



PATIENT

Dreidel Petty

PRESENTING CLINICAL SIGNS

Decreased appetite, lethargy. Hx (2yrs ago) on intestinal lymphoma (T-Cell low grade) on endoscopic sample. Spleen appears enlarged on rads. No murmur auscultated, elevated BNP.

SPECIES

Feline

Meds: Prednisolone 2.5mg sid, Cerenia 7mg sid

Abnormal PE/Chem/CBC/UA Results: Ca 12.0; BNP 128

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 moderate particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

AGE

14yr

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Discrete increased bilateral retroperitoneal echogenicity without evidence of free fluid was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

13.9lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal to mildly subnormal in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was normal to mildly subnormal in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm.

INTERPRETED BY

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

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 0.63 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

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Hospital

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Previously noted non-homogenous to cystic nodule measuring 2.4 cm in diameter was present. Concurrent intermittent small intraparenchymal cysts were noted. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Turowsky

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Gastrointestinal

DATE

03/30/2023



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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 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

BREED

DSH

The pancreas was mild to variably prominent in size with mild capsule asymmetry and non-homogenous hypoechoic parenchyma compared to the adjacent mildly hyperechoic omentum.

Free Abdomen

SEX

FS

No omental masses or peritoneal effusion was present.

A solitary cystic mesenteric lymph node was present in the mid ventral abdominal measuring 0.87 cm in diameter.

AGE

14yr

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Benign hepatic nodule/cyst-consistent with cystic biliary adenoma.
- Structurally normal GI tract.
- Suspect low grade chronic active pancreatitis.
- Focal cystic mesenteric lymph node- benign.

WEIGHT

13.9lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Aside from the suspected low grade to chronic active pancreatitis, no evidence of overt abdominal visceral pathology specifically no evidence of intra-abdominal neoplastic criteria. Potentially prednisolone may be masking intestinal mural changes.

