

PATIENT PRESENTING CLINICAL SIGNS

Beau Ross
History: Patient developed hematochezia 3 days ago which has not resolved with Panacur, Visbiome and bland diet. Patient is an indoor/outdoor cat. On collection of cystocentesis, a possible luminal bladder mass was noted. Patient was diagnosed with cardiac murmur last year which has not been worked up. Working diagnosis Hematochezia, possible cystic mass, cardiac murmur, ventricular arrhythmia ECG- Heart Rate: 172 bpm Rhythm: Sinus with VPCs-

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine /
Feline Practice)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

21652

DATE

3/16/23

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, which may indicate mild cellular debris/protein, crystalline debris, lipid or mucus, without evidence of calculus formation. The urinary bladder walls were overtly normal without evidence of inflammatory or neoplasia criteria. The ureteral papillae were normal. The ureters were not visible which is normal. Aortic trifurcation was normal.

Normal size was present in the kidneys. Minor asymmetrical renal margination was present bilaterally. 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 4.2 cm in length. The right kidney measured 4.1 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 0.55 cm.

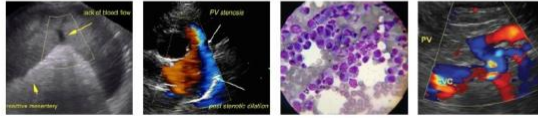
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm.

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. The spleen measured 0.94 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. Intermittent discrete isoechoic intraparenchymal nodules were noted, considered incidental, likely discrete areas of hyperplasia, hematopoiesis or similar.

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

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.

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The small intestine presented intact wall layering with segmental propensity for mildly prominent muscularis layer yet no evidence of loss of intestinal wall layering or intestinal masses. Minor segmental jejunal ileus was noted without evidence of obstructive pattern or overt foreign material.

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The colon revealed overtly normal visualized wall layering. The colon contained subjective semi-formed fecal matter.

Pancreas

WEIGHT

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The pancreas was subtly prominent in size with minor capsule asymmetry and heterogeneous isoechoic parenchyma. Minor pancreatic duct dilation was noted.

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Free Abdomen

Intermittent, enlarged mid abdominal mesenteric 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 1.3 cm in diameter. No omental masses or evidence of peritoneal effusion noted.

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LVT

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenitis- likely secondary to inflammatory bowel episode
- Possible mild chronic pancreatitis pattern
- Mild chronic renal changes
- Mild urinary bladder sediment- no evidence of urinary bladder inflammatory/neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

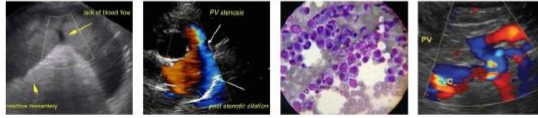
No evidence of intraabdominal neoplastic criteria. I recommend continued supportive care for potential dietary indiscretion or inflammatory bowel episode, which may include antibiotic trial given the suspected lymphadenitis, Zithromax or Zithromax/Metronidazole combination, as well as continued high colony count probiotic and hydrolyzed diet trial over time. Recheck sonogram is recommended if evidence of persistent or progressive gastrointestinal signs.

