

PATIENT PRESENTING CLINICAL SIGNS

Rocky Yeager Hematuria- trouble urinating

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3 cm. Mild nonuniform thickening of the urinary bladder wall was present measuring 0.43-0.5 cm in width. A solitary mildly irregular cystic calculus measuring ~ 0.84 cm in diameter was present. The calculus did not appear to be obstructive to urinary outflow.

DLH

SEX

MN

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic mineral was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

10lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size with capsule asymmetry and subtle non-homogenous parenchyma consistent with age related changes and considered incidental. The spleen measured 0.72 cm in width at the level of the hilus. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

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. 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.

HOSPITAL NAME

Roundhill Animal
Hospital

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Dr. Kelly

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.

INVOICE

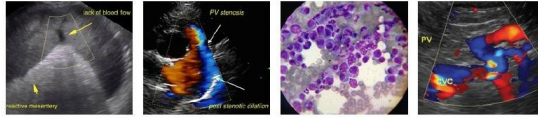
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

04/17/2023

Pancreas



PATIENT

Rocky Yeager

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.

SPECIES

Free Abdomen

Feline

No omental masses or peritoneal effusion was present.

BREED

DLH

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.4 cm x 0.44 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Solitary cystic calculus with cystitis.
- Chronic renal changes with minor medullary mineral-no evidence of pyelonephritis.
- Solitary mild benign/reactive medial iliac lymph node.

AGE

14yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

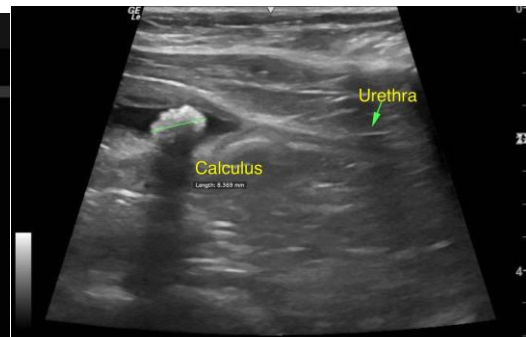
WEIGHT

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A full CBC/chemistry panel/UA and C/S is recommended to assess renal function. If no evidence of clinical kidney disease, cystotomy with stone analysis +/- urinary bladder wall biopsy for histopathology and tissue C/S is recommended.

