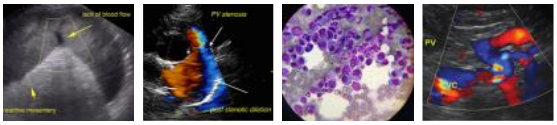
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Rainey Shaffer

SPECIES

Feline

BREED

Rag Doll

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

14322

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History: Patient presented initially in September 2021 for acute lethargy/inappetence. Labwork had been performed in July which was unremarkable at the time. Mild BUN elevation at 32.9, otherwise wnl. Patient was treated with Cerenia (1 mg/kg SQ once) and fluids and responded well. Patient was doing well until 3/10/22 where she exhibited recurrence of inappetence/lethargy. Owner decline recheck labwork at the time, and we treated with Cerenia (1 mg/kg SQ once) and fluid therapy. O was sent home with oral Cerenia (2 mg/kg PO SID PRN) and Mirataz (transdermal SID PRN), along with bland canned food. Today, P has not shown marked improvement and owner opted for recheck labwork and abdominal ultrasound. Physical exam findings are as follows (with the exception of mild drooling, these findings are not new and were noted on initial exam): 1. Inappetence/lethargy 2. Aging changes both eyes 3. Blunted upper R canine with mild yellow discoloration, otherwise mild tartar (grade 1-2), mild drooling today (not previously noted) 4. Small raised darkly pigmented pedunculated growth on left flank caudal to shoulder, has been there for years with no changes - r/o wart vs other benign growth vs less likely malignancy Current Medications Cerenia 2mg/kg PO SID, Mirataz transdermal SID PRN

Abnormal PE/Chem/CBC/UA Results: CBC - wnl Chemistry - mild hyperglycemia (GLU 277), mild hypocalcemia (8.5), otherwise wnl UA - (cysto, pale yellow) - USG 1.044, pH 6.5, BLD 1+, GLU/PRO/KET/BIL neg, UBG wnl, WBC and RBC <1/hpf, Non-squamous epi cells <1/hpf, otherwise wnl; Sediment microscopy unremarkable SDMA/T4 - **pending** (normal on last check in July 2021 -- SDMA 11 ug/dL, TT4 1.5 ug/dL)

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 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.

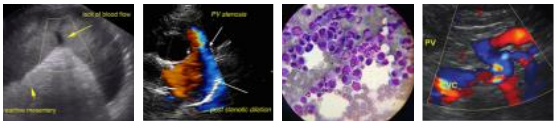
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 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 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm.

Spleen



PATIENT

Rainey Shaffer

SPECIES

Feline

BREED

Rag Doll

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

14322

DATE

3/14/22

The spleen exhibited 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 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. 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. The spleen measured 0.60 cm in width at the level of the hilus.

Liver

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 indistinctly visualized, potentially owing to subnormal size, secondary to the presence of gastric ingesta. No overt evidence of gallbladder or common bile duct inflammation.

Gastrointestinal

The stomach presented intact wall layering with mildly prominent to echogenic gastric submucosa, which may be seen in older cats secondary to fat deposition. The ventral gastric body wall measured 0.26 cm. Mild retained non-shadowing ingesta/chyme was present in the stomach. No overt evidence of mechanical pyloric outflow obstruction.

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.

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

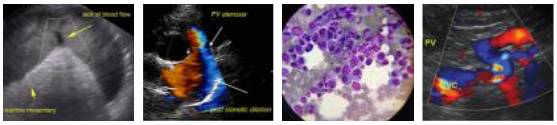
Free Abdomen

Focally enlarged mid abdominal to colic to possible jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.30 cm in width.

