

PATIENT

Lando Collins

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13

WEIGHT

3kg

PRESENTING CLINICAL SIGNS

Presented for inappetence, lethargy, not passing stools. No vomiting. Is a chronic kidney patient that requires occasional enemas and SC fluids but at this time there is only a small amount of stool in the colon, and no response/improvement with supportive outpatient care on an ER visit 2 d ago.

Abnormal PE/Chem/CBC/UA Results: She is mildly azotemic, mildly anemic, and has elevated Tbili 4.2. ALT normal. CBC shows mild leukocytosis 21K. (Chem panel was abbreviated, ALKP not done); UA shows marginal concentration at 1.030 with abundant cocci and chains of rods. She has been on IVF, Unasyn, Cerenia since last night.

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary border demarcation was noted. Overall normal renal parenchyma echogenicity. Mild pyelectasia was present in both kidneys. Mild left retroperitoneal inflammation with scant free fluid noted around the caudal pole of the left kidney. The left kidney measured 4.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology 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 0.37 cm.

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 0.77 cm width at the level of the hilus.

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 mild echogenic, nonmineralized gallbladder debris. The proximal common bile duct was mildly dilated and tortuous. The common bile duct measured 0.23 cm diameter. The degree of common bile duct dilation was not consistent with post-hepatic obstruction.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

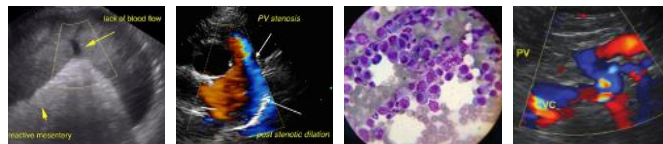
Dr. Williams/AEC

INVOICE

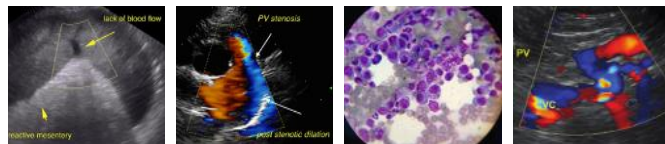
50736

DATE

3-6-22



PATIENT	The stomach exhibited intact and sonographically unremarkable wall layering. The stomach contained a mild to moderate amount of retained anechoic fluid. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction.
Lando Collins	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental small intestinal corrugation or spasming was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Feline	
	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
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	<i>Free Abdomen</i>
FS	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
13	Primary
	<ul style="list-style-type: none"> • Mild urinary bladder sediment - suspect cellular debris. • Bilateral chronic nephropathy with mild pyelectasia, mild left retroperitoneal inflammation and scant free fluid - suspect left kidney pyelonephritis. • Inflammation enteropathy / gastroenteritis pattern with gastric hypomotility and segmental small bowel corrugation. • Mild gallbladder debris.
WEIGHT	
3kg	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urine culture and sensitivity on a sterile urine sample as well as assessment of systemic blood pressure suggested.
IMAGING PERFORMED BY	The gastrointestinal presentation is suggestive of inflammation without overt IBD criteria and without evidence of neoplastic mural changes. No evidence of small intestinal mechanical obstruction.
Dr. Callihan/AEC	
HOSPITAL NAME	The mild gallbladder debris may be incidental or secondary to cholestasis/fasting. Potential for concurrent hepatopathy as well as the possibility of low grade pancreatitis cannot be excluded given the short half life of hepatic enzymes in cats. Likewise, low grade pancreatitis may present sonographically normal.
Animal Emergency Care	
REFERRING VET	Hospitalization with IV fluids, empirical antibiotics pending urine culture and sensitivity, and gastrointestinal supportive care is recommended.
Dr. Williams/AEC	
INVOICE	Given that the kidneys did not appear to overtly be end stage, an obvious cause of the anemia was not definitively evident.
50736	
DATE	
3-6-22	



