

PATIENT	PRESENTING CLINICAL SIGNS
Nicki Skamers	History: History of pancreatitis IBD and is hypertensive. CRD stage 2 Weight loss Abnormal PE/Chem/CBC/UA Results: T4 normal elevated BUN and creatinine
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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. Aortic trifurcation was normal.
DLH	
SEX	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. Mild pyelectasia was present in both kidneys. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.
Spayed Female	
AGE	Adrenal Glands
15 Years	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm.
WEIGHT	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.
5 kg	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Belan	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.
HOSPITAL NAME	The gallbladder was non distended in size with mild non-dependent, non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.
Sunridge AH	
REFERRING VET	Gastrointestinal
Dr. Magill	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic ingesta, exhibiting subtle progressive distal acoustic shadowing. The ventral gastric body wall measured 0.24 cm.
INVOICE	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing chyme was present. The duodenum wall. measured 0.25 cm. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.26 cm.
14152	
DATE	
3/3/22	



PATIENT Normal visible colon wall layers were present with subjective semi-soft to formed feces in lumen.

Nicki Skamers **Pancreas**

SPECIES The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline **Free Abdomen**

BREED Intermittent, mildly prominent colic lymph nodes were present adjacent to the ileocolic junction. These lymph nodes were not consistent with inflammatory or neoplastic criteria. Potential for mild lymphoid hyperplasia or antigenic stimulation possible.

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild to moderate chronic renal changes with mild bilateral pyelectasia

Spayed Female

- Heterogeneous pancreas- minor remodeling owing to previous inflammatory episode with potential for low grade to chronic persistent inflammation

AGE

15 Years

- Mild gallbladder debris- nonspecific, potentially secondary to mild cholestasis. Potential for low-grade biliary inflammation possible if previous or current history of hepatic enzyme elevation

WEIGHT

5 kg

- Overtly normal gastrointestinal tract with gastric and mild segmental small intestinal ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The presence of gastric ingesta may indicate postprandial presentation. Correlation with most recent meal ingestion recommended. Potential for structurally insignificant inflammatory bowel, given the patients history or if previous or current corticosteroid administration may be possible. Likewise, triad disease may be a consideration in this patient, if recurrent episodes consistent with pancreatitis, hepatobiliary inflammation or weight loss are present. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Sunridge AH

