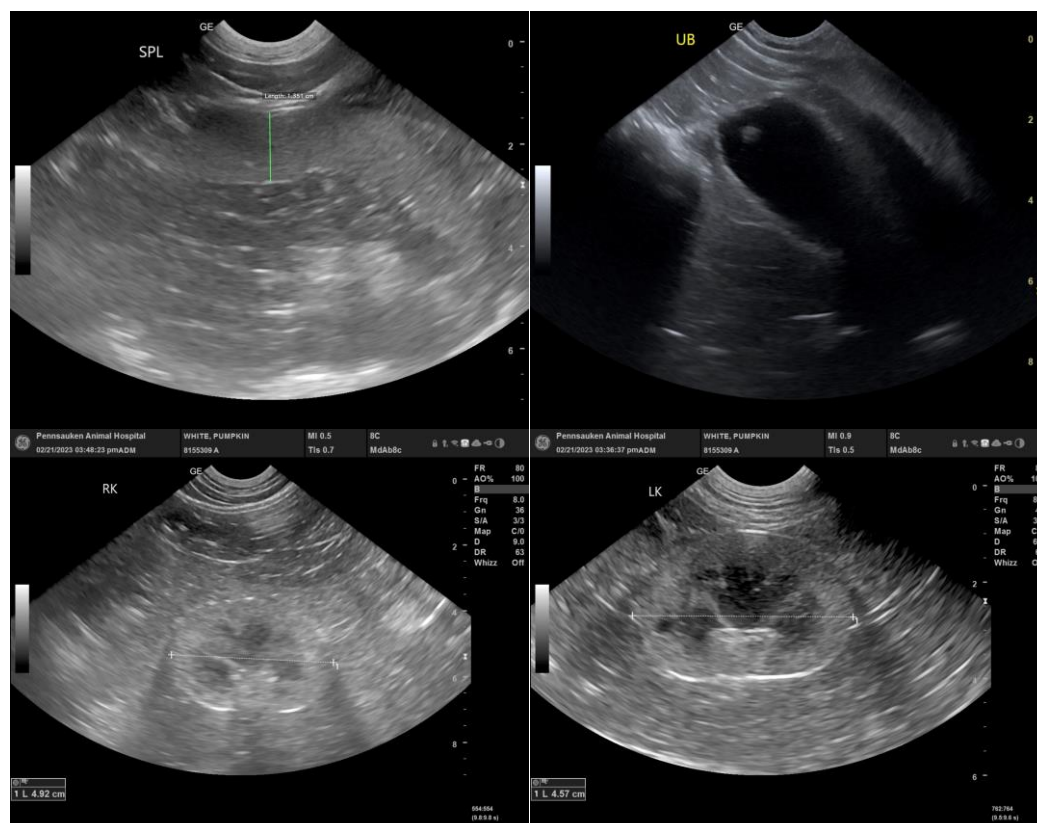
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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