

PATIENT PRESENTING CLINICAL SIGNS

Chloe Doyle Vomiting; weight loss; PU/PD; dilute urine - BW otherwise, unremarkable. Arrhythmia; no murmur. Having bi-cavity ultrasound exams.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. Both kidneys exhibited non-specific mild increased corticomedullary echogenicity and maintained 1:3 cortex/medulla ratio. Both kidneys exhibited mild pyelectasia. The left kidney measured 3.4 cm. The right kidney measured 3.6 cm.

AGE

12 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.20 cm. The right adrenal gland measured 0.30 cm.

WEIGHT

3.69 kg

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.9 cm in width at the level of the hilus. 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.

INTERPRETED BY

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

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 mild, non-dependent particulate debris. The debris is likely incidental and potentially secondary to fasting or non-clinical cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall AH

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.

REFERRING VET

Dr. Allison Detelich

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent muscularis layer, yet no overt evidence of intestinal mural hypertrophy, loss of wall layering, or masses.

INVOICE

35879

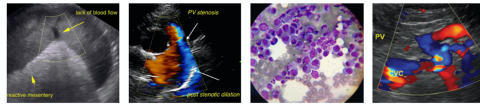
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

2/24/22

The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum along with mild pancreatic duct dilation.



PATIENT *Free Abdomen*

Chloe Doyle Several, mildly prominent colic lymph nodes were present. Example measured 0.24 cm in width. Subtle evidence of peri ileocolic reactive mesentery noted. No effusion.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Feline
- Non-specific chronic renal changes with minor pyelectasia
 - Suspect low-grade pancreatitis
 - Possible inflammatory enteropathy
 - Mild benign colic lymphadenopathy

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

AGE

12 Years

The small intestine exhibited potential for subtle inflammatory mural changes. Low-grade pancreatitis may also be potentially contributing to the patient's clinical signs. This differential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

WEIGHT

3.69 kg

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 DABVP (Canine and Feline)

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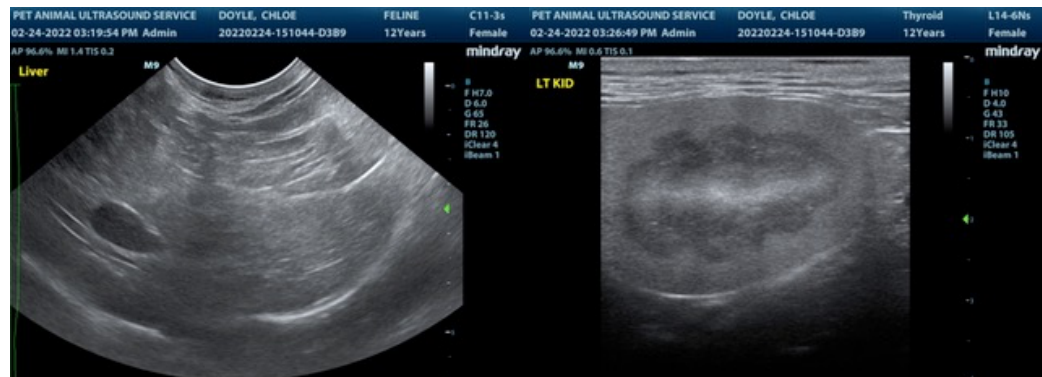
Dr. Allison Detelich

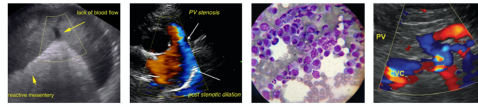
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PATIENT

Chloe Doyle

SPECIES

Feline

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Spayed Female

AGE

12 Years

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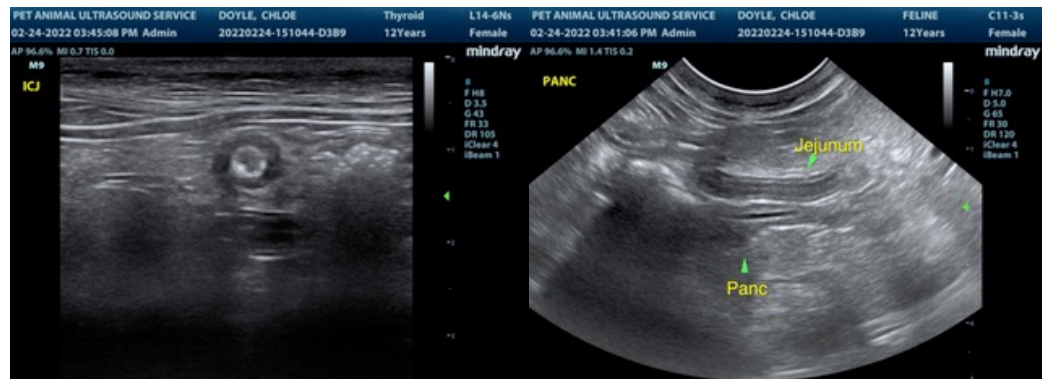
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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