



PATIENT PRESENTING CLINICAL SIGNS

St. Paul Panse History: URINARY INCONTINENCE HEMATURIA WEIGHT LOSS

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BW- ELEVATED SDMA, LOW POTASSIUM 2.3, MILD ELEVATED PHOSPHORUS, ELEVATED CA 12.9, HIGH NORMAL CR, ELEVATED BUN UA WITH MIC - LOW SPGR, PROTEIN 3+, ENTEROCOCCUS FAECIUM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

SEX

NM

AGE

15 years

WEIGHT

7.9

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall exhibiting mild nonhomogeneous mural echogenicity. The luminal margin of the thickened urinary bladder wall was primarily symmetrical in contour. Urinary bladder wall thickness measured 0.47 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2 cm. Anechoic urine was present in the lumen with mild particulate sediment which may indicate cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of urinary bladder masses or mural mineralization was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Minor bilateral dystrophic medullary mineral was present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length. No overt evidence of renal neoplastic criteria was observed.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was not definitively visualized.

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Dr. Sharkaway

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.

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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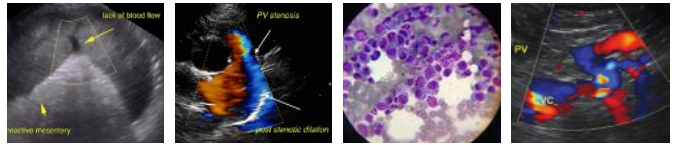
INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

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PATIENT

Gastrointestinal

St. Paul Panse

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 0.25 cm in width.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of a mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.3 cm in width. The ileocolic wall measured 0.40 cm in width.

BREED

DSH

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

SEX

NM

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

No evidence of peritoneal effusion was present. The omentum exhibited subjective normal echogenicity.

WEIGHT

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Intermittent focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.4 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis with particulate UB sediment
- Infiltrative enteropathy pattern-suspect IBD, minor potential for low grade or early neoplastic infiltrative enteropathy such as lymphoma possible
- Intermittent subjectively benign/reactive mesenteric lymph nodes
- Low grade to chronic active pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the bladder is suggestive of chronic cystitis, the potential for infiltrative mural neoplasia cannot be definitively excluded. Medical therapy for cystitis +/- appropriate antibiotics ideally based on C/S results with assessment of clinical response and sonographic monitoring of the bladder for evidence of progressive wall thickening would be reasonable.

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Concurrent monitoring of systemic BP is suggested.

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The weight loss in this patient may be owing to underlying intestinal disease with a contribution of chronic active pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A hypercalcemia panel to include Ca++ +/- PTHRP for further assessment is warranted.