REFERRING VET

Dr. Magill

INVOICE

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PATIENT

Nicki Skamers

SPECIES

Feline

BREED

DLH

SEX

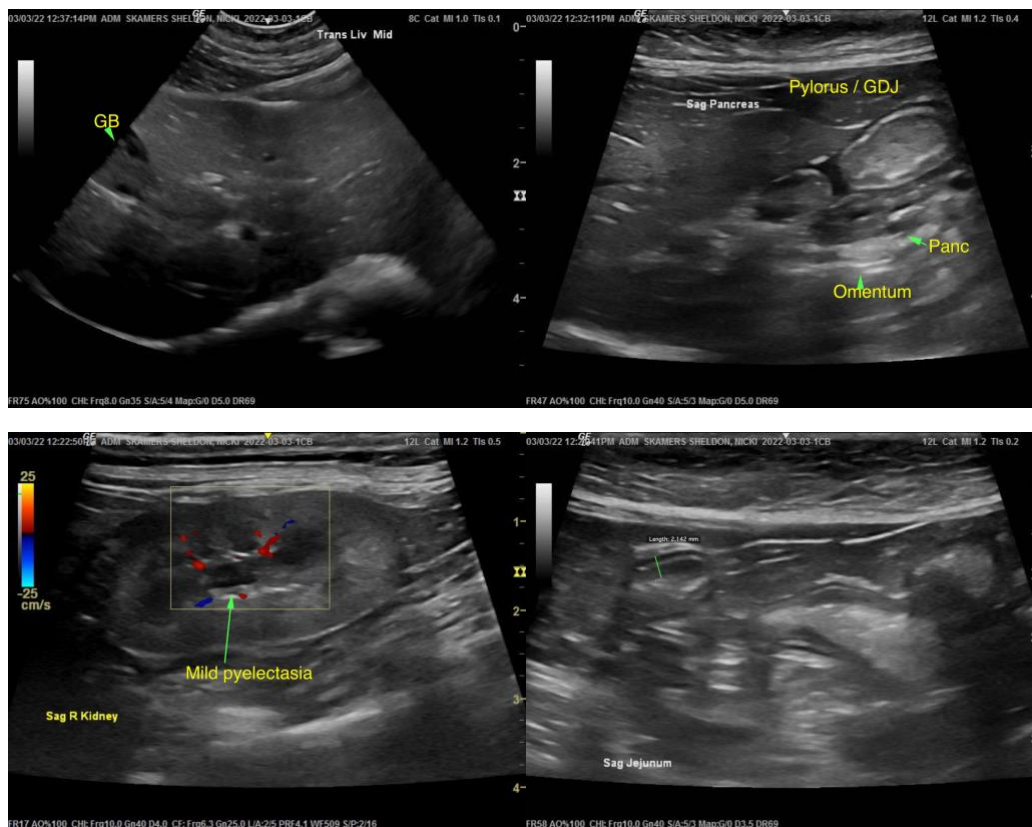
Spayed Female

AGE

15 Years

WEIGHT

5 kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sunridge AH

REFERRING VET

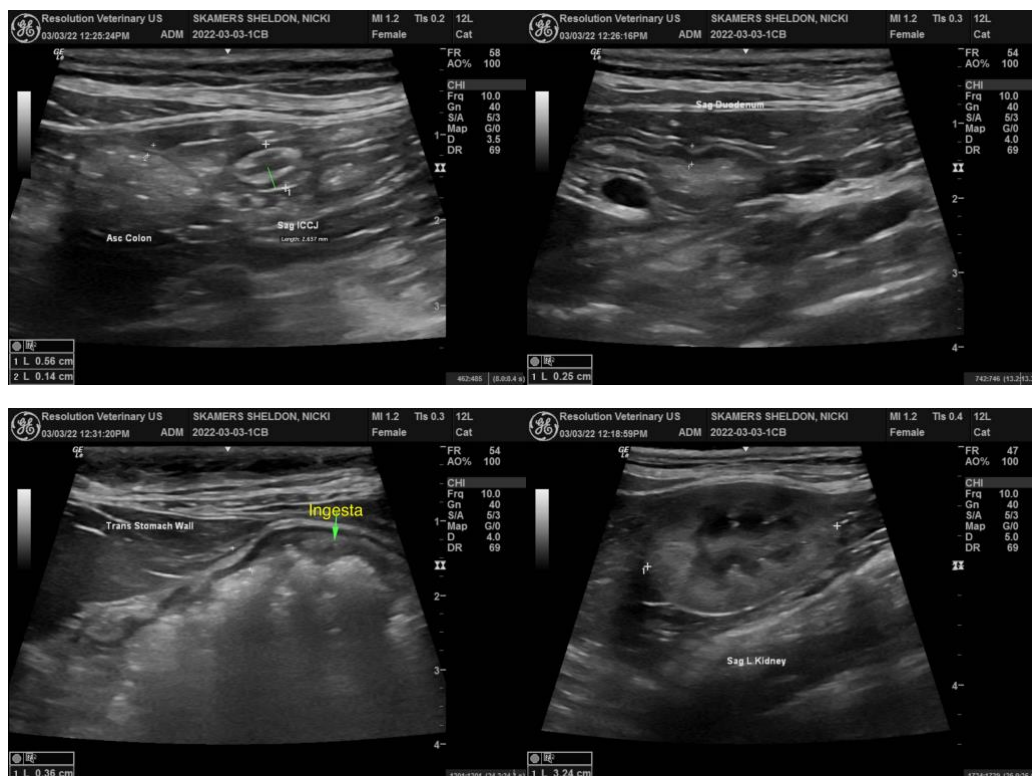
Dr. Magill

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PATIENT

Nicki Skamers

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.

SPECIES

Feline

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.

BREED

DLH

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

SEX

Spayed Female

AGE

15 Years

WEIGHT

5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Sunridge AH

REFERRING VET

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