



PATIENT

Wyle Berkey

SPECIES

Feline

BREED

DLH

SEX

Neutered male

AGE

14 years

WEIGHT

11.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner
DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner
DVM

INVOICE

10085ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Wyle was a transfer from Mcminville pet clinic. P was normal prior to Sunday. Sunday started straining to defecate with no production. Then he vomited through out the day. Was urinating normally. No interest in food sunday. Took to Salem ER sunday night 1 lateral Xrays performed which showed concern for something in the SI/possible mass but not constipated. fecal showed no O+P. O declined further work up. Gave SQF, cerenia, Metro and fortiflora TGH. Since going home, still no interest in food, gave some water/chicken baby food via sryinge. No more vomiting. Went to pDVM today, chem performed which showed mild elevation in ALT (164), AST (176), normal ALP, K low end normal 3.5. Transferred here for AUS and further BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm, exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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.

Normal size and 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 mildly 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation appears free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was not definitively visualized, the area of the right adrenal gland appears without overt pathology.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 0.6 cm. The spleen measured 0.9 cm in width.

Liver

The liver was subjectively normal in structure, and contour with the potential for mild generalized enlargement. 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.



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Gastrointestinal

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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 gastric body wall measured 0.25 cm.

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The small intestine presented intact wall layering with propensity for subtly prominent muscularis layer. No evidence of intestinal masses or loss of intestinal wall layering was seen. The jejunum wall measured 0.28 cm. The ileocolic wall measured 0.30 cm. The duodenum wall measured 0.35 cm.

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The visualized colon was sonographically unremarkable without evidence of overt mural pathology and containing formed feces with mild gas.

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The left pancreas exhibited normal size and contour with subtle hypoechoic to heterogeneous parenchyma compared 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.

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Free Abdomen

Focal, mildly prominent to enlarged jejunal 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). A jejunal lymph node measured 0.39 cm width. No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild urinary bladder sediment.
- Mild chronic renal changes.
- Probable benign splenic nodules-consistent with myolipomas.
- Low grade hepatopathy-suspect low grade inflammatory hepatopathy in light or ALT and AST elevation.
- Mild hypoechoic to heterogeneous pancreas-nonspecific, possible low grade pancreatitis.
- Subjective mild inflammatory enteropathy pattern-dietary indiscretion, inflammatory bowel episode, low grade IBD possible.
- Intermittent subjectively benign/reactive jejunal lymph nodes-not consistent with neoplastic criteria. Potential for minor lymphadenitis owing to inflammatory bowel episode.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas and gastrointestinal tract. As needed gastrointestinal support +/- therapy for minor jejunal lymphadenitis with metronidazole/Zithromax combination should prove beneficial. Recheck sonogram to assess for progressive inflammatory gastrointestinal lymphatic or pancreatic changes may be considered if clinical signs continue. No overt evidence of gastrointestinal or peritoneal masses.

