



PATIENT PRESENTING CLINICAL SIGNS

Zoey Smith Hyperthyroid, chronic vomiting Methimazole transdermal
BUN 40, otherwise unremarkable CBC/Chemistry Panel

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder was normal in size and tone. Minor focal apical urinary bladder hypertrophy was present exhibiting isoechoic mural echogenicity compared to adjacent normal-appearing urinary bladder walls and without evidence of mineralization measuring 0.58 cm in width.

DSH

SEX The area of the aortic trifurcation was free of pathology.

FS Normal renal size with asymmetrical margination were present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be moderately hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was moderately reduced. Focal nonobstructive mid medullary renolith was present. The left kidney measured 4.4 cm in length.

AGE

2006

WEIGHT The right kidney was borderline subnormal in size exhibiting moderate to marked loss of corticomedullary border demarcation with variably echogenic cortex and solitary cranial cyst. The cyst measured 0.5 cm in diameter. The right kidney measured 3.0 cm in length.

6.75

Adrenal Glands

INTERPRETED BY No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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

Spleen

IMAGING PERFORMED BY The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Myers

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13593

DATE

3/31/22



PATIENT

Zoey Smith

The gallbladder was mild distended in size containing primarily anechoic content with mild nondependent luminal debris to mucus. The gallbladder walls were mildly echogenic to prominent in appearance. No evidence of peripheral gallbladder inflammation was noted.

SPECIES

Feline

The common bile duct exhibited generalized tortuous mild to moderate yet variable dilation extending caudally to the level of the duodenal papilla without overt evidence of obstructive common bile duct or duodenal papilla pathology. The common bile duct at the level of the duodenal papilla measured 0.5 cm in diameter. Minor nonobstructive mucus was present in the dilated common bile duct.

BREED

DSH

Gastrointestinal

SEX

FS

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. The gastric body wall width measured 0.25 cm.

AGE

2006

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer, yet without evidence of intestinal wall hypertrophy or loss of intestinal wall layering. The jejunum wall width measured 0.26 cm. The duodenum wall width measured 0.27 cm.

WEIGHT

6.75

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

Pancreas

The pancreas was normal in mildly prominent in size with regional of mild pancreatic capsule asymmetry and hypoechoic to nonhomogeneous pancreatic parenchyma with generalized moderate pancreatic duct dilation.

INTERPRETED BY

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

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 ARDMS/RVT

ULTRASONOGRAPHIC FINDINGS

- Focal mild apical urinary bladder wall thickening - suspect focal cystitis, potential for emerging neoplasia possible yet considered less likely
- Left kidney moderate chronic interstitial nephrosis renal pattern with suspect compensatory hypertrophy and focal nonobstructive medullary renolith
- Right kidney chronic degenerative changes with borderline subnormal size and cranial cyst
- Chronic to chronic active pancreatitis
- Minor hepatic parenchymal remodeling
- Moderate gallbladder and generalized common bile duct distention to the level of the duodenal papilla without overt obstruction, possible chronic cholangitis
- Possible mild inflammatory enteropathy

