



PATIENT PRESENTING CLINICAL SIGNS

Tigger Donovan Suspected arrhythmia on physical exam in December- echo showed structurally normal heart. Weight loss and vomiting despite controlled hyperthyroidism.

SPECIES On Methimazole 5mg- 1 tab in am, 1.25 tabs PO in pm.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

MN Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient.

AGE

14yr Bilateral pinpoint dystrophic mineral was present. Minor left kidney pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

9lb *Adrenal Glands*
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Dr. Fischer

INVOICE

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02/03/2023

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/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Mild indistinct increased prominence of portal vascular borders was present. A solitary discrete hyperechoic nodule was present in the left liver measuring 0.45 cm in diameter. The gallbladder was non-distended in size with primarily anechoic luminal content and minor particulate debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.28 cm width.



PATIENT

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

Tigger Donovan

Pancreas

SPECIES

The pancreas base extending into the left limb exhibited mild prominent size with capsule asymmetry and non-homogenous mildly hypoechoic parenchyma. Pancreatic duct dilation was present.

Feline

Free Abdomen

BREED

No omental masses or peritoneal effusion was present.

DSH

Minor benign/reactive colic lymph nodes present adjacent to the ileocolic junction, an example measuring 0.57 cm in length.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

AGE

14yr

WEIGHT

9lb

- Mild hepatic parenchyma remodeling with non-specific nodule-nodule suggestive of discrete hyperplasia or lipogranuloma
- Non-distended gallbladder containing mild echogenic debris, mild prominent to dilated proximal common bile duct-suspect age related CBD changes, potential for minor residual cholangitis if previous history of hepatic enzyme elevations
- Suspect low-grade chronic to chronic active pancreatitis
- Overtly normal GI tract
- Bilateral chronic renal changes with minor left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. The potential for chronic to chronic active pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Pamela Harrigan, RDCS

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.

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Assessment of caloric plane +/- competitive eating environment if clinically applicable may be considered. Empirically, a limited antigen or hydrolyzed diet trial with as needed gastroprotectants with assessment of clinical response may prove beneficial.

