

**PATIENT**

Sophie Mittan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

8 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Mark Carlson

INVOICE

15738

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Presented for Vomiting, diarrhea, lethargy and inappetence.
 Abnormal PE/Chem/CBC/UA Results: Radiographs showed enlarged kidneys and bladder stones.
 otherwise, no other significant findings.

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 sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal size and 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.4 cm. The right kidney 4.0 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

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 0.85 cm in width at the level of the hilus.

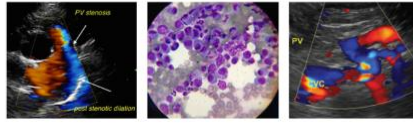
Liver

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 common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.21 cm diameter.

Gastrointestinal

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 measured 0.24 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 duodenum wall measured 0.22 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.28 cm.

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

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 was evident.

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Free Abdomen**SEX**

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No omental masses, lymphadenopathy or peritoneal fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific renal medullary rim sign- no evidence of renomegaly
- Overtly normal gastrointestinal tract/pancreas
- Mild nonobstructive proximal common bile duct dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild proximal common bile duct dilation was nonspecific yet not consistent with post hepatic obstruction. This finding may suggest age-related changes with secondary underlying cholangitis/cholangiohepatitis if previous or current hepatic enzyme elevations. Potentially, this may result in low-grade lethargy and anorexia at times, however, not definitive.

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Dietary hypersensitivity/food intolerance, dysbiosis, low-grade to chronic pancreatitis, or structurally insignificant inflammatory bowel, both of which may present as sonographically normal, cannot be definitively excluded as potential contributing factors to the patients clinical signs. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, especially if evidence of weight loss. Empirical, as needed, gastrointestinal supportive care is recommended.

