



PATIENT PRESENTING CLINICAL SIGNS

Mittens Fatcher Lethargy, distended abdomen, muscle wasting, weight loss, PU/PD, previous history of diabetes - normalized but now out of remission.

SPECIES Medication: Cerenia

Feline Anemia, Lymphopenia, Hyperglycemia, Hyperglobulinemia, ALP 130, Glucose 372

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 was noted.

MN The area of the aortic trifurcation was free of pathology.

AGE Mild prominent size and normal contour were noted in the kidneys. Subtle, primarily uniform cortical hypertrophy was noted with mild loss of corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

WEIGHT *Adrenal Glands*

12.8 The left adrenal gland was not definitively visualized. The right adrenal gland appeared to be irregularly enlarged exhibiting mild asymmetrical capsule contour. Mild nonhomogeneous discretely nodular parenchyma was noted with no evidence of right adrenal parenchymal mineralization. The right adrenal gland measured 1.7 cm x 1.6 cm.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY The spleen was normal in size measuring 0.95 cm width at the level of the hilus exhibiting primarily symmetrical capsule contour. Mild splenic parenchyma heterogeneity exhibiting potential discrete hypoechoic micronodular changes was present. Normal splenic vascularity was noted with no splenic masses.

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

Liver/ Gallbladder

The liver presented subjective mild increased size. Mild uniform increased hepatic parenchyma echogenicity compared to the falciform fat was noted. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver maintained a symmetrical capsule contour. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content. Minor, nonobstructive, cystic biliary and proximal common bile duct dilation was noted.

REFERRING VET

Dr. Hersh

INVOICE

Gastrointestinal

16102 The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained minor echogenic ingesta.

DATE
 2/9/23



PATIENT

Mittens Futcher

The small intestine presented generalized intact yet subjective prominent wall layering with no evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic intestinal ileus. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27 cm width.

SPECIES

Feline

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

BREED

DSH

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with regional peripancreatic hyperechoic omentum. No overt evidence of neoplasia.

Free Abdomen

SEX

MN

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

ULTRASONOGRAPHIC FINDINGS

AGE

2006

- Diabetic hepatopathy pattern
- Minor nonobstructive cystic biliary and proximal common bile duct dilation - suspect age variant, potential for low-grade cholangitis
- Bilateral prominent kidneys exhibiting mild loss of corticomedullary border demarcation
- Enlarged, irregular, discretely nodular right adrenal gland - hyperplasia, adenomatous change, neoplasia possible
- Intact subjective prominent small intestinal walls
- Chronic active pancreatitis pattern
- Mild heterogenous to discretely micronodular spleen

WEIGHT

12.8

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

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 (Allen)

Primary concern for emerging right adrenal neoplastic criteria is warranted. Full adrenal workup, assessment of systemic BP for evidence of hypertension, and aldosterone levels (if evidence of hypokalemia), is suggested.

REFERRING VET

Dr. Hersh

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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**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
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REFERRING VET

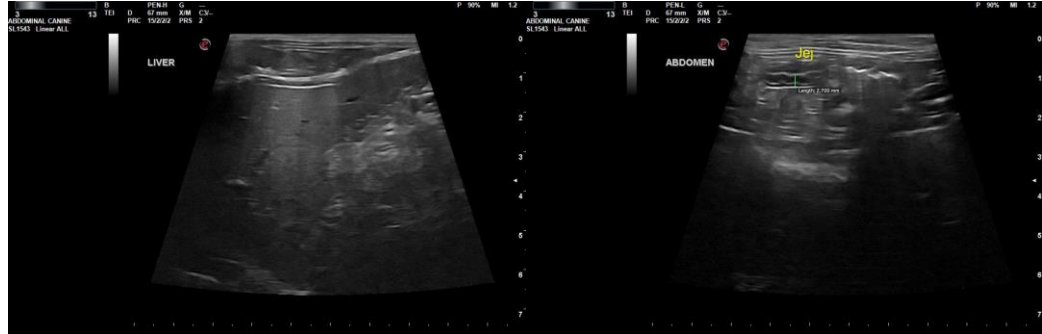
Dr. Hersh

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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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