



PATIENT PRESENTING CLINICAL SIGNS

Ollie Paris History: Vomiting lethargic despondent exposure to lillies. Hyperechoic mesentery on AFAST
Abnormal PE/Chem/CBC/UA Results: Mild elevation HGB MCH MCT stress hyperglycemia normal
SDMA hypercholesterolemia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder was mildly distended in size with normal tone. The urinary bladder walls were overtly normal. Primarily anechoic urine was present with mild nondependent particulate to hyperechoic sediment. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

SEX

Neutered Male

Both kidneys revealed borderline subjective enlargement with maintained symmetrical margination, 1:3 cortex to medulla ratio and normal subjective corticomedullary border demarcation. Subtle uniform subjective increased cortex echogenicity. No evidence of pyelectasia. The left kidney measured 4.5 cm. The right kidney measured 5.1 cm.

AGE

3 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm.

WEIGHT

6.65 kg

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Belan

Liver

HOSPITAL NAME

McKnight 24 hour AH

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.

REFERRING VET

Dr. Malaguti

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.

INVOICE

15739

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 0.26 cm. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.28 cm.

DATE

5/24/22

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

Pancreas



PATIENT

Ollie Paris

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SPECIES

Feline

Solitary to intermittent mildly prominent colic 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 perilymphatic to periileocolic inflammation was present.

BREED

DSH

Subtle peripancreatic reactive mesentery noted. No evidence of additional intrabdominal lymphadenopathy. A small pocket of scant peritoneal free fluid was noted between the medial spleen and left kidney.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder sediment- crystalline debris- cellular debris/protein or combination possible.

AGE

3 Years

- Borderline renomegaly, exhibiting nonspecific mild uniform increased cortex echogenicity

WEIGHT

6.65 kg

- Sonographically unremarkable gastrointestinal tract

- Focal to intermittent minor colic lymphadenopathy- hyperplasia or minor colic lymphadenitis, potentially owing to inflammatory bowel episode or similar possible, colic lymph nodes not overtly consistent with lymphatic neoplastic criteria.

- Heterogeneous pancreas with subtle peripancreatic reactive mesentery- nonspecific. Potential for mild pancreatitis possible

- Small pocket of scant perisplenic free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec FPL warranted. Depending upon time frame from potential exposure to lillies, the possibility of acute kidney injury cannot be excluded. Full urinary work up, including urinalysis and culture and sensitivity, if evidence of inflammatory cells +/- baseline UPC could be considered. Continued monitoring of renal parameters, going forward, is recommended. No evidence of mechanical/metabolic gastrointestinal ileus, obstructive pattern or overt foreign material. Empirical gastrointestinal support suggested.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 hour AH



REFERRING VET

Dr. Malaguti

INVOICE

15739

DATE

5/24/22



PATIENT

Ollie Paris

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 hour AH

REFERRING VET

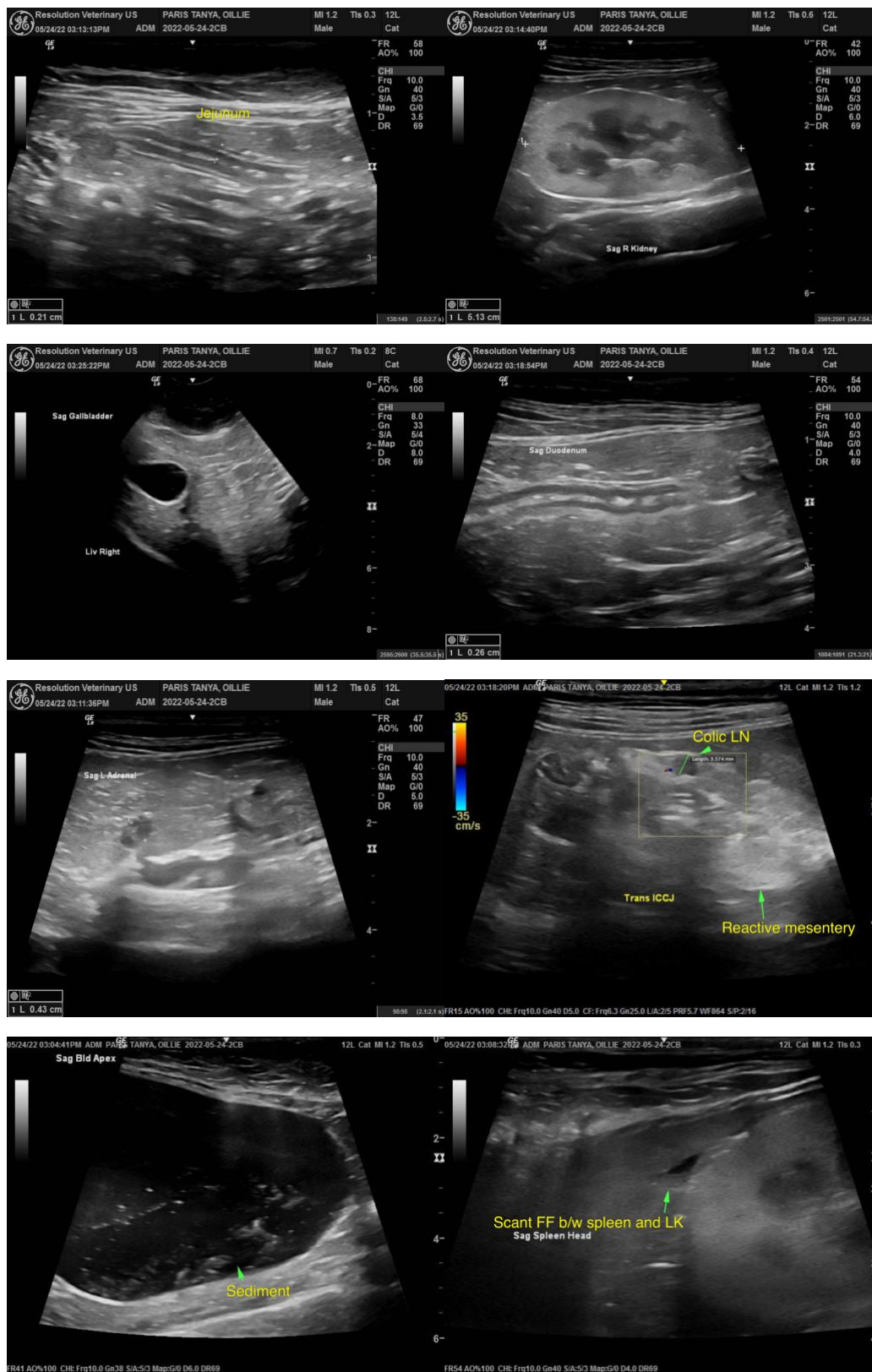
Dr. Malaguti

INVOICE

15739

DATE

5/24/22





PATIENT

Ollie Paris

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 hour AH

REFERRING VET

Dr. Malaguti

INVOICE

15739

DATE

5/24/22



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