

PATIENT

Lady Oehler-Fitzgerald

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

6.56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE

13436

DATE

2/25/22

PRESENTING CLINICAL SIGNS

Presented for weakness, stumbling, and lethargy that started the day prior. Occasional cough. Indoor/outdoor cat; owners are unsure if appetite has changed. No vomiting noted. - Ataxia and stiffness noted on exam Radiographs of pelvis, hind limbs, and chest appear normal. Current Medications Clavamox, Denamarin Advanced
Abnormal PE/Chem/CBC/UA Results: Elevated total bilirubin (1.6, n=0.1-0.4), mild hypocalcemia (8.1, n=8.2-10.8), mild neutropenia (2332, n=2500-8500), mild monocytosis (616, n=0-600).

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, nondependent, particulate 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.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

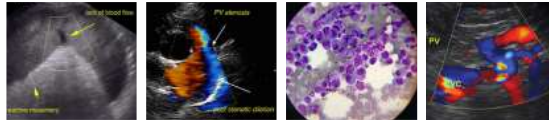
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

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. The spleen measured 0.78 cm width at the level of the hilus.

Liver/ Gallbladder

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.



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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. The small intestinal wall width measured 0.28 cm.

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

Pancreas

The pancreas exhibited normal size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were present.

Brief subjective cardiac assessment revealed no overt evidence of structural cardiomyopathy, pericardial disease or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

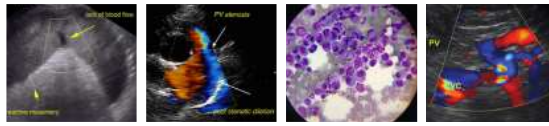
- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt visceral pathology as an obvious cause of the patient's clinical signs was noted. No evidence of hepatic pathology or post-hepatic stasis / obstruction was evident.

Thorough neurological examination +/- neurology consultation and recheck retroviral status may be considered.





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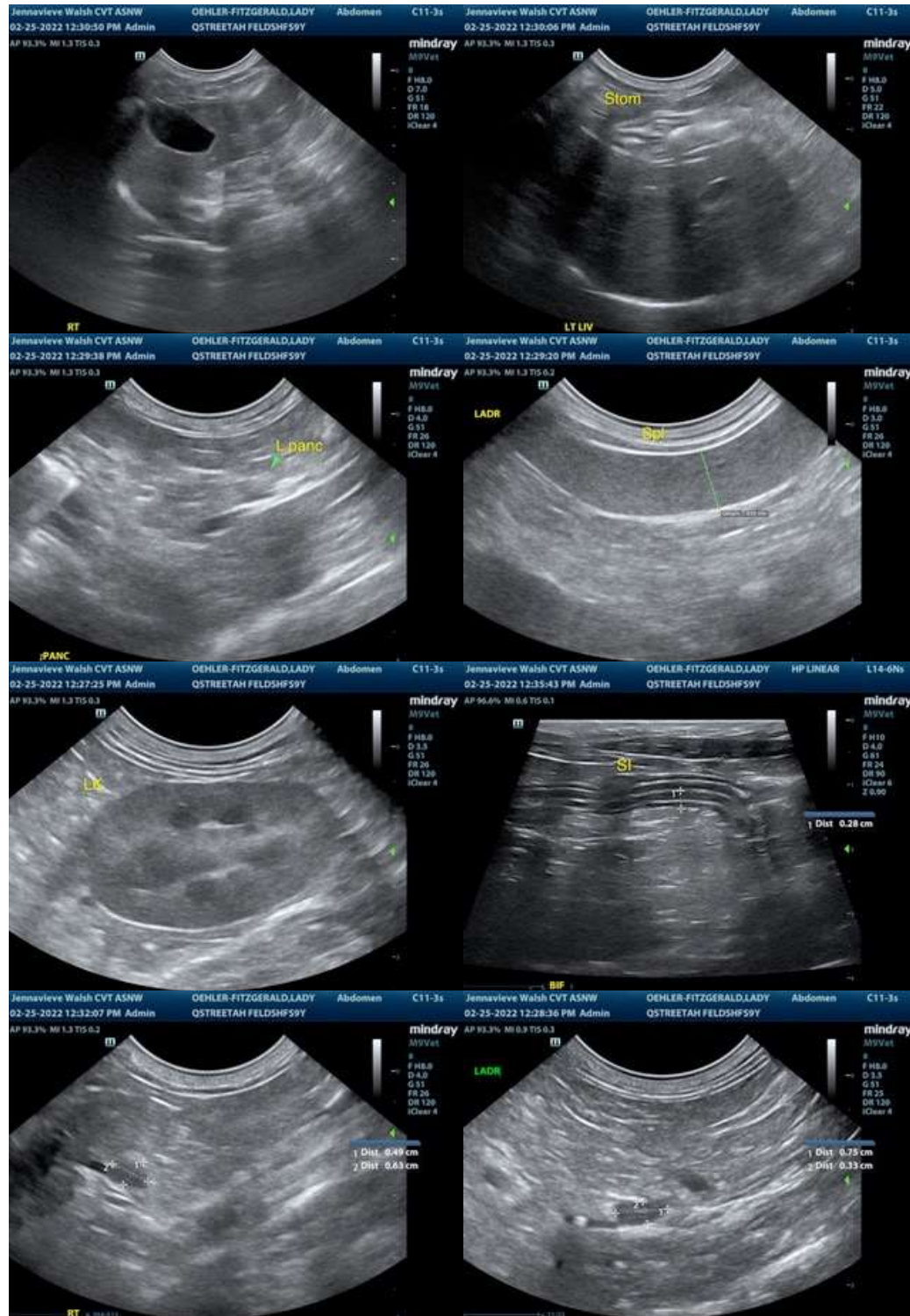
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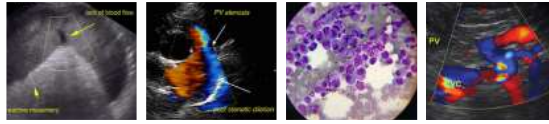
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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