PATIENT

Lando Collins

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

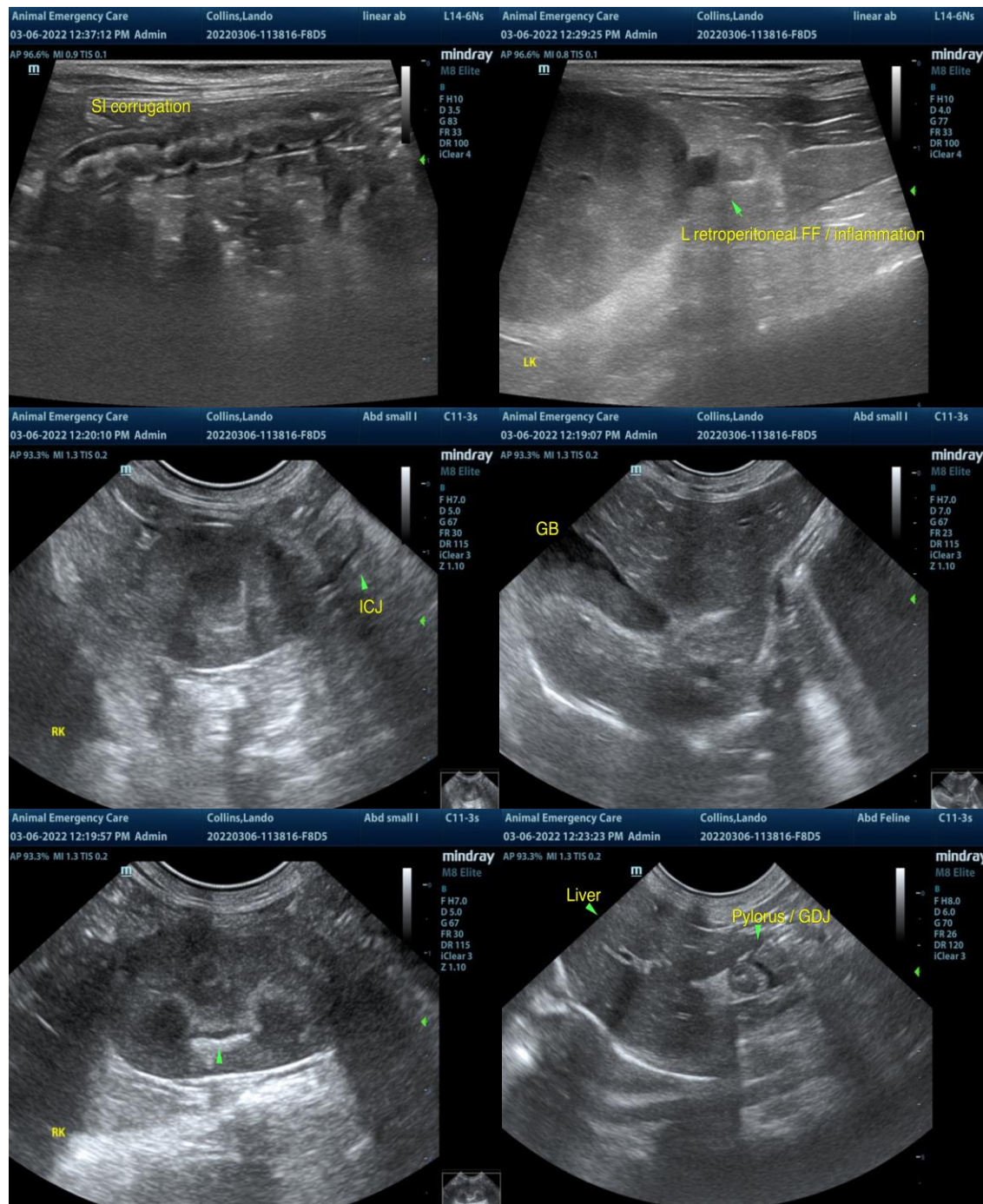
Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams/AEC