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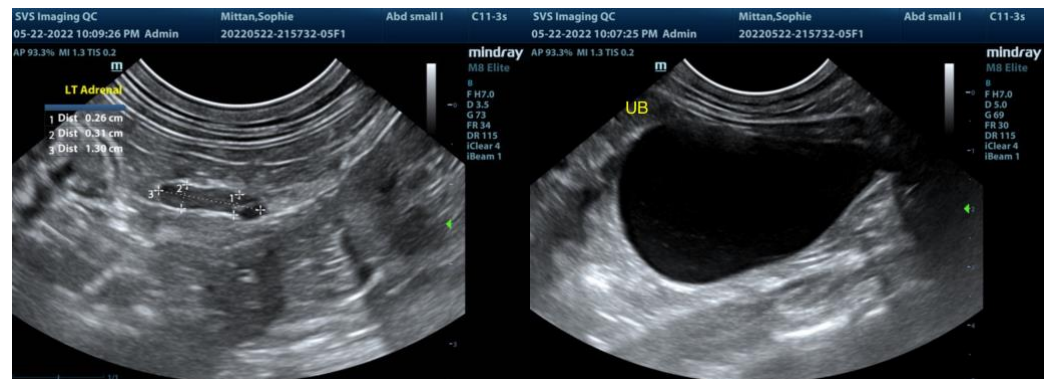
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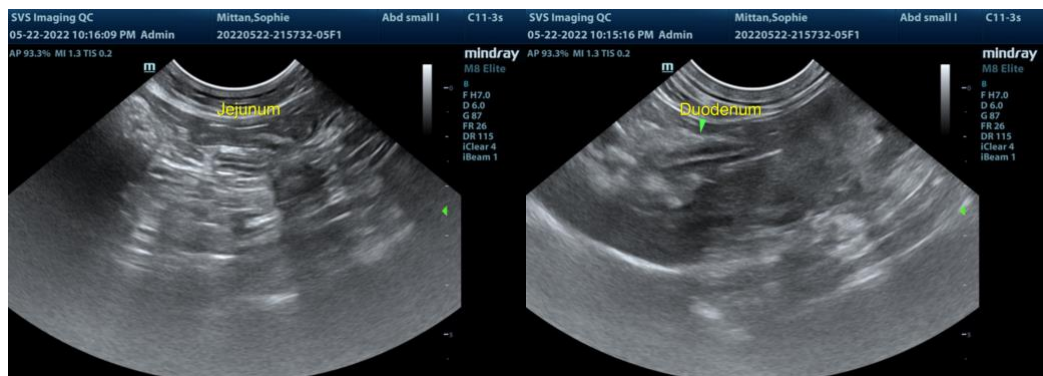
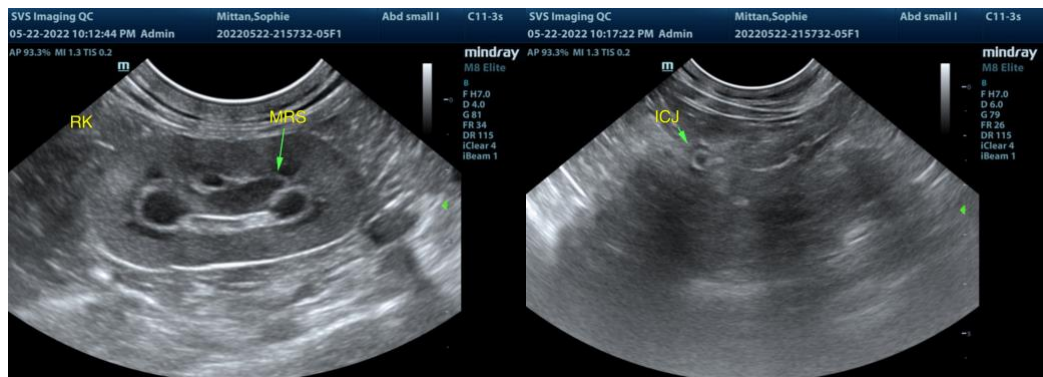
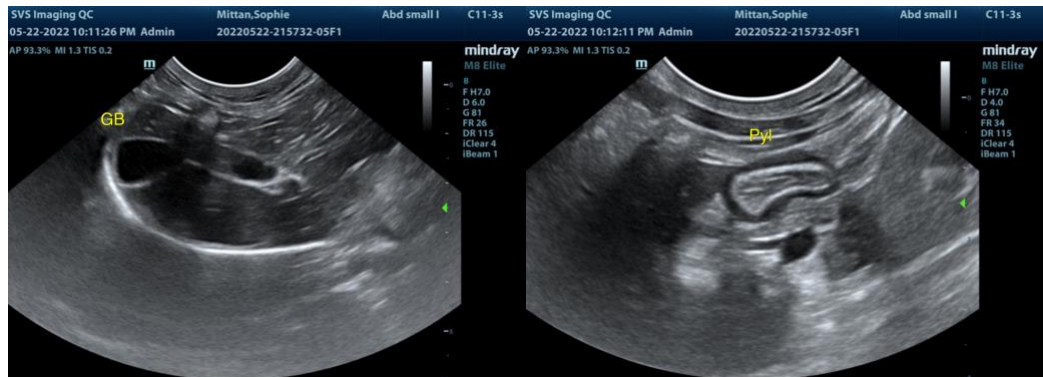
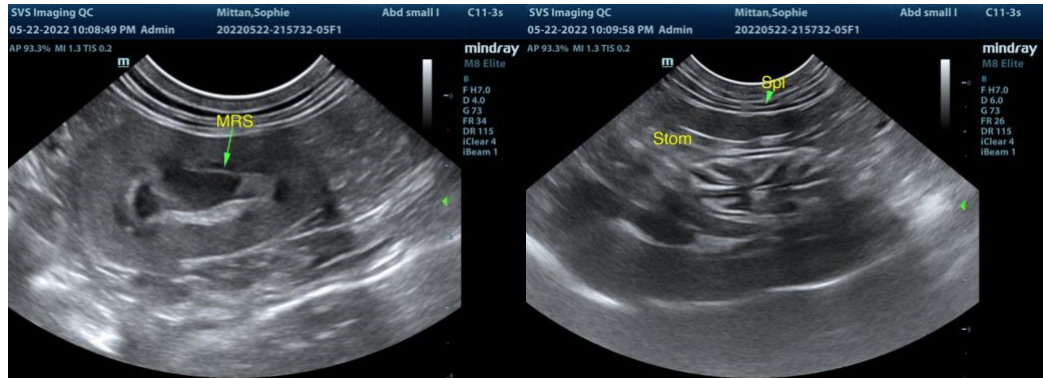
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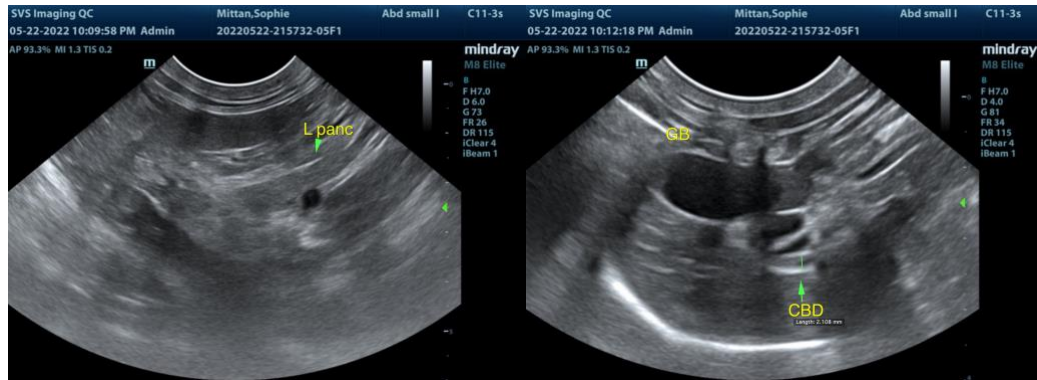
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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