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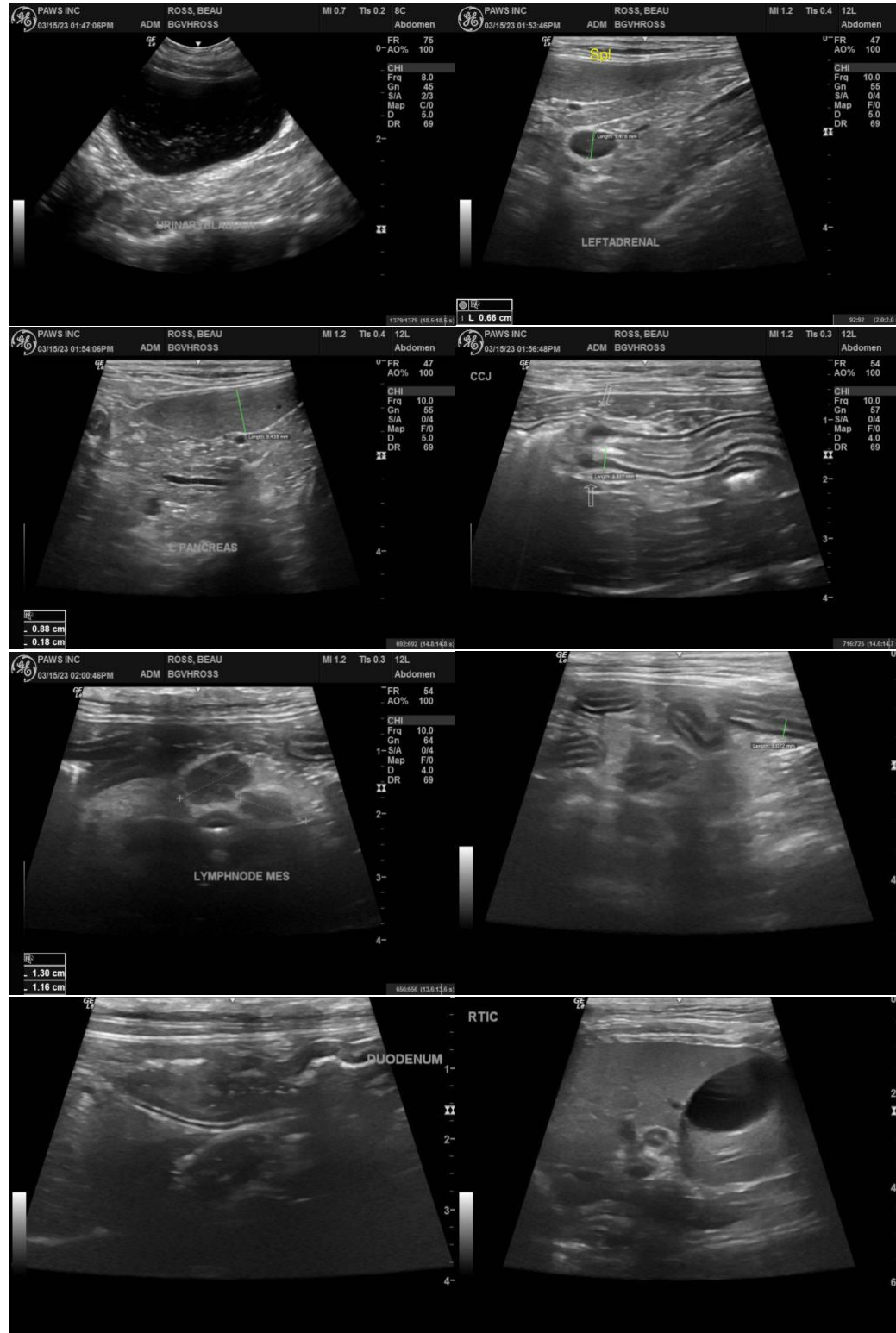
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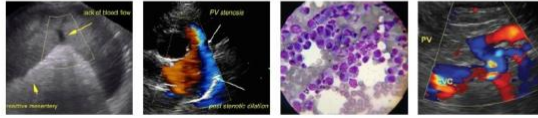
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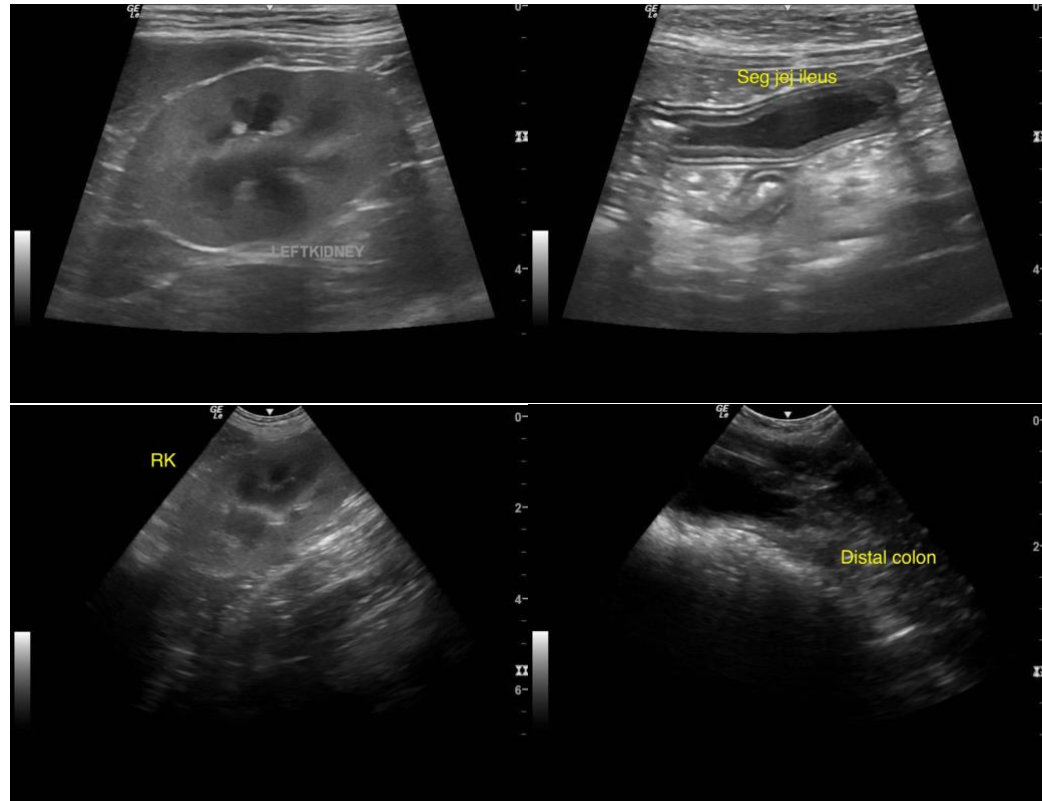
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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