



PATIENT	PRESENTING CLINICAL SIGNS
Louise Chandos	Intermittent cystitis since 12-28 with straining, hematuria and crystalluria. Also has longer history of barbering.
SPECIES	Current Medications Amitriptyline, gabapentin, Hills C/D
Feline	Radiographic Findings Lateral abdominal rad was normal Primary Question/Differential to Be Answered in This Exam Are there uroliths or tumor?
BREED	Abnormal PE/Chem/CBC/UA Results: UA 1.049, 3+ protein, 9.0 pH, 11-20 RBC's/hpf, 21-50 struvites/hpf, >50 amorphous phosphate/hpf
DSH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	The urinary bladder was normal in size and tone. The ventral to ventroapical bladder wall exhibited minor thickening yet normal uniform mural echogenicity measuring 0.41 cm in width. No urinary bladder tumors. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. No evidence of sand or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
6yr	
WEIGHT	
11lb	
INTERPRETED BY	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 3.9 cm in length. The right kidney measured 3.8 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Jenna Walsh CVT	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 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.
Q Street Animal Hospital	Spleen
REFERRING VET	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.
Dr. Hoerauf	Liver/Gallbladder
INVOICE	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.
12917ag	
DATE	
02/06/2023	



PATIENT *Gastrointestinal*

Louise Chandos 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.

SPECIES

Feline

The small intestine presented intact generalized prominent wall layering owing to prominent muscular layer. No intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.38 cm width.

BREED

DSH

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

SEX

FS

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 was evident.

AGE

6yr

Free Abdomen

No omental masses or peritoneal effusion was present.

WEIGHT

11lb

Intermittent discrete to minor mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with minor urinary bladder sediment
- Normal bilateral kidneys

IMAGING PERFORMED BY

Jenna Walsh CVT

Secondary

- Intact generalized prominent small intestinal walls

HOSPITAL NAME

Q Street Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract neoplastic criteria or calculi. Continued therapy for suspected idiopathic cystitis assuming no evidence of underlying UTI would be reasonable. Baseline UPC level could be considered given relatively quiet urinary bladder sediment or if persistent proteinuria.

REFERRING VET

Dr. Hoerauf

Although non-specific with potential for patient variant the small intestinal wall presentation may suggest possible emerging inflammatory criteria, however given lack of reported GI signs this finding is non-specific. Monitoring for evidence of GI signs or weight loss with potential for sonographic reassessment if GI signs or weight loss are noted is recommended.