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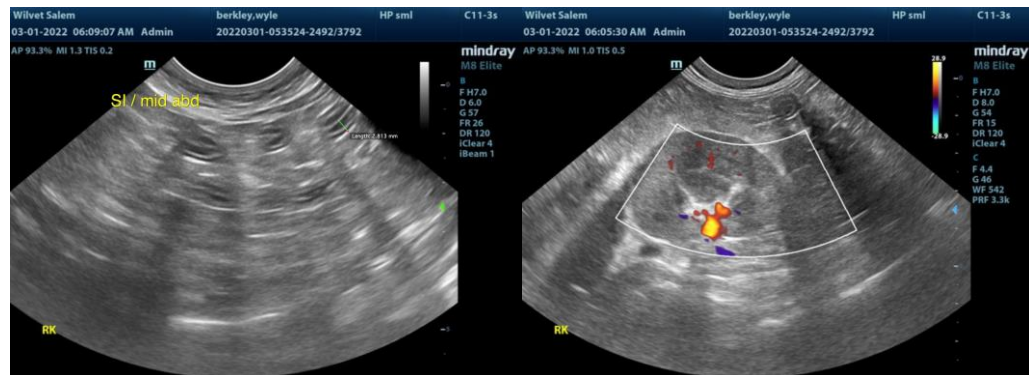
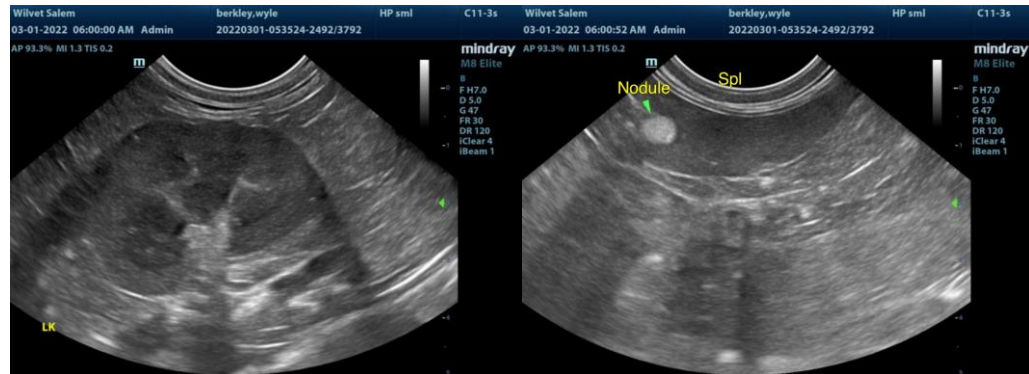
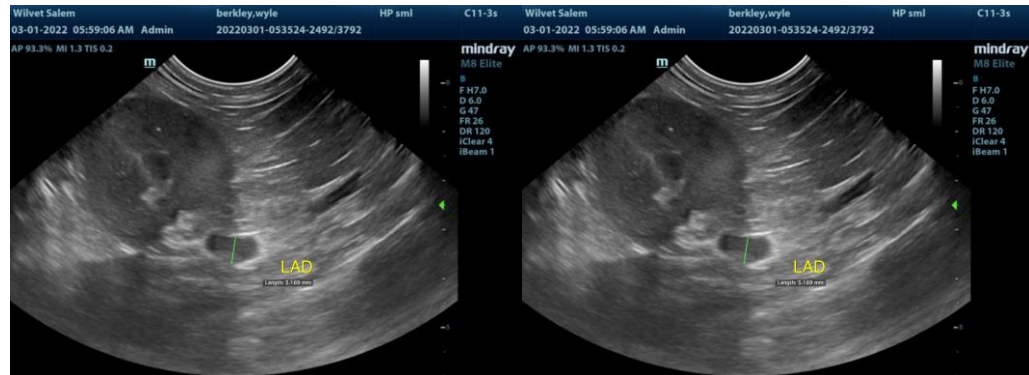
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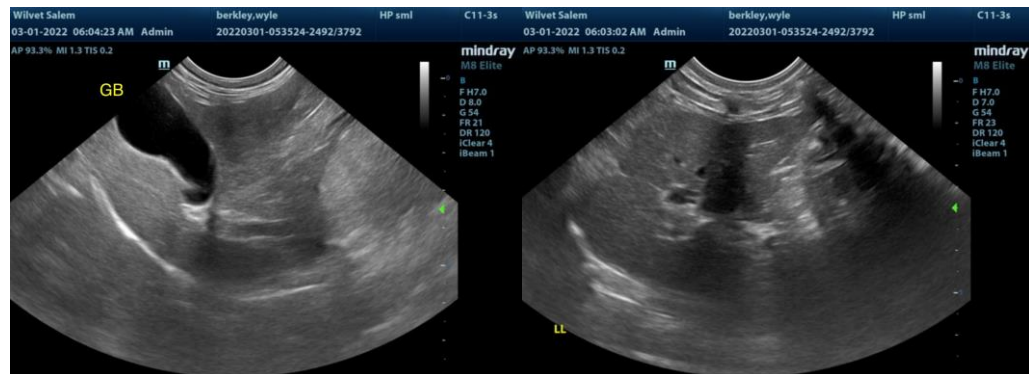
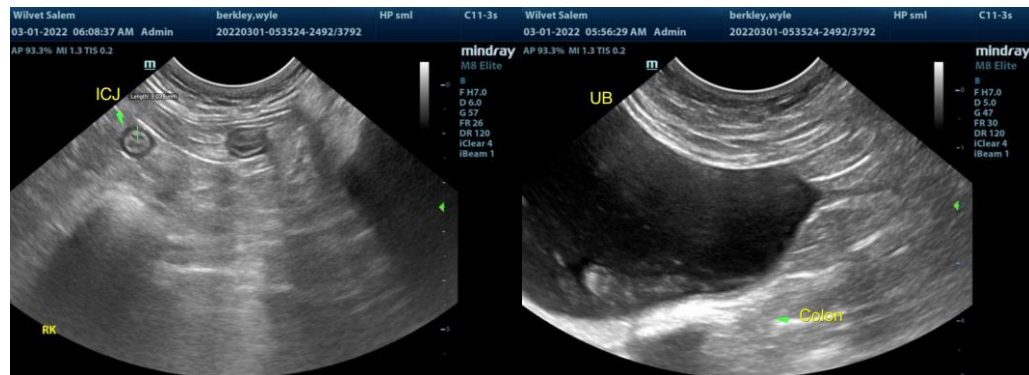
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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