



PATIENT

Q Hastings

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

8 years

WEIGHT

16.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Kimmel

INVOICE

16611

DATE

4/13/23

PRESENTING CLINICAL SIGNS

Patient is traveling to East Coast, stable however on updated labs we found his kidney enzymes have increased and cardiac BNP increased. Before he travels on airplane, and undergoes large amount of stress, client wants Echo/Ultrasound repeated. Hx: Murmur - Echo done 8/20/20 by Animal Sounds Hx: Elevated creat in 2022, repeated values increased from 2.1 to 2.7 Primary Question/Differential to Be Answered in This Exam Is there renal changes that should be managed, previous ureteral stone etc. to explain Azotemia at young age Are there cardiovascular changes; is he at risk during high stress travel planned in the next month

Abnormal PE/Chem/CBC/UA Results: See Email - labs Creat: 2.7 (2.1) Neutropenia: 1981 Cardiac ProBNP: 878 (431)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, 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 urinary bladder inflammatory criteria, urinary bladder tumors, or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 or pyelectasia. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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.



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Liver/ Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size containing anechoic content with mild, nonorganized, echogenic gallbladder debris, which appeared to be mobile. The cystic and common bile ducts were normal. No evidence of gallbladder or common bile duct inflammatory criteria was noted. The gallbladder debris is likely incidental given no reported hepatic enzyme elevations or cholestasis.

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Gastrointestinal

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 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.

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Pancreas

The pancreas base and proximal right pancreatic limb exhibited normal size and contour. Subtle nonhomogeneous, hypochoic parenchyma compared to the adjacent non-reactive omentum was present.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Sonographically normal kidneys
- Mildly hypochoic nonhomogeneous pancreas base

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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No sonographic evidence of renal pathology or inflammatory criteria was noted. Potential early non-sonographically evident or microscopic renal disease, given the creatinine elevation, is possible. Continued monitoring of renal parameters going forward is recommended.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to possible low-grade pancreatitis, +/- Spec fPL if clinically indicated, may be considered.



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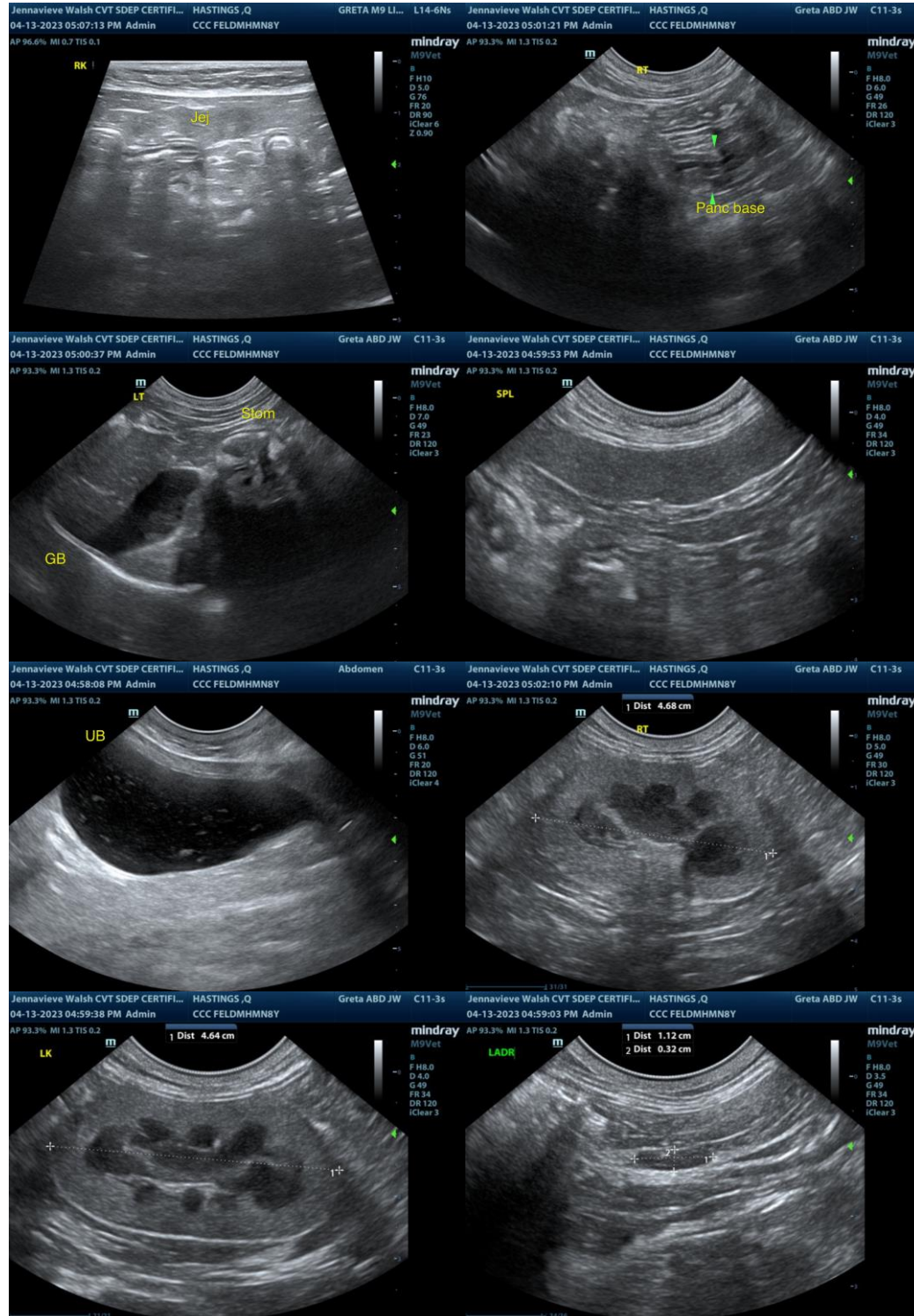
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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