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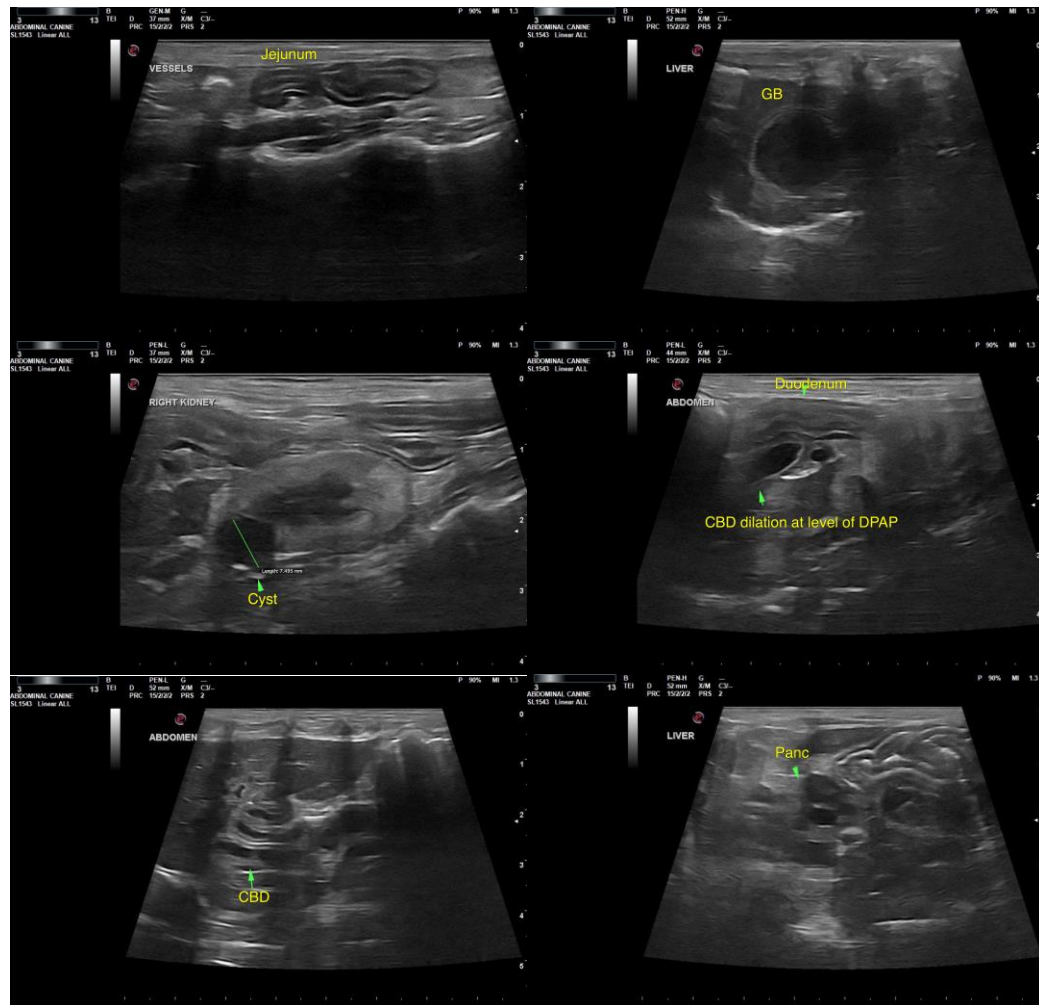
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentially, the chronic vomiting in this patient may be multifactorial in origin owing to chronic to chronic active pancreatitis. Potential lethargy or anorexia associated with chronic cholangitis (unclear clinical significance, given lack of hepatic enzyme elevation on recent bloodwork), with the possibility of low-grade to chronic inflammatory enteropathy.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Monitoring of hepatic enzymes or for evidence of increasing cholestasis and recheck sonogram is recommended.

Potential for Triad Disease may be considered in this patient if evidence of weight loss going forward is noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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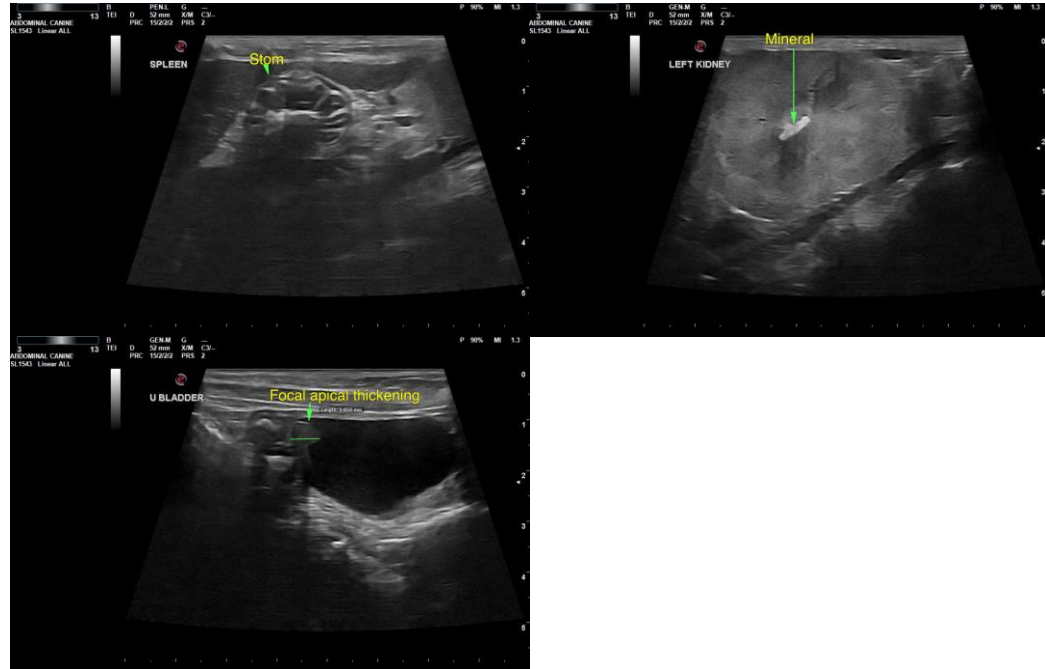
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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