IMAGING PERFORMED BY

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Assessment for evidence of cranial abdominal discomfort on palpation which may allude to pancreatitis is suggested. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically as needed supportive care and potential therapy for low grade [pancreatitis] would be reasonable.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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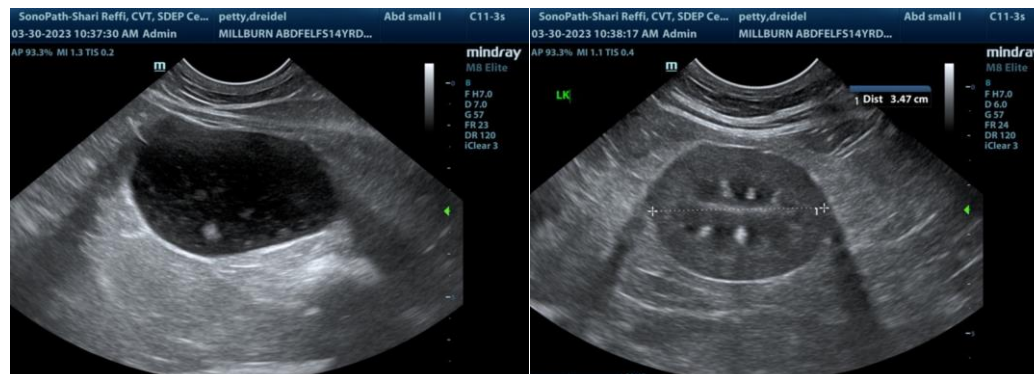
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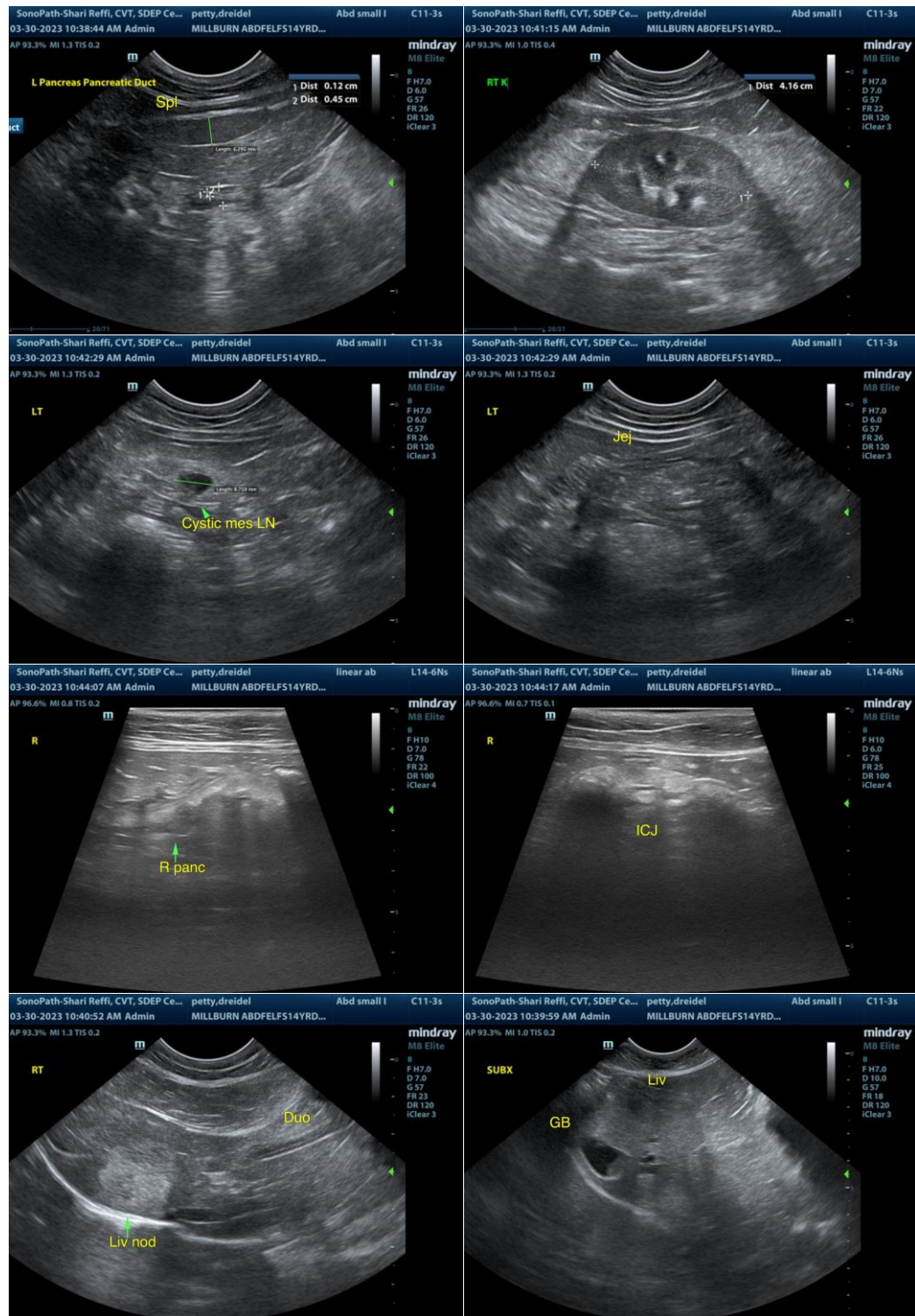
Dr. Turowsky

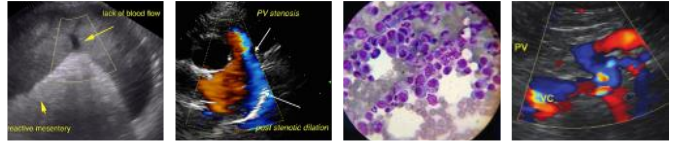
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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