



PATIENT PRESENTING CLINICAL SIGNS

Christopher Thiel

History: had an episode of vomiting, lethargy, eating less

Abnormal PE/Chem/CBC/UA Results: SDMA 18 (0-14), Ca 3.2(2.2-2.7)

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Very minor primarily dependent sediment was present, which may indicate minor cellular or crystalline debris or possible mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

SEX

Neutered Male

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

AGE

15 Years

Adrenal Glands

WEIGHT

4 kg

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

INTERPRETED BY

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

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 0.9 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa AH

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Dowell

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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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 pylorus wall measured 0.25 cm.

DATE

2/7/22



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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 jejunum wall measured 0.20 cm.

SPECIES

Feline

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

Pancreas

The pancreas was subtly prominent in size with mild hypoechoic to heterogeneous parenchyma compared to adjacent omentum with mild pancreatic duct dilation.

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Mild chronic to chronic active pancreatitis pattern
- Sonographically unremarkable gastrointestinal tract
- Mild chronic renal changes

AGE

15 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging, to include full urinalysis (if not done), urine culture and sensitivity and UPC, if no evidence of significant inflammatory cell, may be considered. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas recommended. Further assessment of the pancreas as well as for structurally insignificant gastrointestinal disease, which may include GI panel, to include PLI, TLI, cobalamin and folate. Three-view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as a contributing factor to the patient's clinical signs. Empirically, gastrointestinal supportive medical therapy for chronic-to-chronic active pancreatitis recommended.

WEIGHT

4 kg

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DABVP (Canine and
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SPECIES

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BREED

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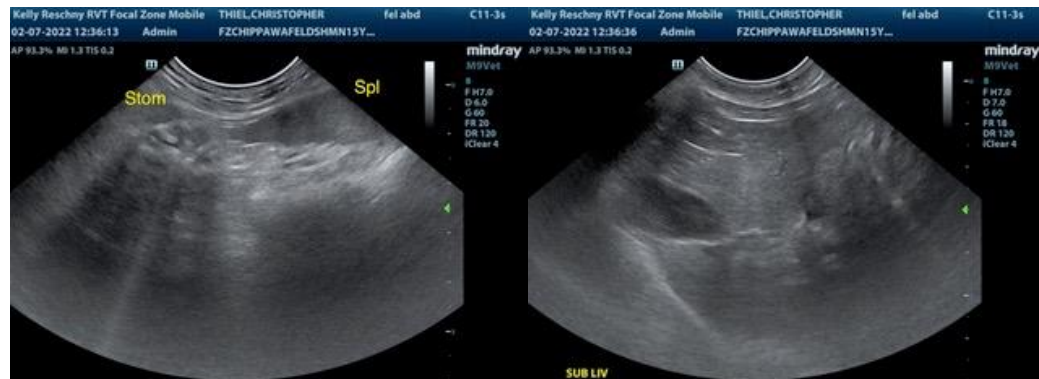
Neutered Male

AGE

15 Years

WEIGHT

4 kg



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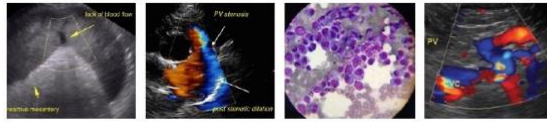
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The information and recommendations provided are based on the images presented by the



PATIENT

Christopher Thiel

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.

SPECIES

Feline

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