



PATIENT

Betty Davis
Waldbusser

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

6yr

WEIGHT

8.13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gibson

INVOICE

13282ag

DATE

03/24/2023

PRESENTING CLINICAL SIGNS

3/22 presented at rDVM lethargic and not eating. Will vomit hairballs at times and had thick matts. rDVM performed blood work and radiographs with no significant abnormality present at that time. rDVM called and transferred patient today 3/24 with continued lethargy and inappetence. Owner has not gotten patient to eat. Patient QAR. Upon preparing for ultrasound patient had liquid diarrhea, yellow in coloration. First time this has happened per owner. P currently on Cerenia 16mg- 1/2 q24h and Mirtazipine inner pinna q24h

Abnormal PE/Chem/CBC/UA Results: See attached labs: 3/22- CBC-WNL CHEM- Hyperglobulinemia 5.2g/dL, Hypokalemia 3.3mmol/L 3/24-CBC- Bands suspected, thrombocytopenia 90K/uL (clumping confirmed upon cytology) CHEM- Hyperglobulinemia 5.2g/dL, Hyperkalemia 6.3mmol/L See attached rads: 3/22- WNL (accomplished at rDVM)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

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/Gallbladder

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 normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic debris, likely an incidental finding secondary to fasting/decreased food intake. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Betty Davis
Waldbusser

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained pyloric fluid and pockets of luminal gas with no signs of ileus, obstruction or overt foreign material. The pylorus wall measured 0.30 cm in width.

SPECIES

Feline

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. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.25 cm width.

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

BREED

Pancreas

DLH

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.

SEX

FS

Free Abdomen

No omental masses or peritoneal effusion was present.

AGE

6yr

Focally variable prominent mid abdominal mesenteric lymph nodes were present. These lymph nodes were mildly non-homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Subtle evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm x 0.65 cm.

WEIGHT

8.13lb

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with mild retained gastric fluid and luminal gas.
- Mildly prominent mid abdominal mesenteric lymphadenopathy-sonographically consistent with reactive lymphoid hyperplasia or minor reactive lymphadenitis likely owing to inflammatory bowel episode.
- Sonographically normal pancreas.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI obstructive criteria, overt hairball density, active pancreatitis or intra-abdominal/GI neoplastic criteria. No indication for immediate surgical intervention. A spec fPL may be considered to assess for evidence of low grade pancreatitis which may present sonographically normal if evidence of cranial abdominal/subxiphoid discomfort on palpation.

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

Hospitalization with as needed supportive care and therapy for inflammatory bowel episode and lymphadenitis which may include a limited antigen or hydrolyzed diet trial over time, gastroprotectants and antibiotic therapy if clinically applicable (Zithromax/metronidazole combination) and clinical reassessment with potential recheck sonogram if evidence of persistent/progressive GI signs and/or weight loss.

