



PATIENT

Ernie Demko

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

5

WEIGHT

5.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Langdon VC

REFERRING VET

Dr. Paez

INVOICE

16727

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History of PUPD chronic intermittent vomiting, history of allergies

Abnormal PE/Chem/CBC/UA Results: Mild elevation of SDMA UA sg 1014

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 and margination were present in the kidneys. 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. Minor left kidney pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.



PATIENT	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.39 cm width. The ileocolic wall measured 0.43 cm width. The duodenum wall measured 0.33 cm width.
Ernie Demko	
SPECIES	Normal visible colon wall layers were present with apparent soft fecal in lumen.
Feline	<i>Pancreas</i>
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
DSH	
SEX	<i>Free Abdomen</i>
M/N	Intermittent, mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of minor perilymphatic hyperechoic omentum was evident. An example of lymph node size was 1.7 cm x 0.33 cm. No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
AGE	
5	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
5.4 kg	<ul style="list-style-type: none"> • Gastric ingesta - sonographically consistent with food • IBD intestinal pattern with associated mild subjective benign / reactive mesenteric lymphadenopathy • Mild heterogeneous pancreas • Sonographically normal kidneys with mild left kidney pyelectasia
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left kidney 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	
Dr. Belan	
HOSPITAL NAME	A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as for possible concurrent low-grade pancreatitis, which may present as sonographically normal, is suggested.
Langdon VC	
REFERRING VET	Minor potential for early low-grade intestinal neoplasia, i.e., low-grade lymphoma which may present in a similar sonographic manner as inflammatory criteria cannot be definitively excluded. Full-thickness intestinal biopsies are required for a definitive diagnosis.
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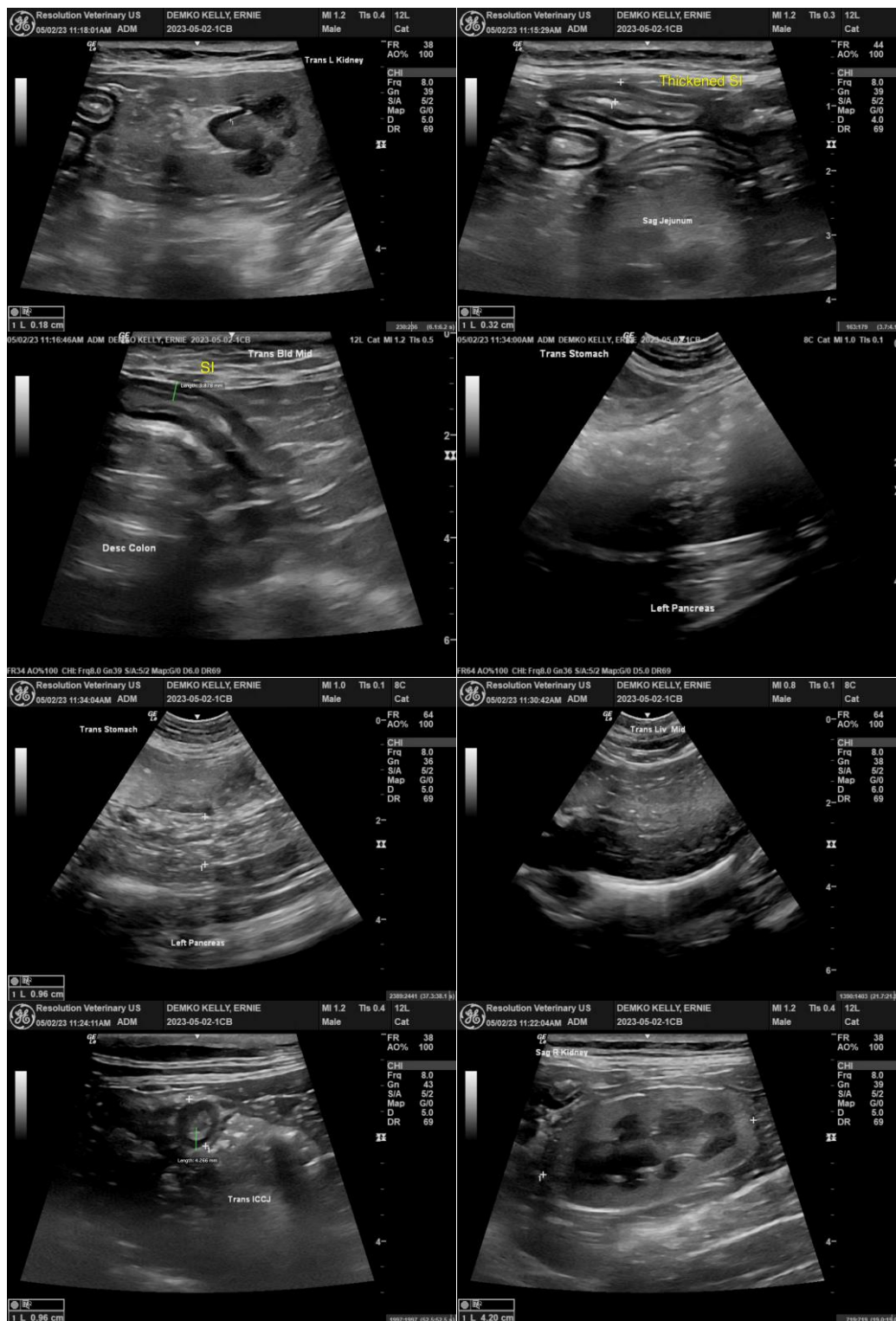
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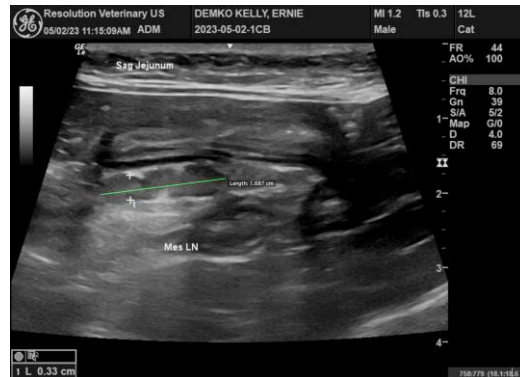
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com