



PATIENT

Peanut Frater

SPECIES

Feline

BREED

Domestic Shorthair

SEX

F/S

AGE

6y, 6m

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Wayland

INVOICE

16729

DATE

5/2/23

PRESENTING CLINICAL SIGNS

P has history of megacolon, bladder stones Around April 24th P was having trouble defecating, sought care elsewhere - radiographs and enema done, enema reported to be successful and P passed stool. No BM since 4/24. P has now been inappetent, not having BM, lethargic. Some vomiting has occurred. On 5/1/23 exam was mildly icteric P is on Miralax 1/2tsp every 12 hours as needed for constipation Cisapride-order from other vet, not started yet Mirtazapine for 3 days after vet appointment- didn't seem to help

Abnormal PE/Chem/CBC/UA Results: 5/1/23 senior panel showed CBC - NSF; Urinalysis - Bacteruria; Thyroid hormones - TT4 low at 0.5; Chemistry profile - ALT/ALKP/TBIL elevated Ca at >13

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal walls and no evidence of inflammatory criteria or tumors. Anechoic urine was present primarily with mild, dependent mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal margination was 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 with no evidence of pelvic dilation. The left kidney was subnormal in size compared to normal renal parameters in cats and compared to the right kidney measuring 2.5 cm in length. The right kidney measured 4.1 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 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.

