



PATIENT	PRESENTING CLINICAL SIGNS
Gavroche Tuluca	5-7 day hx of anorexia u/s performed at another hosp this week hepatic cyst, poss compression on pylorus
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Hyperechoic echogenicity with distal acoustic shadowing was present in the dependent lumen. Anechoic urine was otherwise present. The echogenicity exhibited asymmetrical contour. The echogenicity measured 1.0 cm in diameter. Potential for mild concurrent cystitis is likely.
SEX	
MN	The area of the aortic trifurcation was free of pathology.
AGE	
13	The left kidney was mildly enlarged in size with mild cortical hypertrophy, mild loss of corticomedullary border demarcation, and pinpoint areas of dystrophic medullary mineral. No pyelectasia was noted in the left kidney. The left kidney measured 4.9 cm length.
WEIGHT	
12	The right kidney was subnormal in size with asymmetrical margination. Variably echogenic medullary parenchyma exhibiting pinpoint to focal dystrophic mineralization was present. No evidence of pyelectasia was noted in the right kidney. The right kidney measured 2.9 cm in length.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
	The left and right adrenal glands were not definitively visualized.
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver/ Gallbladder
Rockaway Animal Hospital	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A moderately sized, thinly walled hepatic cyst was present in the right lateral to caudate liver lobe. The cyst contained anechoic fluid, measuring 2.5 cm in diameter. No evidence of peripheral Inflammation was noted around the hepatic cyst. 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.
REFERRING VET	Gastrointestinal
Dr. Maniar	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild nonshadowing ingesta/chyme. The pylorus wall width measured 0.30 cm.
INVOICE	
13906	
DATE	
5/19/22	



PATIENT

Gavroche Tuluca

The visualized segments of small Intestine were sonographically normal exhibiting intact wall layering and normal wall layer ratio. The small Intestinal wall width measured 0.25 cm.

SPECIES

Feline

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

BREED

DSH

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 were evident.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

13

ULTRASONOGRAPHIC FINDINGS

- Solitary cystic calculus with suspect minor cystitis
- Left kidney compensatory hypertrophy with mild chronic changes
- Right kidney subnormal size with mixed echogenic dystrophic parenchyma
- Overtly normal gastrointestinal tract with gastric ingesta / chyme
- Moderately sized right lateral to caudate lobe intraparenchymal thinly-walled hepatic cyst containing anechoic fluid

WEIGHT

12

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical pyloric outflow obstruction was noted, as well as no evidence of impingement upon pyloric outflow secondary to the adjacent hepatic intraparenchymal cyst. Overall, no overt evidence of structural gastrointestinal pathology or overt pancreatitis as an obvious cause of the patient's clinical signs.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

The possibility of structurally insignificant gastrointestinal inflammatory process or low-grade to chronic pancreatitis, both of which may present sonographically normal, cannot be excluded. Further assessment, especially if evidence of weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirical gastrointestinal support is recommended.

REFERRING VET

Dr. Maniar

Urine culture and sensitivity is recommended on a sterile urine sample. Correlation with full CBC/Chemistry panel and Urinalysis is recommended if not recently done.

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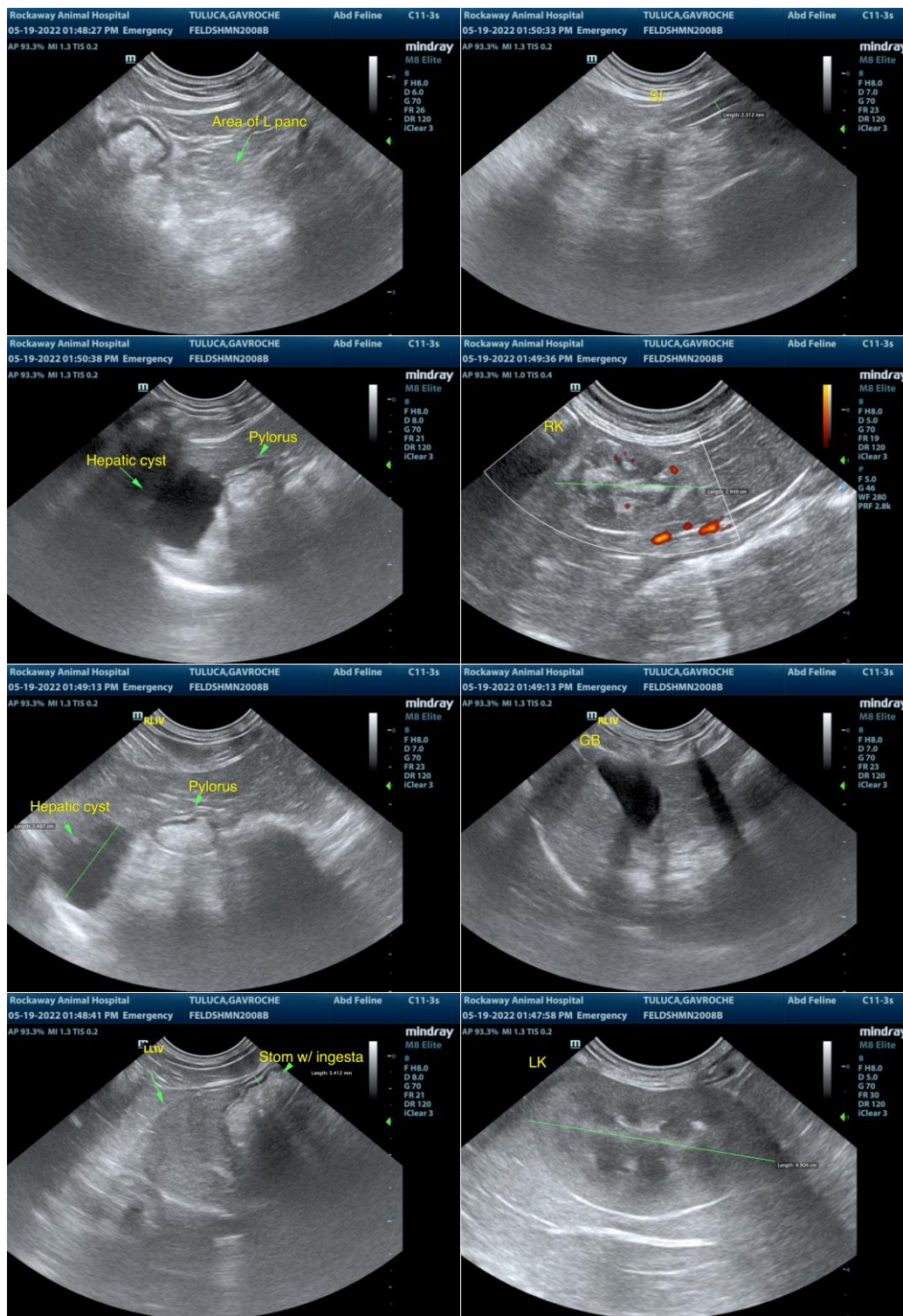
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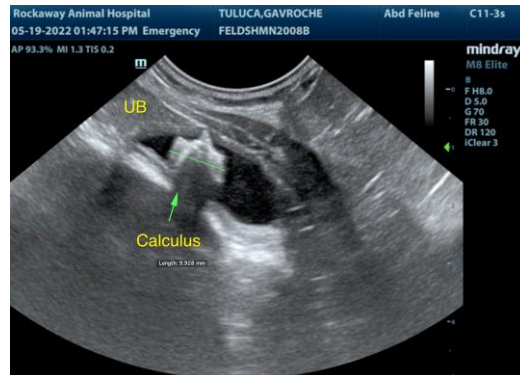
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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