No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild to moderate chronic renal changes



PATIENT

Rainey Shaffer

SPECIES

Feline

BREED

Rag Doll

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

14322

DATE

3/14/22

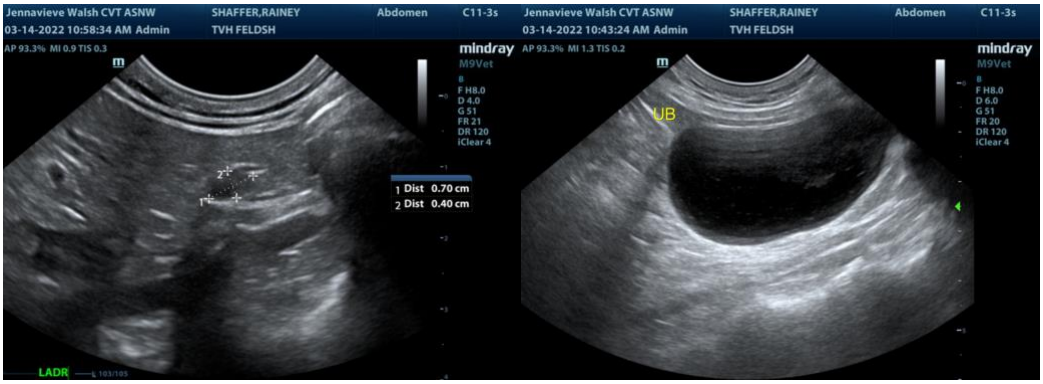
- Suspect mild pancreatitis
- Minor retained gastric ingesta/chyme
- Intermittent mildly prominent mid abdominal colic to jejunocolic lymphadenopathy with minor regional perilymphatic reactive mesentery, potential minor colic/jejunocolic lymphadenitis possibly owing to inflammatory bowel episode

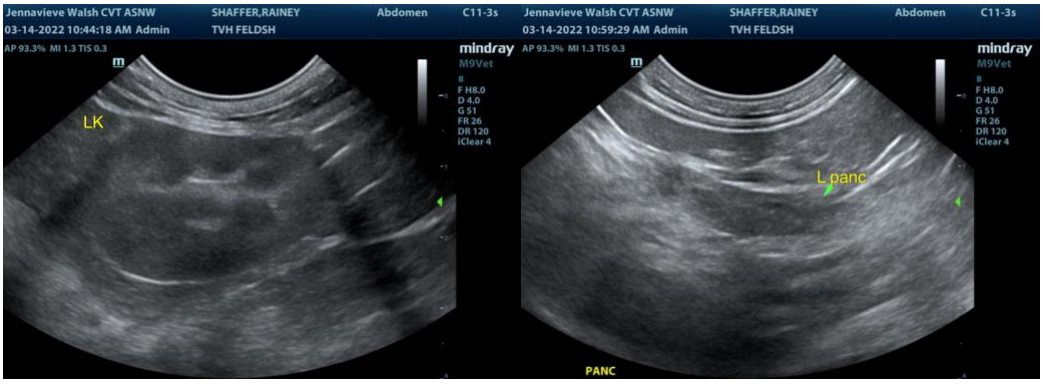
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

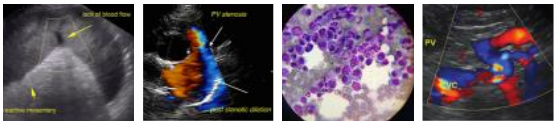
The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Overt evidence of structural gastrointestinal pathology was not present yet potential for structurally insignificant inflammatory bowel episode or other enteropathy could be present. Further assessment of both the pancreas and gastrointestinal tract may include GI panel, to include PLI, TLI, cobalamin and folate. Aside from potential pancreatitis or structurally insignificant enteropathy, largely geriatric abdomen without evidence of significant visceral pathology.

Empirically, continued as needed gastrointestinal support and pending additional diagnostics, supportive care for low grade pancreatitis would be reasonable.