Liver/ Gallbladder

The liver was subjectively mildly enlarged yet maintained a symmetrical capsule contour. The liver exhibited uniform mild increased hepatic parenchyma echogenicity with mild coarse echotexture and normal hepatic vascular volume with no masses or nodules. The gallbladder was normal in size appearing to be at least partially divided into two compartments, both containing anechoic content. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Peanut Frater	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	
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.
BREED	
Domestic Shorthair	The colon exhibited subjective mild distention with formed fecal matter. Normal visible colon wall layers were present.
SEX	<i>Pancreas</i>
F/S	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.
AGE	<i>Free Abdomen</i>
6y, 6m	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.8	<ul style="list-style-type: none"> • Mild urinary bladder mineral • Subnormal left kidney size • Sonographically unremarkable gastrointestinal tract • Mild feces distended colon • Sonographically normal pancreas • Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity - nonspecific, vacuolar hepatic changes, inflammatory disease, emerging lipidosis, occult infiltrative round cell neoplasia are all potentials • Probable incidental bilobed gallbladder - normal variant in a cat
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urine C/S on a sterile urine sample is recommended. Assuming normal clotting status and using a 25-gauge needle and with vitamin K pretreatment, screening hepatic FNA is warranted for further clarification.
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INVOICE	No sonographic evidence of significant or active pancreatitis, yet concurrent low-grade or chronic pancreatitis may present as sonographically normal. If clinical concern for pancreatitis, a Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate to assess for concurrent intestinal disease could be considered. Three-view chest radiographs are suggested if not done given the hypercalcemia. Empirical therapy for hepatopathy with as-needed gastrointestinal support and continued therapy for constipation is recommended.
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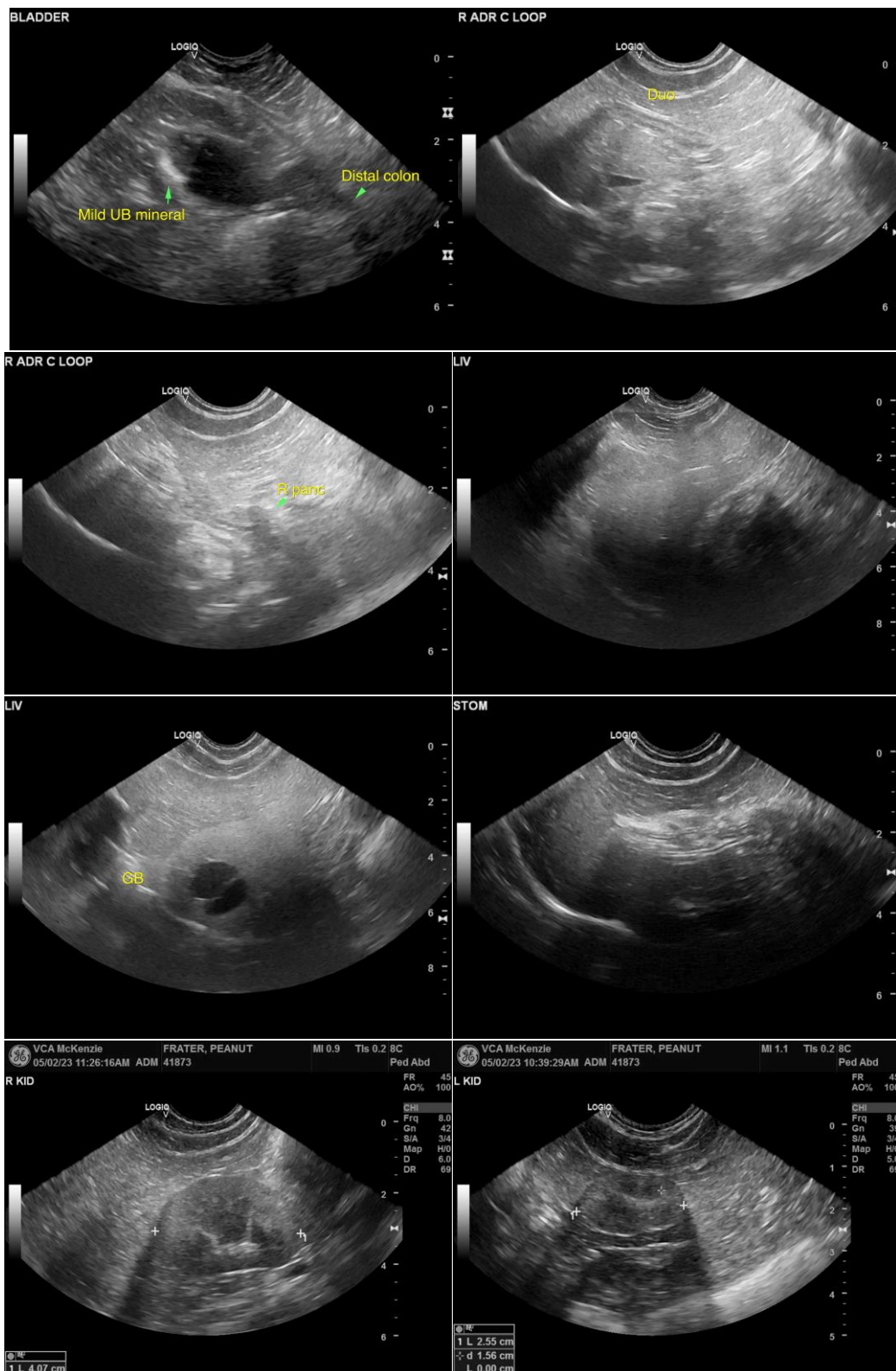
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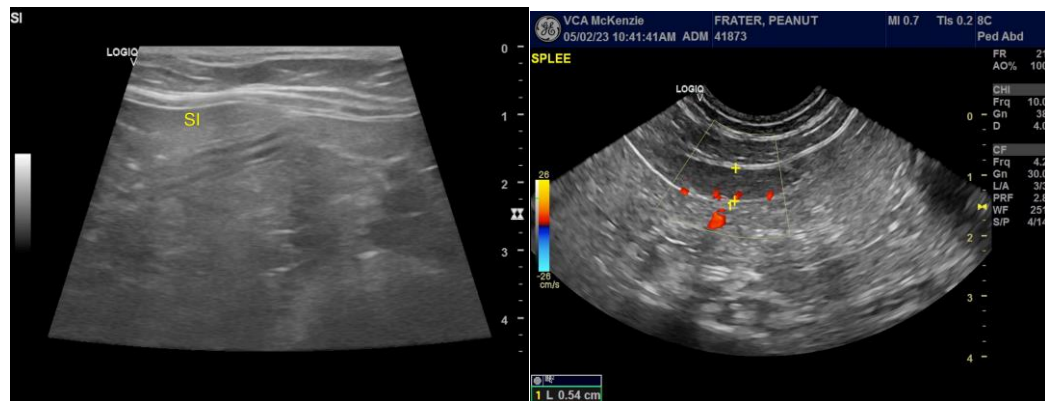
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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