REFERRING VET

Dr. Gibson

INVOICE

13282ag

DATE

03/24/2023



PATIENT

Betty Davis
Waldbusser

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

6yr

WEIGHT

8.13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

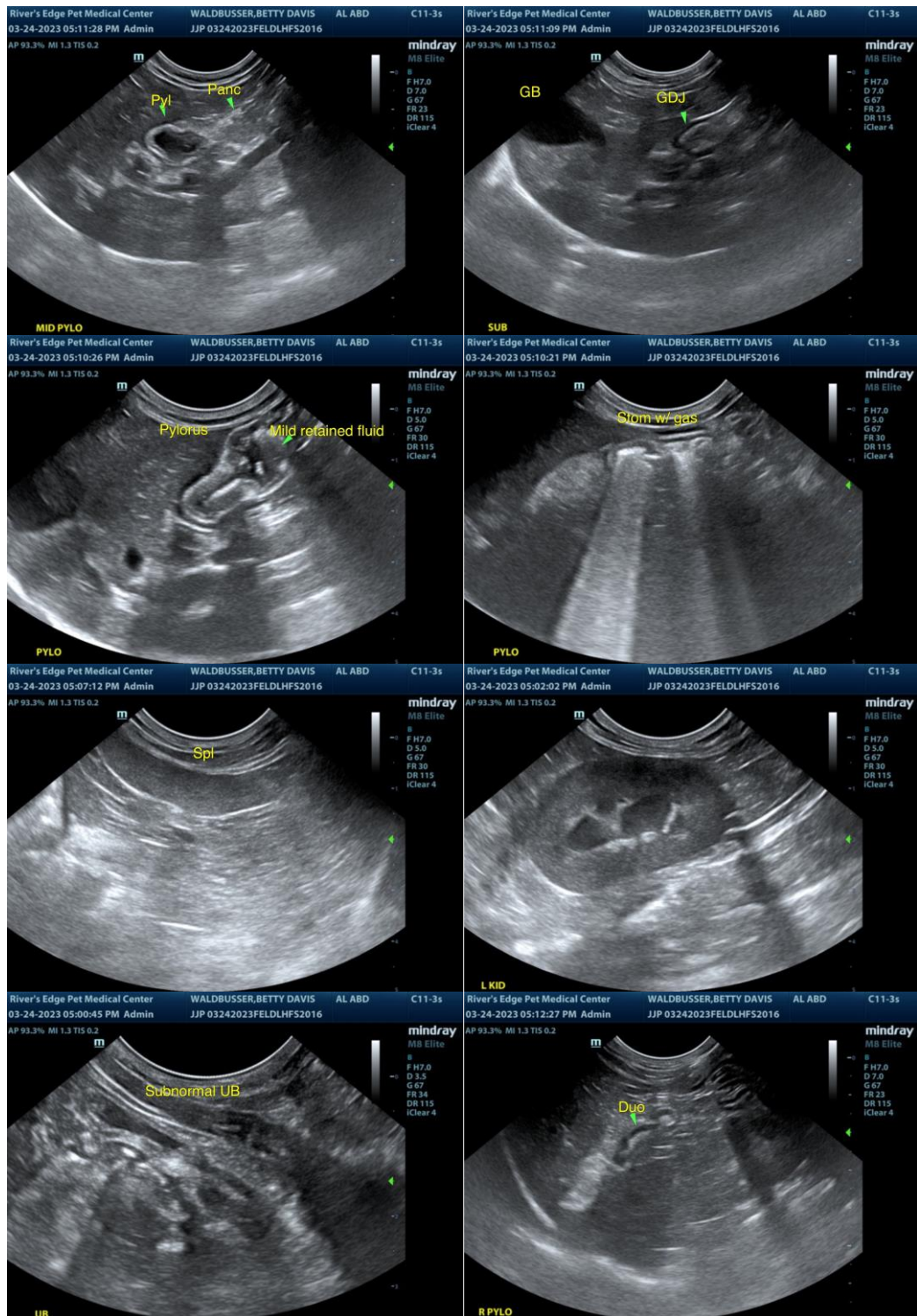
Dr. Gibson

INVOICE

13282ag

DATE

03/24/2023





PATIENT

Betty Davis
Waldbusser

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

6yr

WEIGHT

8.13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

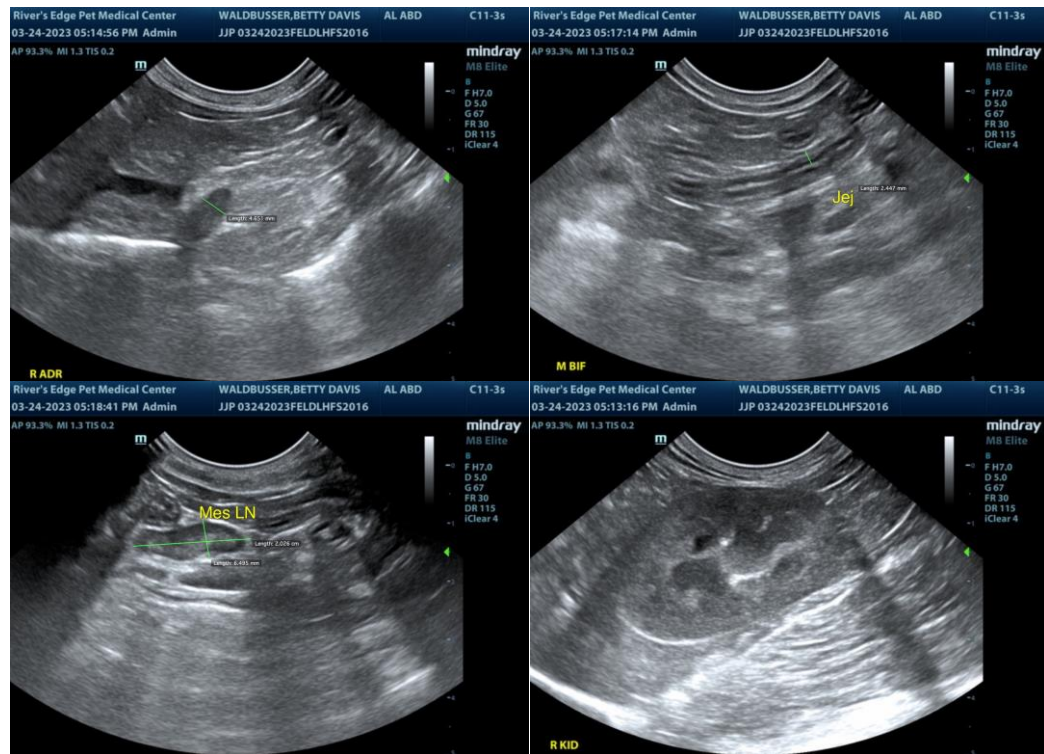
Dr. Gibson

INVOICE

13282ag

DATE

03/24/2023



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com