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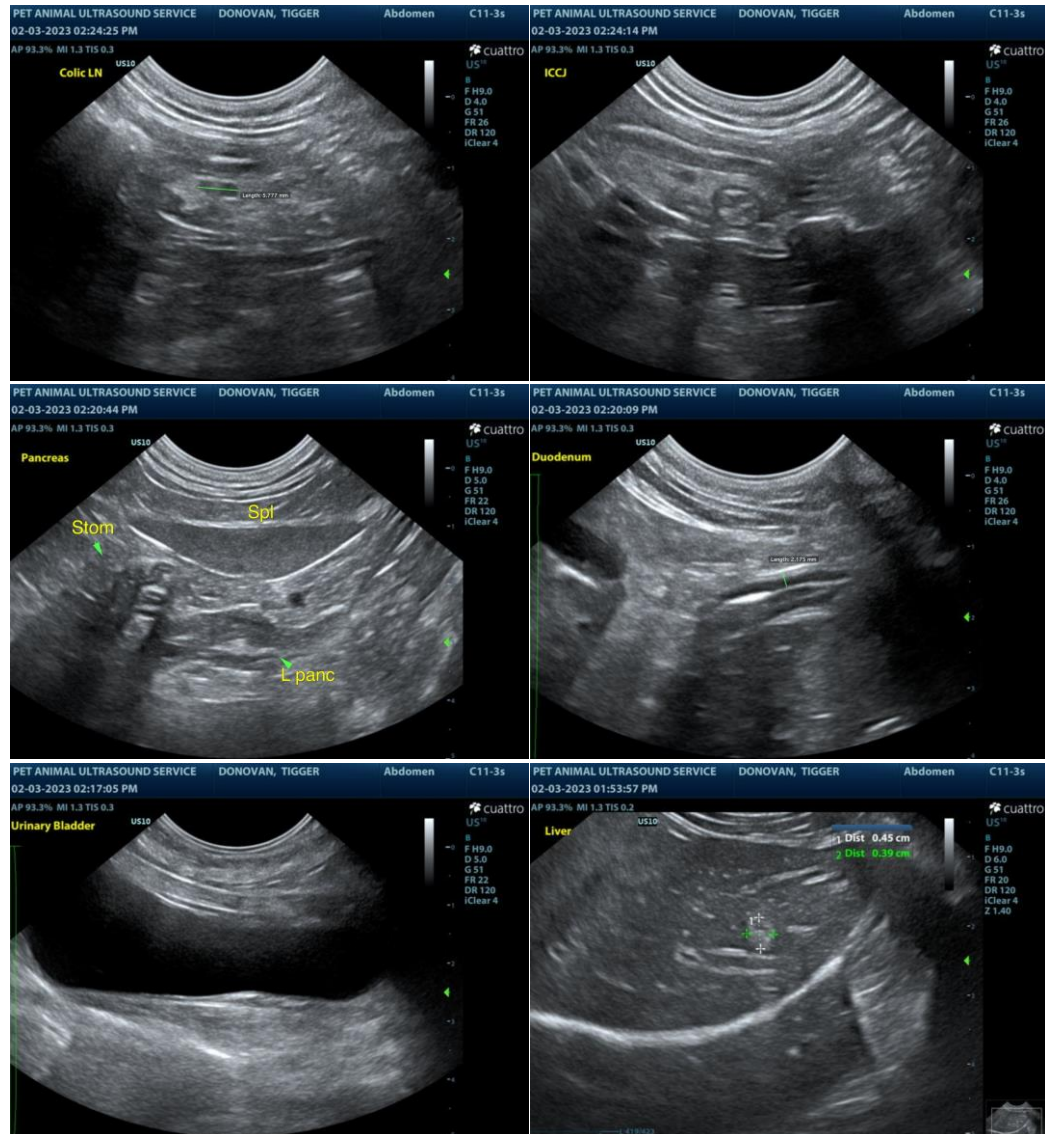
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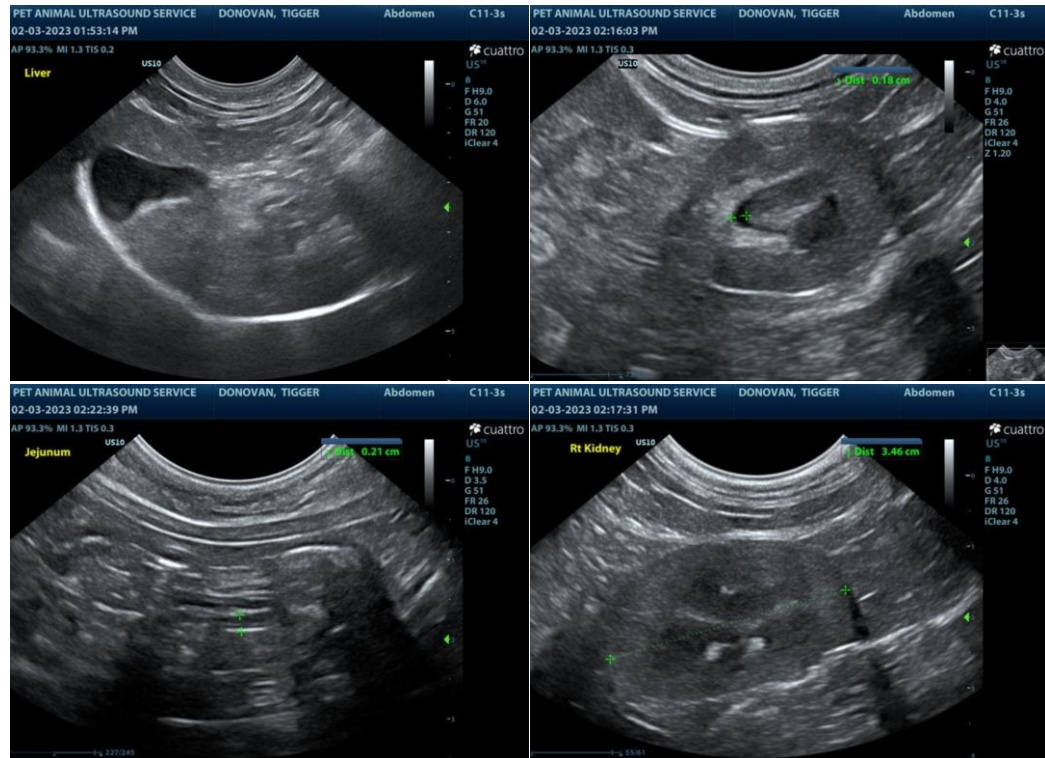
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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