PATIENT

Rainey Shaffer

SPECIES

Feline

BREED

Rag Doll

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

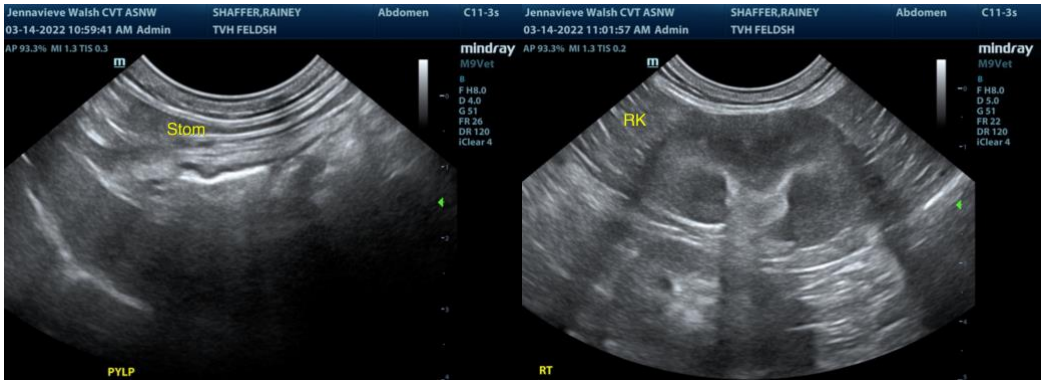
Dr. Berman

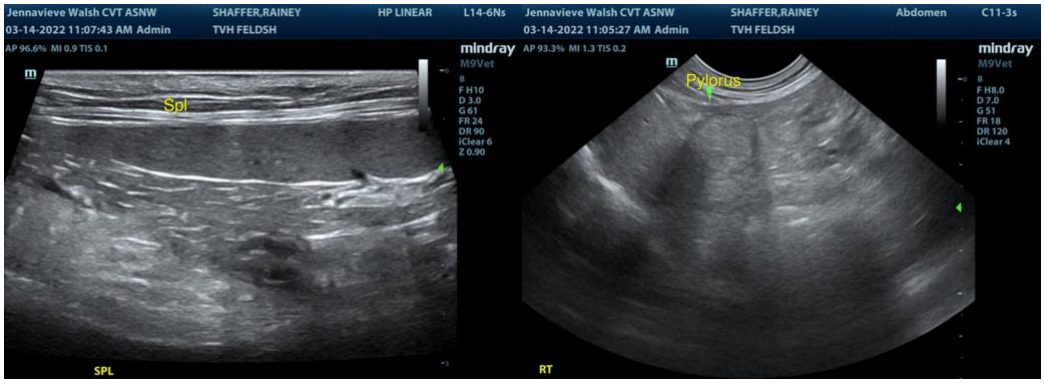
INVOICE

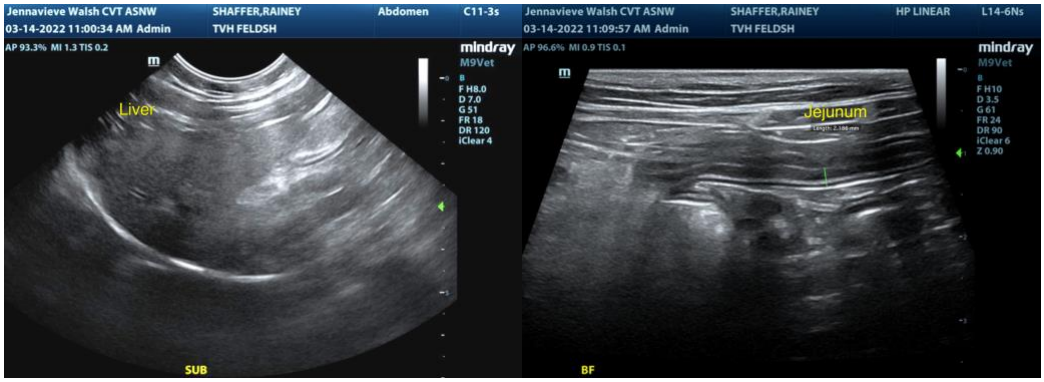
14322

DATE

3/14/22







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 can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com