



PATIENT

Chief Fonseca

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

3

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Janna Kottke

INVOICE

16193

DATE

2/16/23

PRESENTING CLINICAL SIGNS

P came in last October 2022 due to straining to urinate. MD found Urethral obstruction. However, on radiograph's, MD questioning Possible hernia?

Abnormal PE/Chem/CBC/UA Results: No labs completed Xrays attached to study also

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE HEART/THORAX & LIVER

Heart

Subjective normal cardiac structure and function were present with normal subjective LV systolic function. The pericardial regions were free of overt pathology including no evidence of pericardial effusion or atypical pericardial tissue.

Liver/ Gallbladder

The visualized liver appeared to exhibit normal vascular volume with uniform parenchyma and normal parenchyma echogenicity. A portion of the right liver appeared to extend cranially past the level of the diaphragm boundary into the right caudal to pericardial thorax yet did not overtly appear to extend into the pericardial regions and did not appear to be surrounding the heart. No evidence of pleural effusion was noted.

The visualized gallbladder was sonographically unremarkable exhibiting normal size, anechoic content, and without evidence of inflammatory criteria.

Thorax

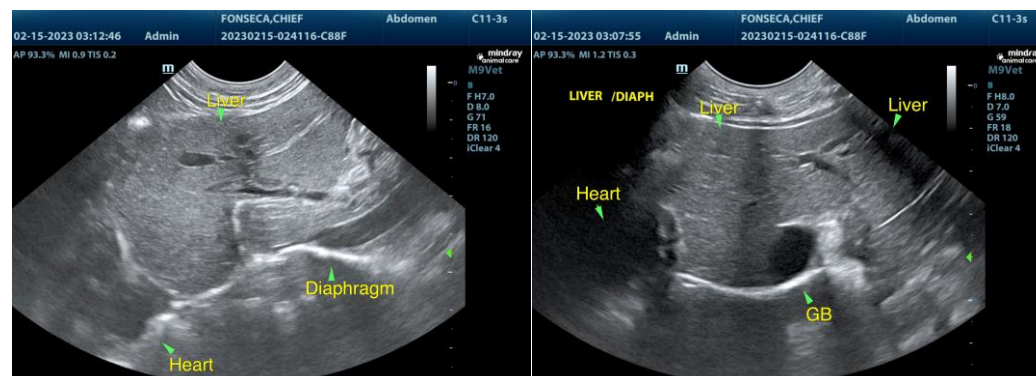
Aerated lung noted within portions of the right thorax, suspected to be cranial to the liver, was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective normal-appearing liver within the area of the right caudal to pericardial thorax - consistent with diaphragmatic hernia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Advanced imaging such as CT may be considered for further clarification and potential surgical planning. If the patient is non-clinical, conservative and/or sonographic monitoring would be reasonable.





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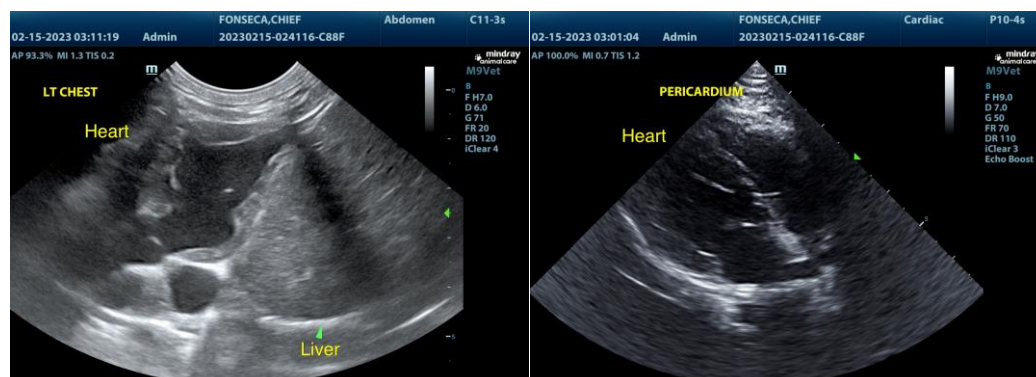
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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