



PATIENT

Valdaran Saxvoid

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

10.63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid Veterinary
Hospital

REFERRING VET

Dr. Diane Heider

INVOICE

13913

DATE

5/19/22

PRESENTING CLINICAL SIGNS

P is being tx'd for hyperthyroidism, but still isn't eating normally.

Abnormal PE/Chem/CBC/UA Results: 1 tab 5mg methimazole in AM, 1/2 tab 5mg methimazole in PM

BUN 30, Creatinine 1.1, SDMA 8, T4 5.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size was present in the kidneys with mild areas of asymmetrical renal margination. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary caudal cortical cyst was present in the right kidney measuring 0.79 cm in diameter. This cyst was thinly walled containing anechoic fluid. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

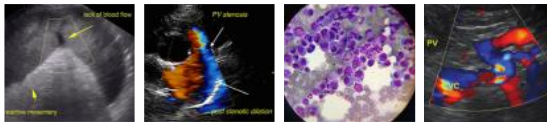
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

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. The spleen measured 0.77 cm width at the level of the hilus.

Liver/ Gallbladder

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.



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Gastrointestinal

Valdaran Saxvold

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. The gastric body wall width measured 0.25 cm.

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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 jejunum wall width measured 0.23 cm. The duodenum wall width measured 0.23 cm.

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

SEX

Pancreas

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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.

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Free Abdomen

WEIGHT

No omental masses, lymphadenopathy or peritoneal effusion were present.

10.63 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Mild chronic renal changes with caudal right kidney cortical cyst
- Sonographically unremarkable gastrointestinal tract / pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patient's abnormal appetite.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic BP could be considered. Continued as-needed gastrointestinal support is recommended with potential recheck sonogram if persistent / progressive anorexia or evidence of weight loss are noted.

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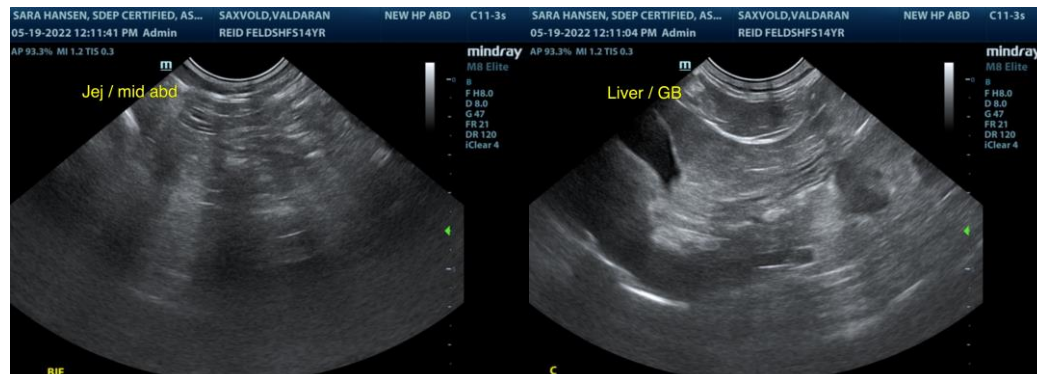
Dr. Diane Heider

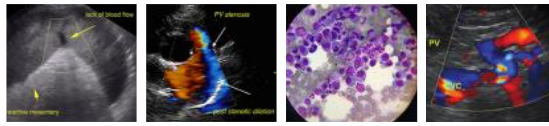
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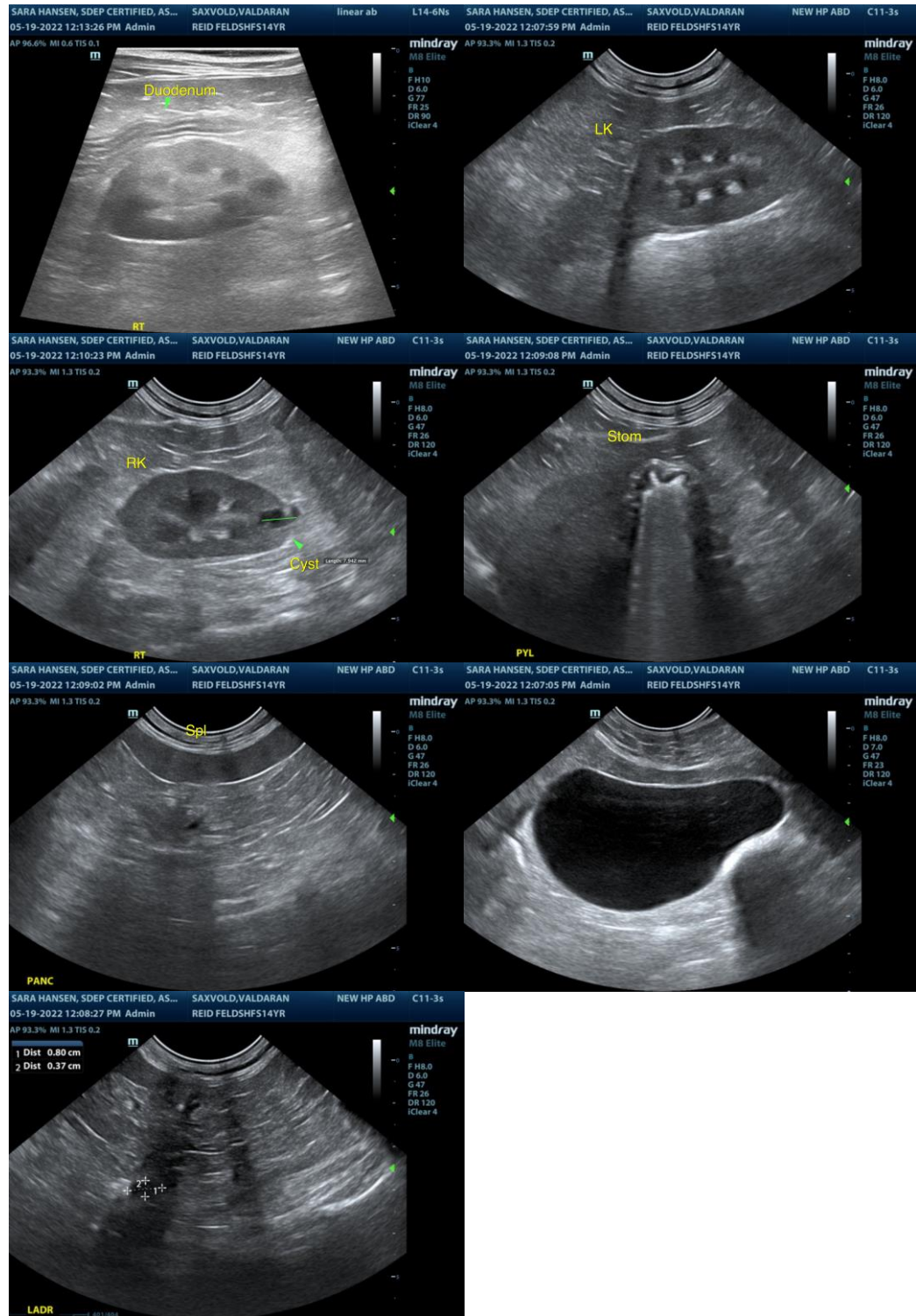
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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