



PATIENT

Morty Turner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Karen Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Karen Fowler

INVOICE

36959

DATE

4/15/22

PRESENTING CLINICAL SIGNS

P was seen end of February for straining to urinate. Was blocked, hospitalized and had indwelling catheter placed. Imaging showed bladder stones present. p was placed on dissolution diet. Follow up imaging was recommended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The bladder walls were sonographically normal without evidence of inflammatory criteria. Primarily anechoic urine with mild non-dependent particulate sediment, likely indicative of minor cellular or crystalline debris with potential for mucus. No evidence of cystic calculi. Urethra normal to a depth of 2.0 cm.

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. The left kidney measured 4.2 cm. The right kidney measured 4.5 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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.

Liver

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta, most consistent with post prandial presentation without 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.

Pancreas

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.



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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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PRIMARY FINDINGS

- Sonographically unremarkable urinary bladder with minor particulate sediment
- Normal bilateral kidneys

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SECONDARY FINDINGS

- Mild progressively shadowing gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

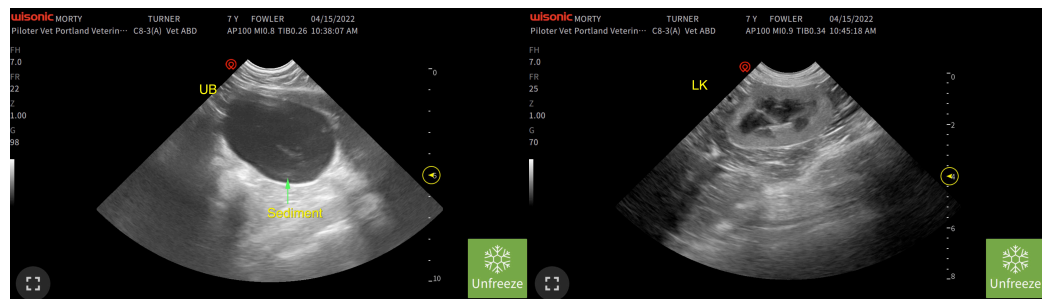
No evidence of persistent cystic calculi. Periodic monitoring of urinalysis +/- urine culture and sensitivity (if evidence of inflammatory cells) would be reasonable. The mildly shadowing gastric ingesta is suggestive of recent meal ingestion. Potential for minor hairball density if clinical history of hairballs.

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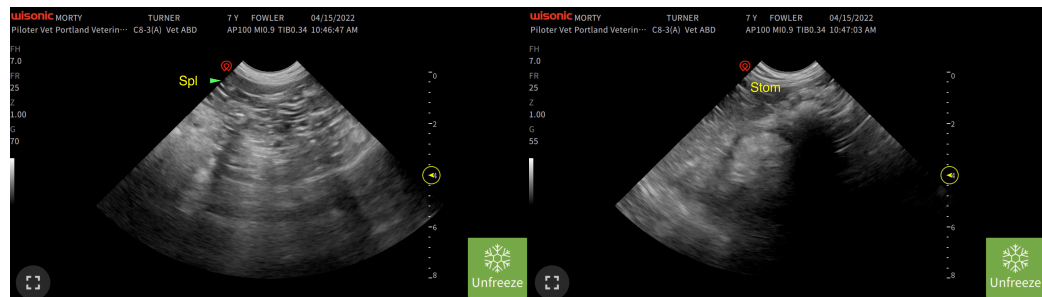
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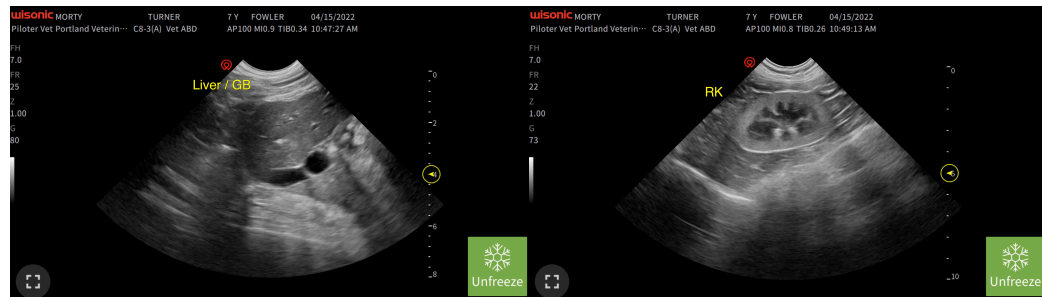


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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