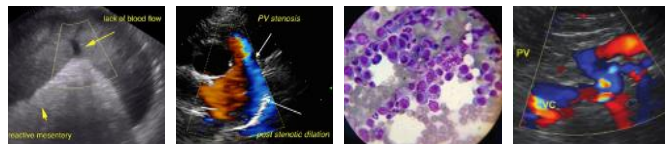


INVOICE

50736

DATE

3-6-22



PATIENT

Lando Collins

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13

WEIGHT

3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

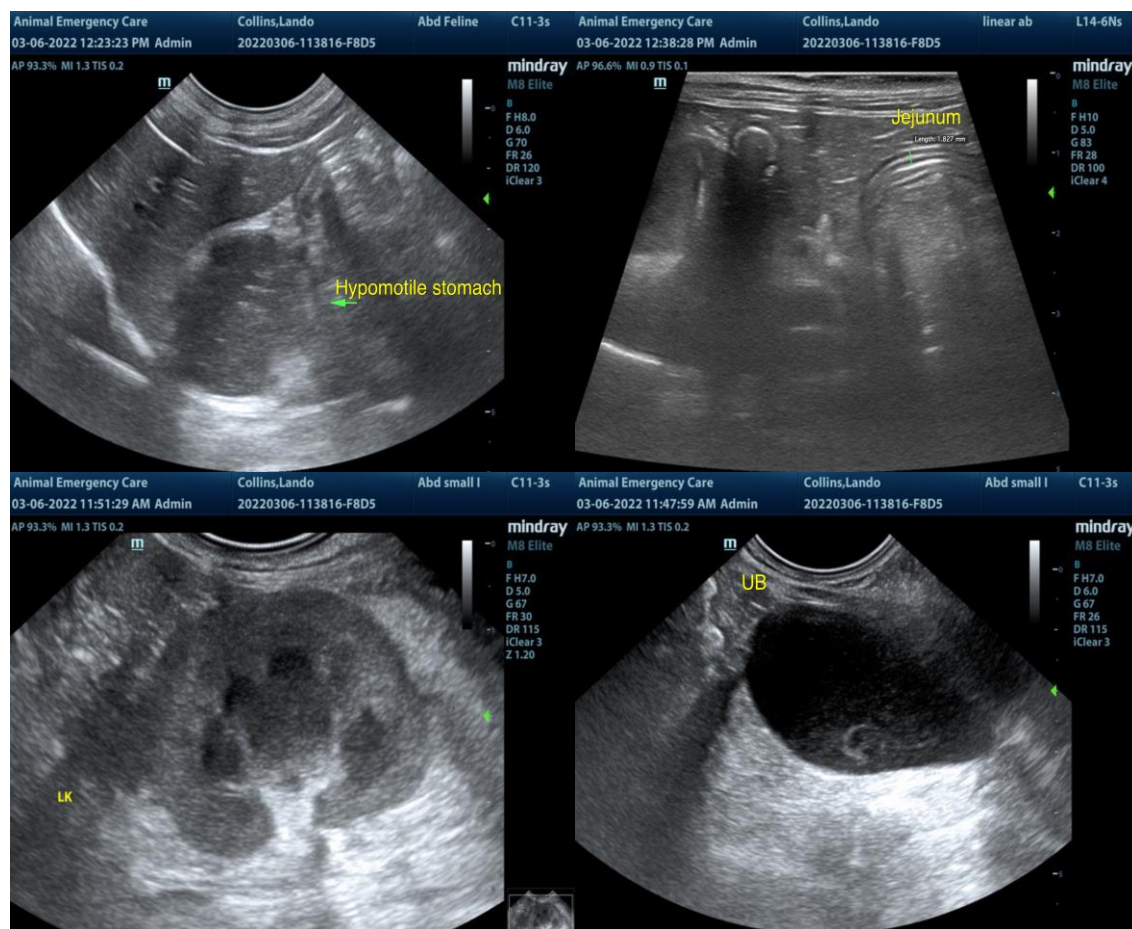
Dr. Williams/AEC

INVOICE

50736

DATE

3-6-22



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)
info@SonoPath.com