



PATIENT PRESENTING CLINICAL SIGNS

Murphy Varish UTI's, IBD.

Medication: Pred, Pepcid, Renalk, Phosbind

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 54 CREAT 2.1 SDMA 17.2 PSL 39 Trig 231 HCT 23
 Felv/FIV neg/neg USG 1.034 blood, cocci, protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

MN

AGE

2010

Normal left kidney size and subnormal right kidney size was present with bilateral asymmetrical margination. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral cortical infarct were present. Medullary mineral to nephroliths were present. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.0 cm in length.

WEIGHT

12.4

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely owing to prednisolone therapy. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

Spleen

The spleen exhibited subnormal size potentially indicative of volume contraction, symmetrical capsule contour and a finely textured and homogenous parenchyma. The spleen measured 0.46 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Conrad Weiser AH

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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 gastric body wall measured 0.25 cm in width.

INVOICE

13154ag

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. Small intestinal wall width measured 0.25 cm.

DATE

03/13/2023



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

Murphy Varish

Pancreas

The pancreas exhibited variable prominent size with capsule asymmetry, non-homogenous subtly hypoechoic parenchyma compared to the adjacent omental fat and intermittent parenchymal cysts. Evidence of pancreatic duct dilation was present.

SPECIES

Feline

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Sonographically unremarkable GI tract.
- Chronic degenerative renal changes with cortical infarcts and medullary mineral/nephroliths.
- Chronic/chronic active pancreatitis pattern.
- Sonographically normal urinary bladder.

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2010

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirical CRD therapy and monitoring of systemic BP is warranted pending further renal work up. Potentially current prednisolone may be masking GI mural changes. Potential anemia owing to CRD or chronic disease is possible. No evidence of intra-abdominal neoplastic criteria.

WEIGHT

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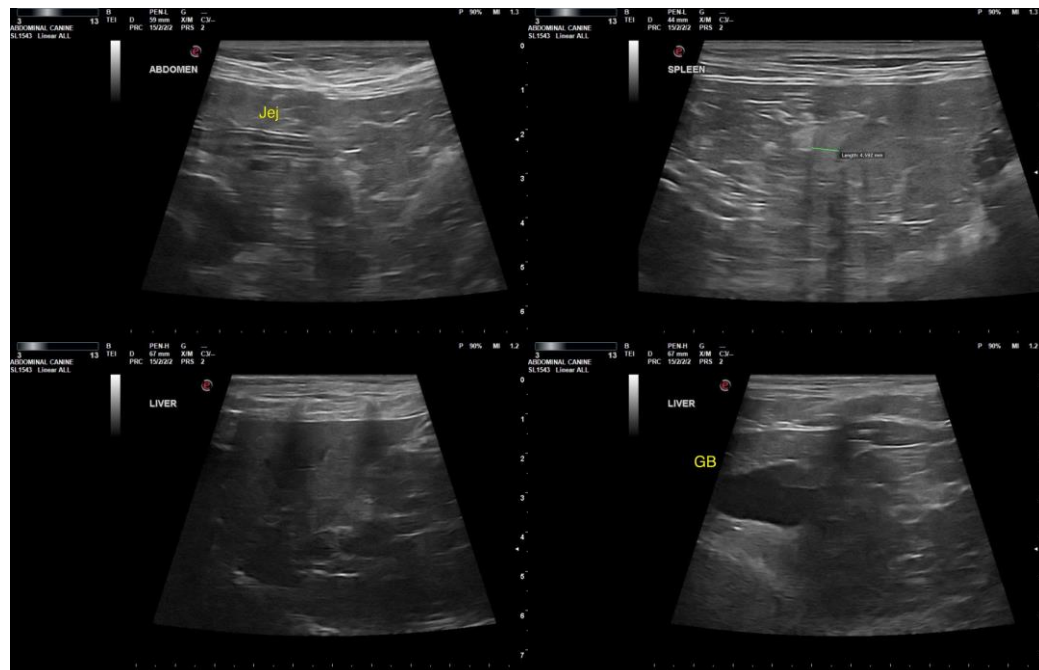
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PATIENT

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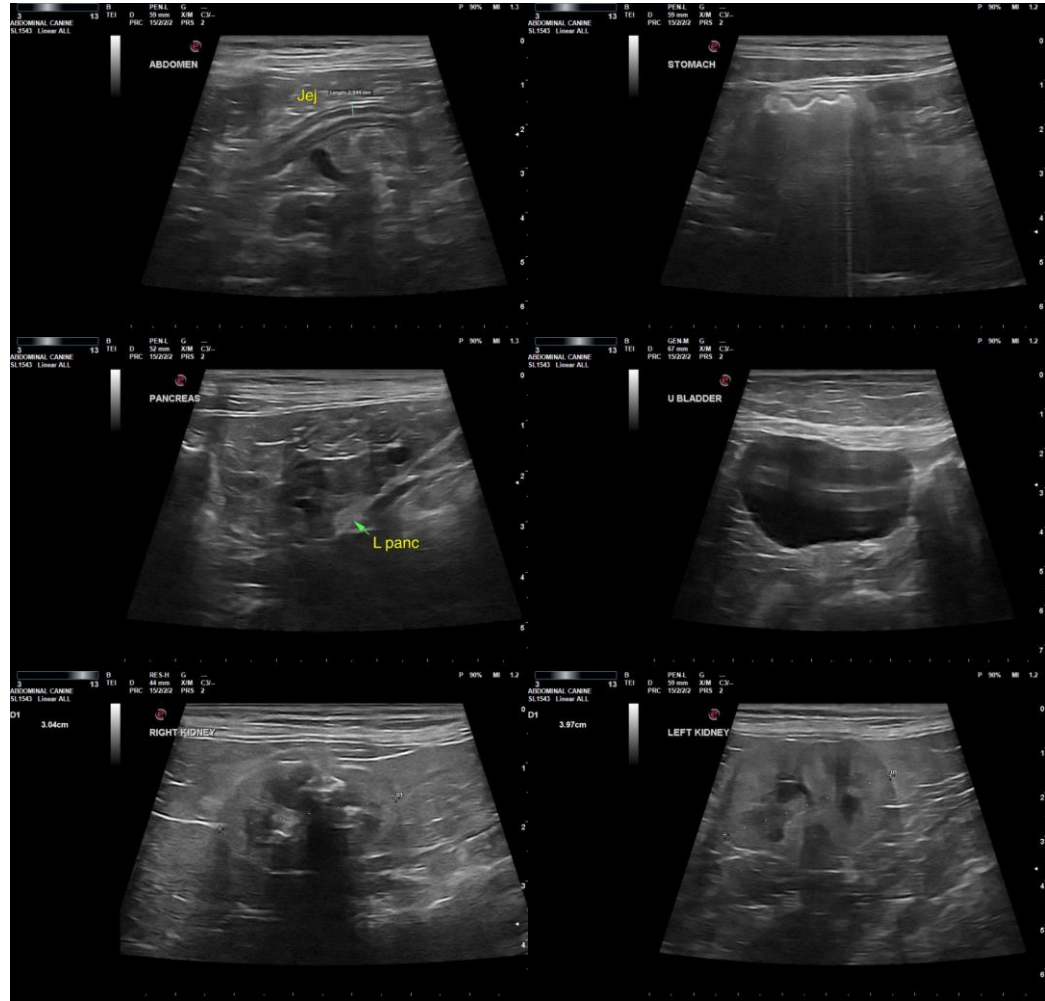
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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