



PATIENT

Yogi Mincheff

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Pesola

INVOICE

21354

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: indoor/outdoor - was choaked a few years ago and due to suspected nerve damage tone has hung out since and unable to drink water well on own - owner syringes to supplement and helps with feeding - previous overgrooming and on fluoxetine to manage otherwise doing well

Abnormal PE/Chem/CBC/UA Results: Lab work Oct 2022: CBC WNL, creatinine 0.8 (0.9-2.3) ALT 222 (27-158U/L) AST 328 (16-67U/L) CK 17,013 (64-440U/L) rest WNL, UA/T4/fecal NSF Lab work Feb 2023: (rechecking - no clinical changes) CBC WNL, Chem: Creatinine 0.6 ALT 306, AST 512, CK 20,066

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 nondependent particulate sediment, potential for minor 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length. A small cranial cortical cysts was noted in the right kidney.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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.

Liver

The liver revealed subjective mild enlargement with maintained symmetrical capsule contour. Normal to possible mild decreased hepatic parenchyma echogenicity. Subtle increased prominence of portal vascular borders noted. Vascular volume was normal. No masses or nodules were noted.

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

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.



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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.

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

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Pancreas

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy- subjectively benign, suspect potential inflammatory hepatopathy given the ALT/AST elevation
- Sonographically normal gallbladder/common bile duct
- Sonographically normal gastrointestinal tract
- Bilateral chronic renal changes with right kidney cortical cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology. Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further clarification and potential identification of inflammatory cell type (if present). No evidence of intraabdominal neoplastic criteria. Urinalysis +/- culture and sensitivity or baseline UPC level for further staging is suggested if evidence of inflammatory cells or proteinuria. If evidence of weight loss in this patient, given the significantly elevated CK, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for occult intestinal or pancreatic disease. Hepatosupportive medications may prove beneficial.

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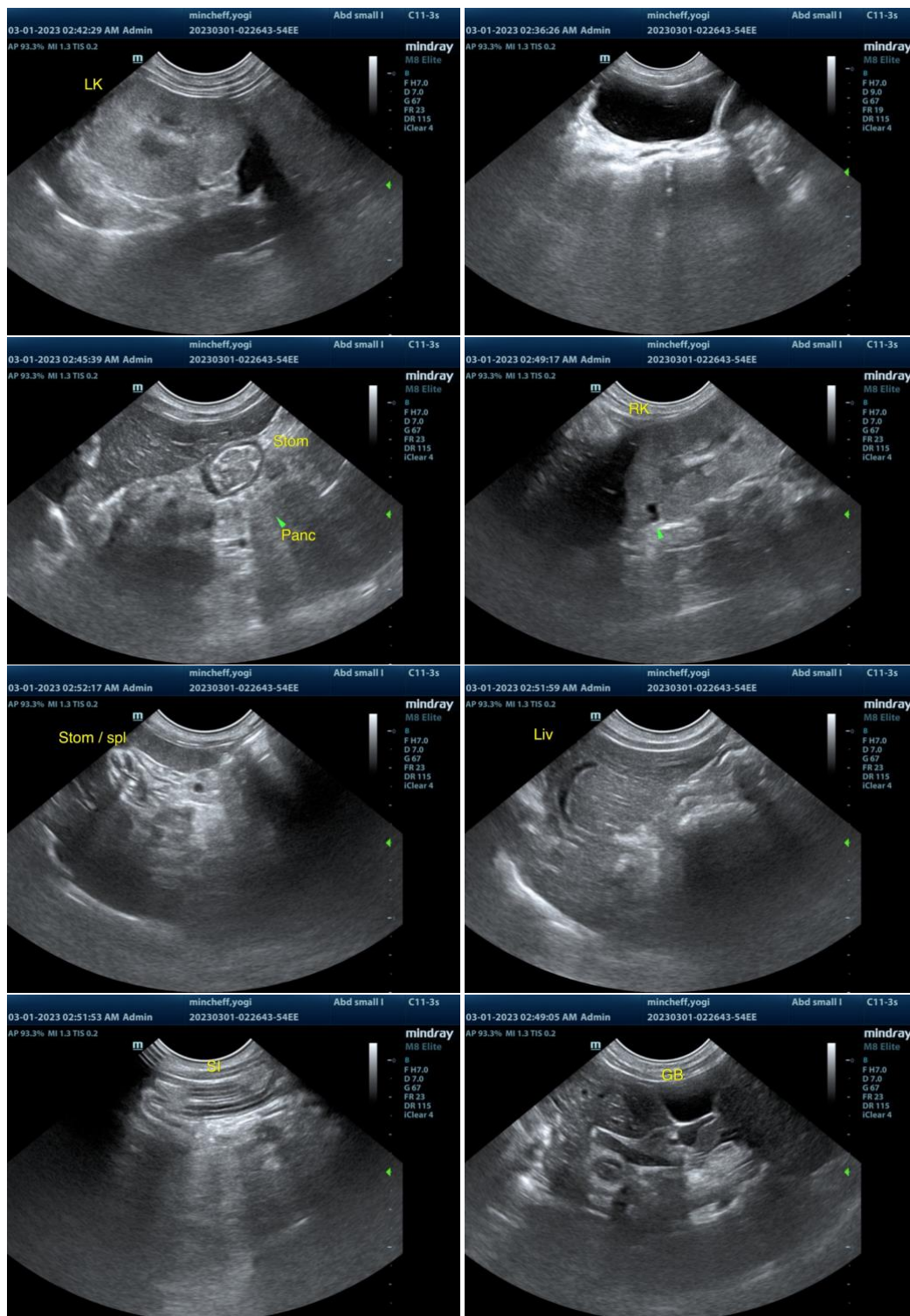
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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