INVOICE

12917ag

DATE

02/06/2023



PATIENT

Louise Chandos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

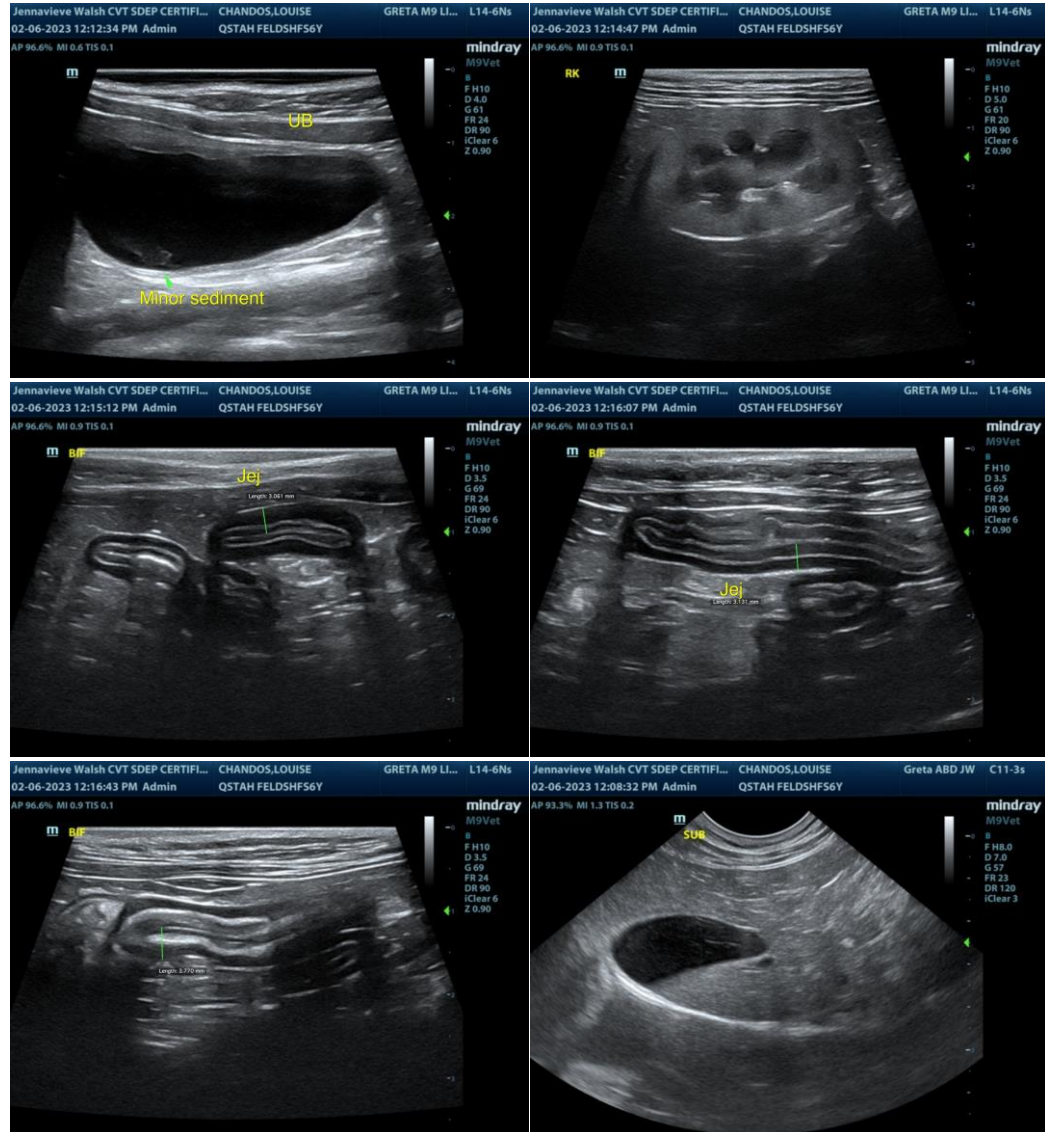
Dr. Hoerauf

INVOICE

12917ag

DATE

02/06/2023





PATIENT

Louise Chandos

SPECIES

Feline

BREED

DSH

SEX

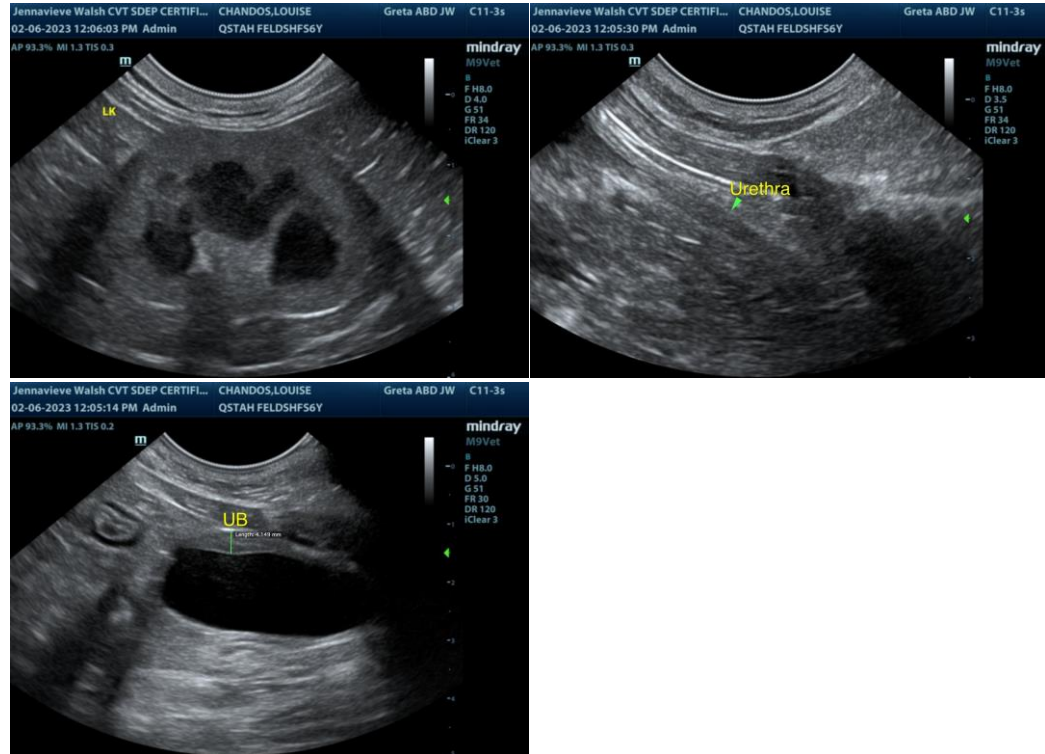
FS

AGE

6yr

WEIGHT

11lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

Dr. Hoerauf

INVOICE

12917ag

DATE

02/06/2023

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