



PATIENT

Bella Larkin

SPECIES

Feline

BREED

DLH

SEX

Female Spay

AGE

14

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Properties AC

REFERRING VET

Dr. Lemu

INVOICE

13953

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Chronic hematuria. Has a heart murmur echo done no significant findings. Has a pharyngeal mass and on pred treatment for the mass. But and gabapentin given for scan

Abnormal PE/Chem/CBC/UA Results: No abnormalities in last blood work UA results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild thickening of the ventral to ventroapical urinary bladder wall width was present exhibiting homogeneous mural echogenicity and without evidence of mural mineralization or overt masses. The ventral urinary bladder wall width measured 0.27 cm. Mild concurrent asymmetrical luminal surface contour was noted in the areas of ventral to ventroapical urinary bladder thickening. Anechoic urine was present with no sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomodullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal to mildly subnormal in size likely owing to Prednisolone therapy. No evidence of adrenal pathology was noted. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.32 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. The spleen measured 0.75 cm width.

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 mild, nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ventral gastric body wall width 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 jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.33 cm.

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

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Pancreas

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The left pancreatic limb exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum. Minor pancreatic duct dilation was noted.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Mildly ventral to ventroapical cystitis pattern
- Bilateral mild chronic renal changes with minor pyelectasia
- Subtle hypoechoic left pancreas with minor pancreatic duct dilation - nonspecific, probable age-related or patient variant, minor potential for low-grade Inflammation possible

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Secondary Findings

- Sonographically unremarkable gastrointestinal tract with gastric ingesta - suspect post prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinalysis+/- culture and sensitivity on a sterile urine sample, if clinical concern for underlying infection or evidence of inflammatory cells on urinalysis, Is recommended. Given the quiet urinary bladder sediment, additional renal staging to include baseline UPC could be considered.

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The pyelectasia noted In both kidneys is nonspecific and may be secondary to mild chronic renal changes, and pelvic scarring, with bilateral chronic pyelonephritis felt less likely yet cannot be definitively excluded. No overt evidence of upper or lower urinary tract neoplastic criteria was noted.

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Conservative therapy for cystitis, pending additional urinary workup, would be reasonable. Sonographic monitoring of the urinary bladder for evidence of progressive wall thickening is suggested, especially if persistent / progressive hematuria is noted.

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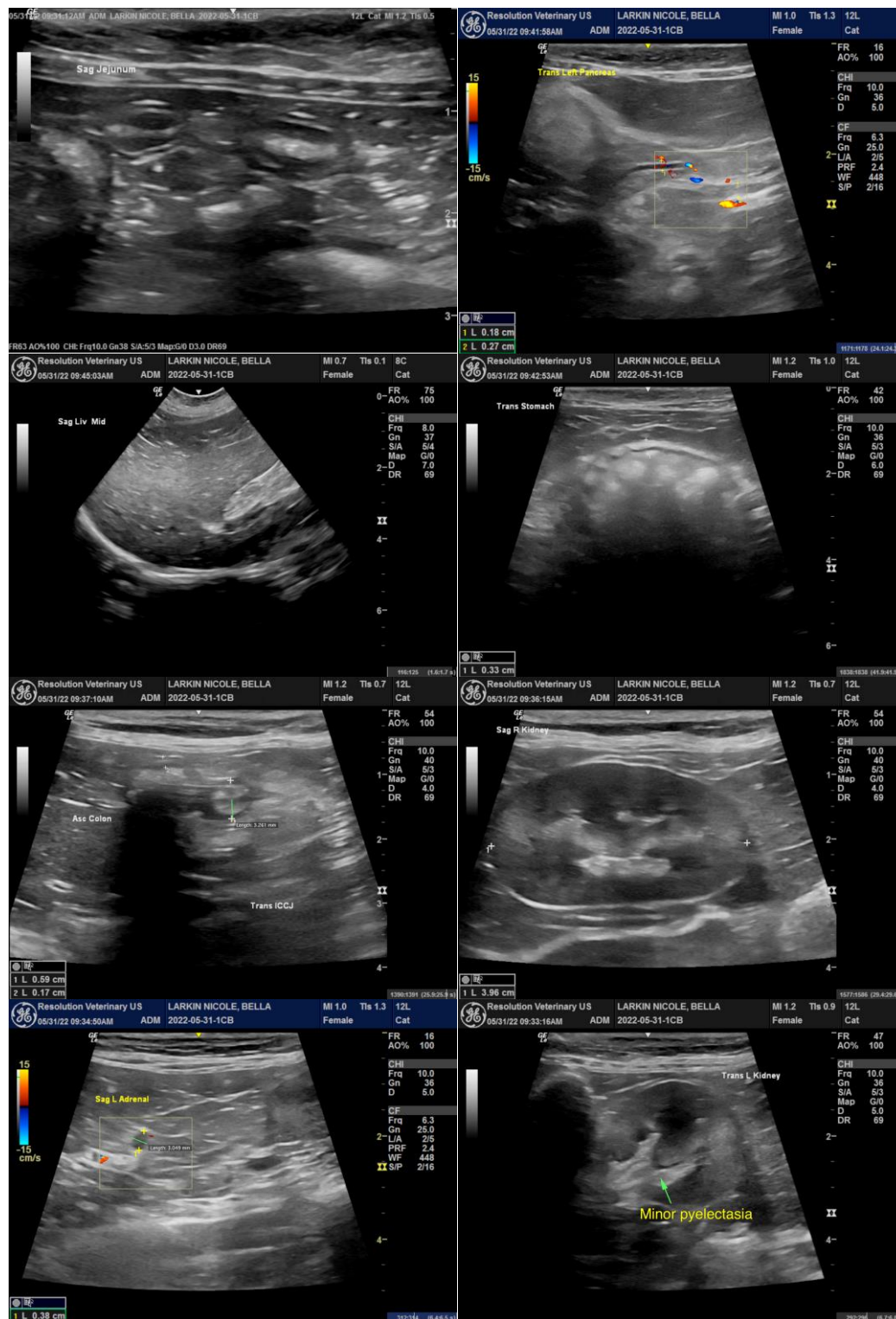
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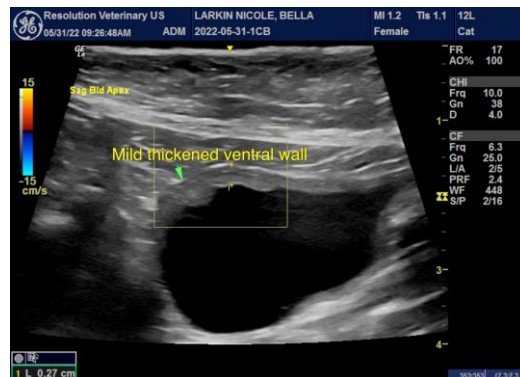
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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