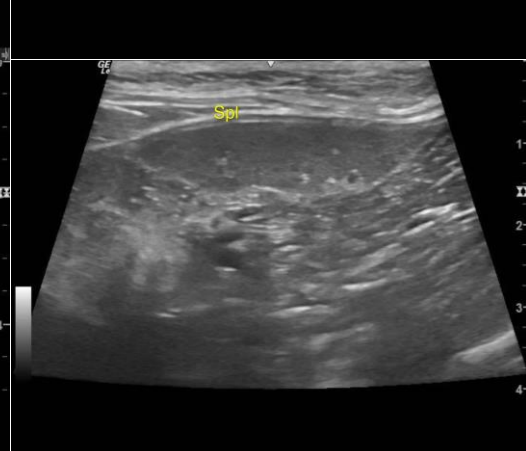
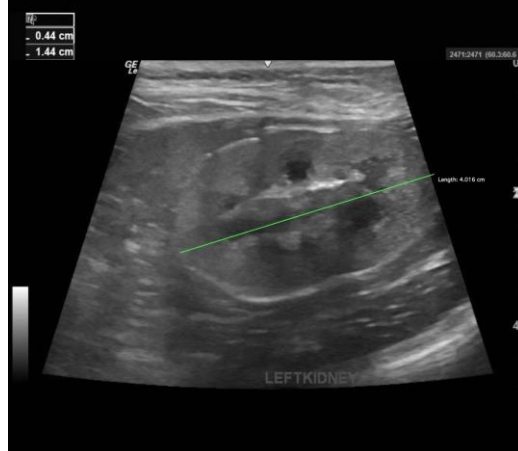
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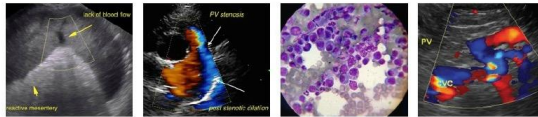
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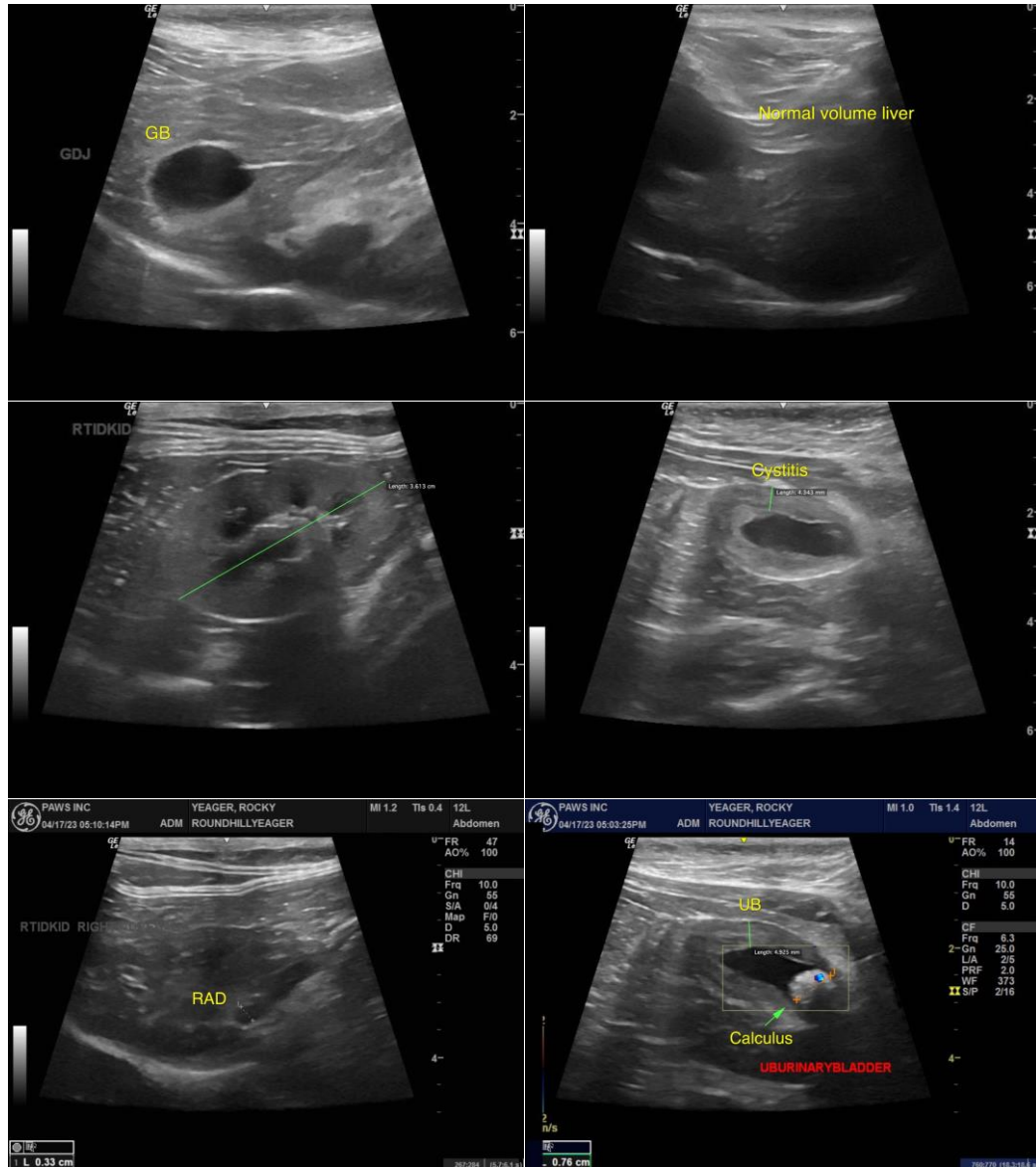
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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