

PATIENT PRESENTING CLINICAL SIGNS

Lilly Schneider History: 4.20 - ataxia, pain on left side of body, anorexia, disoriented, 1.22 nodular plexiform vasculopathy lumpectomy, no pain in back legs, BP 160 Convenia Labs: AST 203, normal ALT/ALP, calcium 7.4, WBC 12.7 with mild neutrophilia and lymphopenia, Urine Spec Grav 1.029, glucose 187

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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 nondendent 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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2010

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present in both kidneys. The left kidney measured 3.1 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

6.8

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm.

INTERPRETED BY

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

The right adrenal gland was mildly prominent in size, which is nonspecific and likely a patient variant without evidence of overt neoplastic criteria. The right adrenal gland measured 0.57 cm.

IMAGING

Spleen

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 0.97 cm in width.

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

REFERRING VET

Dr. Dengler

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. No evidence of hepatic neoplastic criteria.

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

DATE

4/28/22



PATIENT

Lilly Schneider

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.

SPECIES

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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. The duodenum wall measured 0.27 cm. The jejunum wall measured 0.24 cm.

BREED

DSH

Pancreas

The pancreas exhibited mild prominent size with areas of capsule asymmetry. Mildly hypoechoic to nonhomogeneous parenchyma with present with mild pancreatic duct dilation.

SEX

FS

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral nonspecific chronic renal changes with mild pyelectasia.
- Mild chronic active pancreatitis pattern.
- Mild prominent right adrenal gland- nonspecific

WEIGHT

6.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Potential for mild chronic active pancreatitis would be suspected, if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec FPL may be considered.

HOSPITAL NAME

White Haven VH

Monitoring of blood pressure for evidence of hypertension is suggested. Reassessment of the right adrenal gland recommended, if evidence of hypokalemia is noted. Neurological consultation could be considered if additional instances of ataxia or disorientation are noted. Three-view chest radiographs, if not done, could be considered to rule out occult thoracic pathology and assess cardiopulmonary status.

REFERRING VET

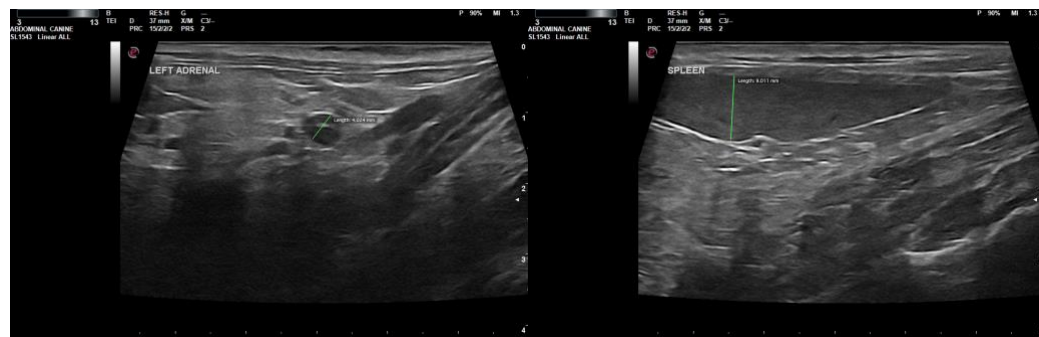
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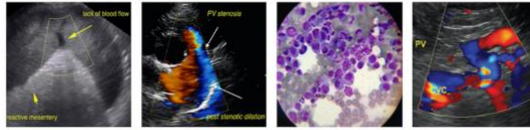
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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