



PATIENT

Sherpa Garrett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

11.5 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Emma Herdener

HOSPITAL NAME

Eastgate VC

REFERRING VET

Emma Herdener

INVOICE

14147

DATE

3/2/22

PRESENTING CLINICAL SIGNS

History: Acute onset lethargy, decreased appetite. Single instance of vomiting. Indoor/outdoor, possible toxin exposure and active hunter (known to hunt birds). Initial exam at ER vet showed pt febrile, lethargic, mildly dehydrated - was started on Veraflox x presumptive songbird fever.

Bloodwork performed at recheck exam, no longer febrile but still mildly dehydrated

Abnormal PE/Chem/CBC/UA Results: Bloodwork performed 2/28/22: -ALT (SGPT) 222 (HIGH) 10-100 IU/L -AST (SGOT) 119 (HIGH) 10-100 IU/L -Total Bilirubin 0.4 0.1-0.4 mg/dL - high normal -BUN 43 (HIGH) 14-36 mg/dL -Creatinine 2.3 0.6-2.4 mg/dL - high normal -CPK 1,125 (HIGH) 56-529 IU/L CBC: Mild neutrophilia, HCT wnl FIV/FeLV negative

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. 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.

The left kidney was mildly enlarged in size compared to normal renal size for this species. 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 4.9 cm in length.

The right kidney was borderline subnormal in size. The cortex was hyperechoic, exhibiting enhanced corticomedullary border demarcation with loss of corticomedullary border distinction. Nonobstructive medullary renoliths were present. Asymmetrical margination was present. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 1.0 cm in width at the level of the hilus.

Liver

The liver presented normal in size. The hepatic parenchyma was mildly hypoechoic with subtle increased prominence of the portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

The gallbladder was non-distended in size with primarily anechoic content and mild congealed yet nonorganized luminal debris. The cystic and common bile ducts were normal without evidence of dilation or post hepatic obstruction.



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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 mild luminal gas. The gastric body wall measured 0.25 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio without evidence of mural hypertrophy, loss of intestinal wall layering, mechanical obstruction or intestinal masses. Mild segmental jejunal ileus pattern present. The jejunum wall measured 0.21 cm.

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

Pancreas

The left limb, right limb, and base 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

No overt lymphadenopathy or peritoneal effusion was present.

Other

A rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Right kidney, borderline subnormal size, exhibiting marked chronic degenerative changes with mild medullary renoliths
- Left kidney, mild chronic renal changes with likely mild compensatory hypertrophy
- Pancreatitis- subjectively mild/active
- Gastroenteritis pattern
- Hepatopathy- hepatitis (viral, bacterial, toxin, etc.), reactive hepatopathy suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Screening blood pressure recommended. Empirically, medical therapy for pancreatitis/nonspecific hepatitis/cholangiohepatitis would be reasonable with as needed gastrointestinal support. Hospitalization with 24–48-hour IV fluids given persistent dehydration may prove beneficial. Recheck sonogram suggested if persistent clinical signs or progressive lab work abnormalities to assess for continued to persistent inflammatory hepatic and pancreatic changes.



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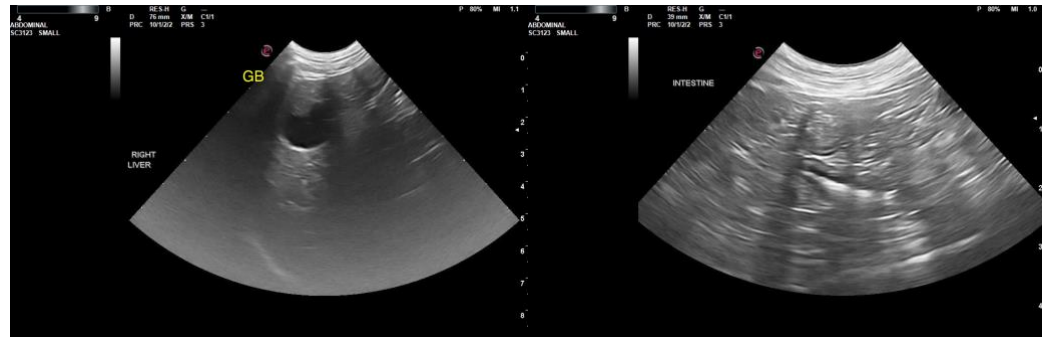
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com