

PATIENT PRESENTING CLINICAL SIGNS

Casper Jones Bloated, constipation, possible mass in abdomen, pain with defecation, anorexia Current Medications Gaba, Fortiflor and Mirtaz

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: AST elevated, ALKP and Bili and low WBC 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

No evidence of medial iliac or sublumbar lymphadenopathy.

AGE

7 Years

Normal size and margination were present in the right kidney (4.6 cm). 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.

WEIGHT

11.68 Pounds

The left kidney was mildly enlarged in size with maintained symmetrical capsule contour. Mild loss of corticomedullary border demarcation noted. Scant perinephric fluid present. The left kidney measured 5.0 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm. The right adrenal gland measured 0.29 cm.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The spleen exhibited mild enlarged (1.5 cm width mid spleen) with 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.

HOSPITAL NAME

VCA Vitality AH

Liver

REFERRING VET

Dr. Surroz

The liver was mildly 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.

INVOICE

46828

DATE

4/20/23



PATIENT *Gastrointestinal*

Casper Jones The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow. Gastric body wall measured 0.24 cm.

SPECIES

Feline 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. Duodenum wall measured 0.20 cm. Jejunum wall measures 0.20 cm. Ileocolic wall measured 0.28 cm.

BREED

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

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.68 Pounds

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.

Free Abdomen

No omental masses, visualized lymphadenopathy, or peritoneal effusion.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenomegaly
- Structurally unremarkable gastrointestinal tract/colon with shadowing gastric ingesta – post-prandial presentation, potential for gastric hairball density.
- Mild left renomegaly with scant perinephric free fluid – non-specific.
- Normal pancreas

IMAGING PERFORMED BY

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of an intraabdominal mass. Assuming normal clotting status and using 25-gauge needle, screening hepatosplenic FNA cytology is recommended for further assessment of the hepatosplenomegaly.

HOSPITAL NAME

VCA Vitality AH

The mildly enlarged left kidney with scant perinephric free fluid is non-specific with potential for mild non-specific nephritis. Potential for emerging to early left kidney neoplasia criteria thought less likely yet cannot be definitively excluded. Full urinary workup including possible screening culture and sensitivity or UPC level (if evidence of inflammatory sediment or proteinuria) is suggested. Sonographic monitoring of the left kidney with initial recheck in 3-4 weeks suggested.

REFERRING VET

Dr. Surroz

As needed gastrointestinal support, empirical therapy for constipation, and hairball therapy (if clinically indicated) with possible monitoring for gastric emptying (if documented NPO) would be reasonable.

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HOSPITAL NAME

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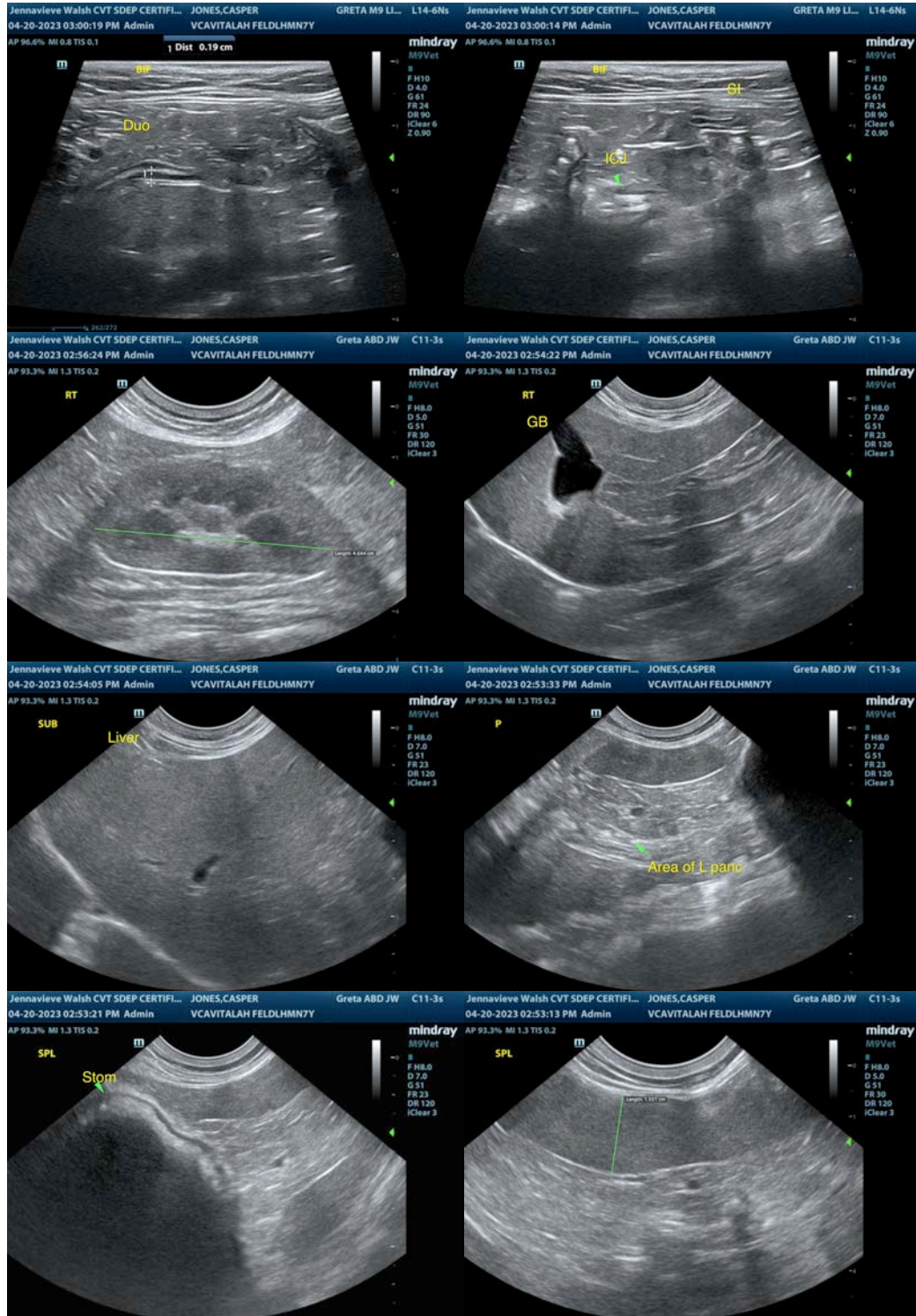
Dr. Surroz

