



PATIENT

Mikey Karst

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

20 years

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Lewis

INVOICE

16075

DATE

2/8/23

PRESENTING CLINICAL SIGNS

geriatric cat recently diagnosed with diabetes, no insulin started yet. Possible increased vomiting.

Abnormal PE/Chem/CBC/UA Results: Lab results to follow

Current Medications vitamin B12, cerenia prn, gabapentin

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, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, 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. No evidence of cystitis was noted.

The area of the aortic trifurcation was free of pathology.

Mild asymmetrical renal margination was 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. No evidence of pelvic dilation, pyelectasia, or overt pyelonephritis was present. Dystrophic medullary mineral or possible medullary fibrosis primarily just inside the indistinct corticomedullary border was noted. The left kidney measured 3.7 cm in length. The right kidney was mildly subnormal in size compared to the left and measured 3.1 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen exhibited minor asymmetrical medial capsule margins with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No neoplastic splenic criteria was noted.



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Liver/ Gallbladder

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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. 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

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The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of foreign material or mechanical outflow obstruction was noted.

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The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent small intestinal muscularis layer yet maintained intact wall layering. No evidence of intestinal masses was noted.

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

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Pancreas

The left pancreatic limb was normal in size and contour with isoechoic to subtle heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Moderate chronic renal changes with medullary hyperechogenicity / dystrophic mineral
- Mild hypomotile gastritis
- Suspect low-grade inflammatory enteropathy / IBD
- Subtle heterogeneous left pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The small intestine exhibited subtle to mild mural changes, which although potential for patient variant, is suggestive of low-grade to mild IBD. A Spec cPL may be considered to assess for low-grade to chronic pancreatitis as a contributing factor. No overt evidence of intraabdominal neoplastic criteria. Urine C/S on a sterile urine sample is suggested if evidence of inflammatory sediment or glucose urea. As-needed gastrointestinal support, which may include dietary therapy and gastroprotectants is suggested.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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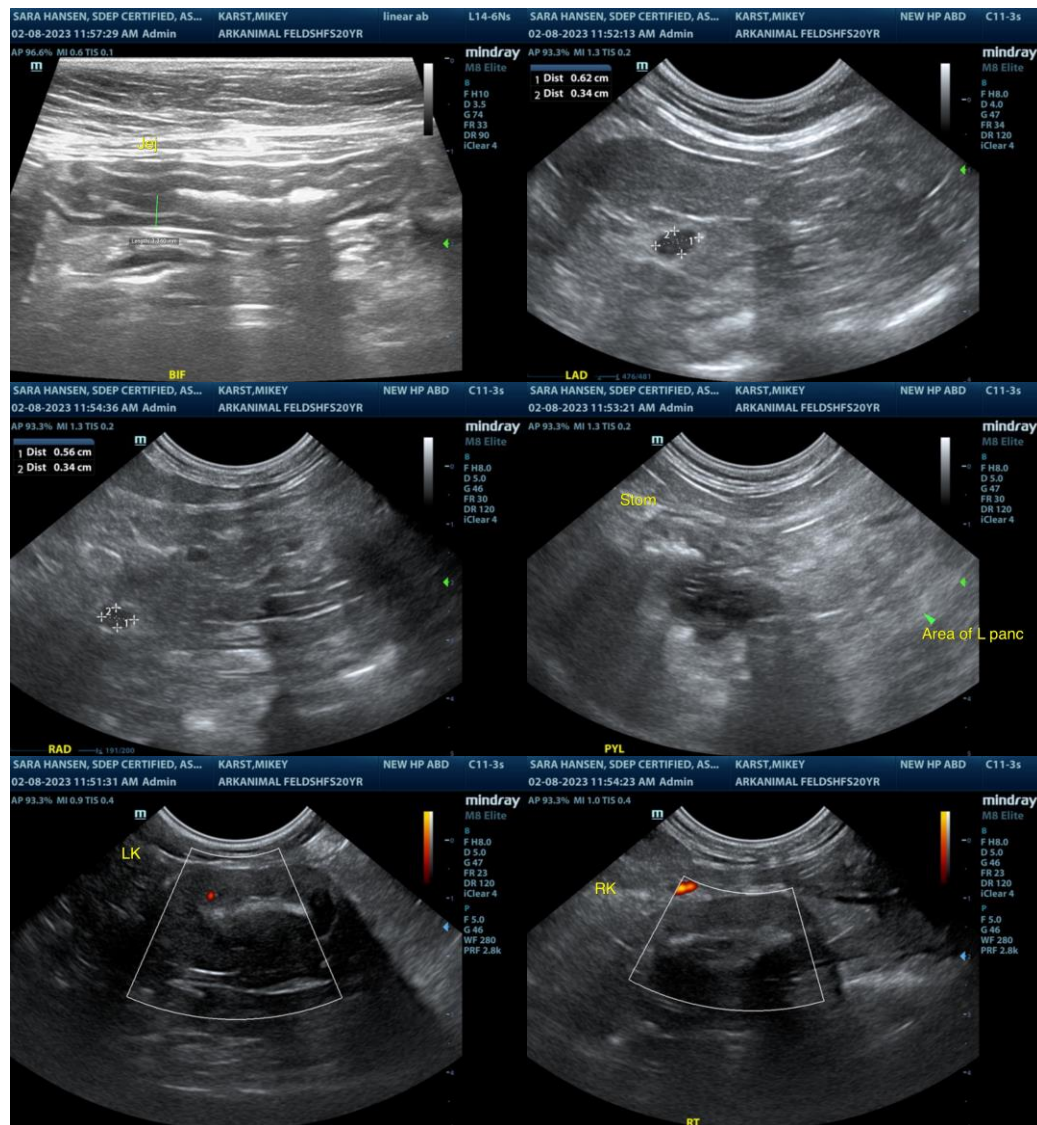
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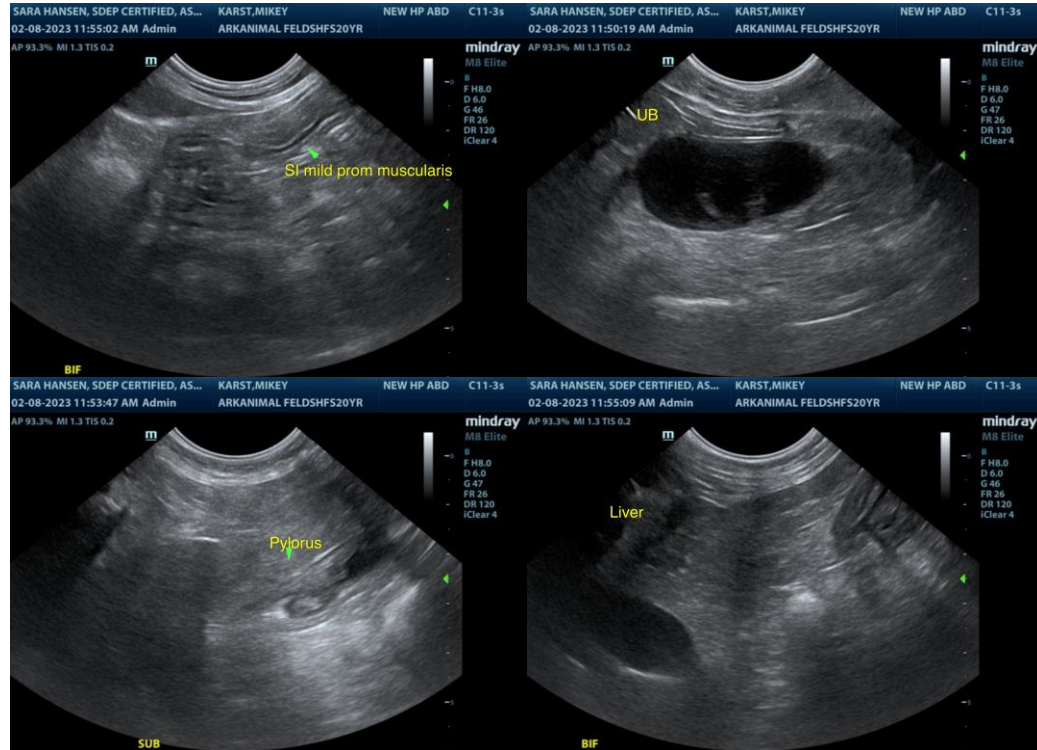
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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