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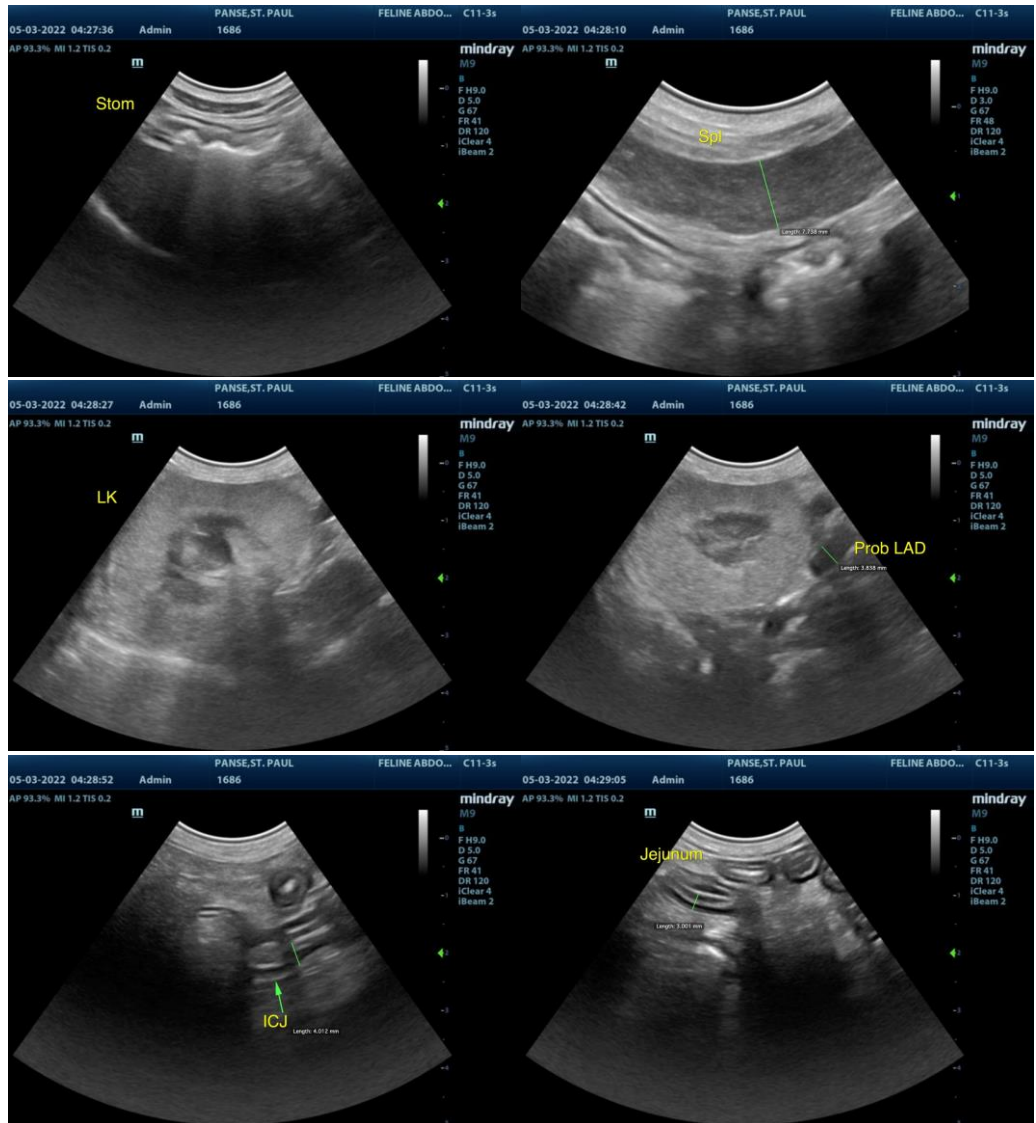
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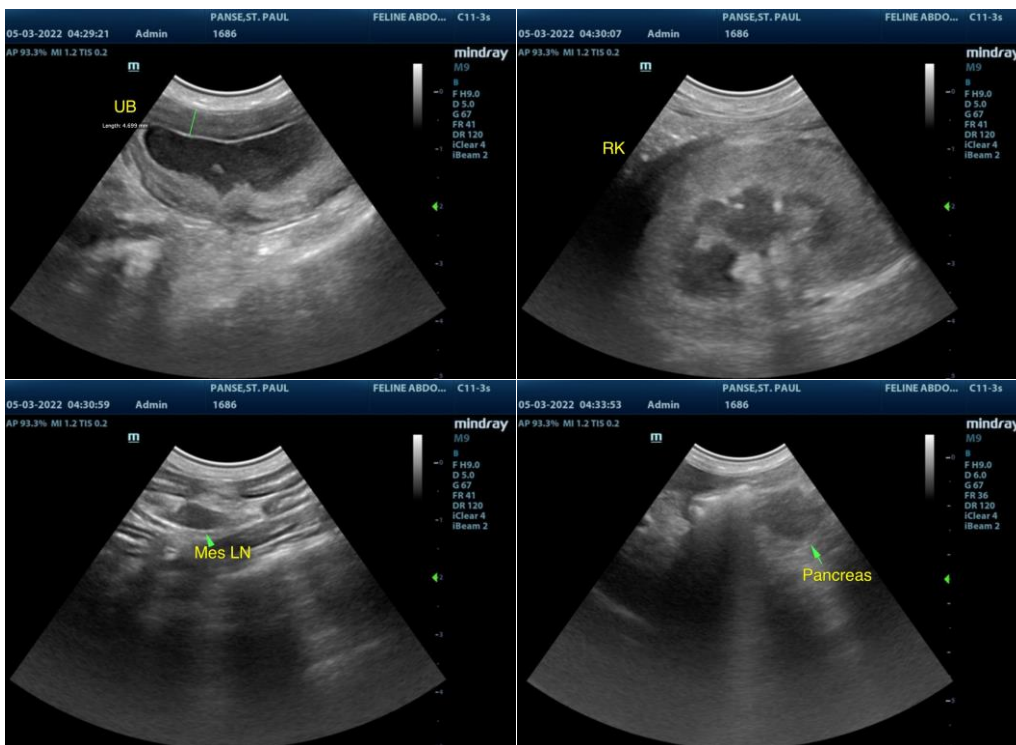
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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