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PATIENT

Casper Jones

SPECIES

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BREED

DLH

SEX

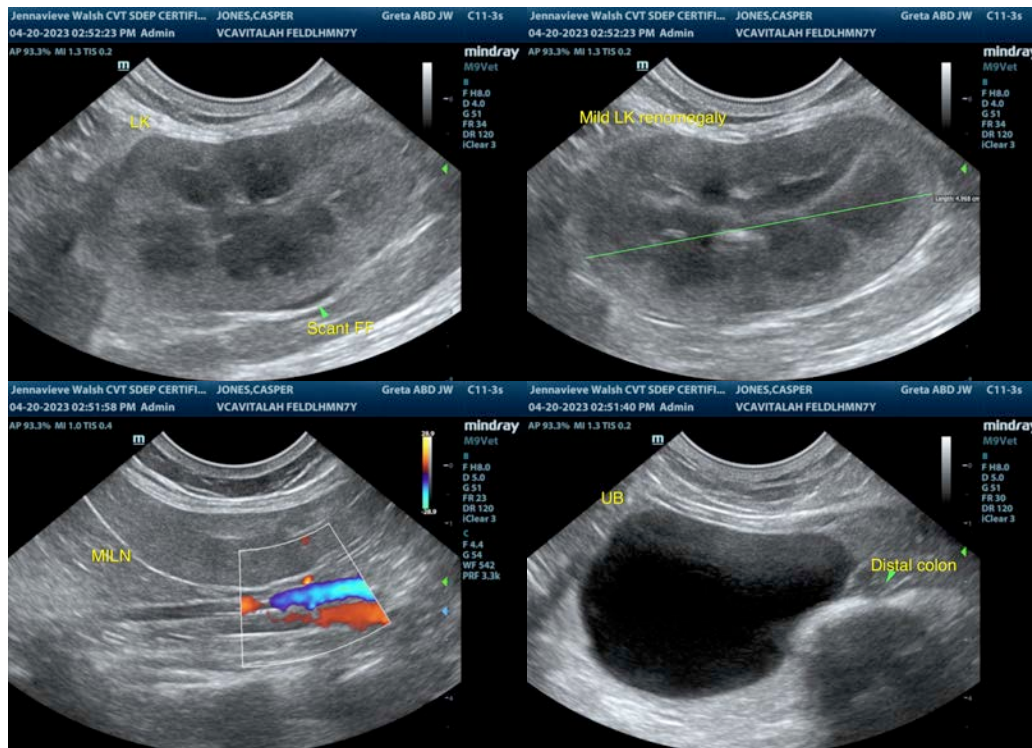
Neutered Male

AGE

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WEIGHT

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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