



PATIENT

Charlotte Bronte
Meadows

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

17 years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

Laurie Langford
DVM

INVOICE

13964

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Charlotte Bronte presented to BAESC for referral AUS from East Bend Animal Hospital for the following concerns documented on 5/22/22: -- Eats well but feels as if she's losing weight. O interested in blood work today -- P still zooms around like she's a young gal. Is the patient eating and drinking well?: Yes Any vomiting or diarrhea? No Any increase in water or urination? No What food and protein do you feed. How much? RC urinary dry Medications: None Lifestyle: Indoor mostly, O allows her to go outside in small increments with supervision; multiple cats and dogs in the home. Do you or have you traveled out of the area? No PPH: Crystalluria
Abnormal PE/Chem/CBC/UA Results: 5/22/2022: -- Physical exam revealed Integumentary: Small L thyroid nodule Oral Cavity: Missing #204, moderate tartar, dental grade 2 Digestive: Thickened area L-mid cranial abdomen -intestine? Sensitive on palpation, Rest of intestines empty -- Senior panel was performed on 5/22/22; Mild increase in SDMA, otherwise unremarkable, including T4 and Cardiac proBNP and FeLV/FIV testing. UA was not performed at the time, as patient was poorly compliant for sampling. -- Following AUS on 5/31/2022, obtained urine via UG-cysto for complete UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in overall size and tone containing anechoic urine primarily with mild nondependent particulate sediment. Possible small mural lesion extending mildly into the caudal urinary bladder lumen and In the area of the ventral urinary bladder neck was present measuring approximately 0.37 cm In diameter. Color flow doppler of this small possible lesion did not overtly pickup blood flow. The urethra exhibited normal structure and tone to the depth of 2.0 cm. No evidence of cystic calculi or additional mural lesions was noted.

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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 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 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Minor areas of asymmetrical capsule contour were present yet normal overall size was noted. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as



PATIENT	extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.93 cm in diameter.
Charlotte Bronte Meadows	
SPECIES	<i>Liver/ Gallbladder</i>
Feline	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.
BREED	<i>Gastrointestinal</i>
DLH	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta / chyme was present in the pylorus. The ventral gastric body wall width measured 0.25 cm.
SEX	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 width measured 0.25 cm. The jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.27 cm.
FS	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
17 years	<i>Pancreas</i>
WEIGHT	The pancreas exhibited subtle prominent size with areas of pancreatic capsule asymmetry. Mild nonhomogeneous to hypoechoic parenchyma with intermittent small thinly walled pancreatic cysts containing subjective anechoic fluid were present. An example of a cyst measured 0.50 cm in diameter.
3.3 kg	<i>Free Abdomen</i>
INTERPRETED BY	Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.45 cm diameter. No omental masses were noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Possible small lesion ventral urinary bladder neck - nonspecific, accumulated sediment / mucus given additional nondependent to particulate sediment, focal polyp or cystitis, emerging tumor, possible • Mild chronic renal changes • Overtly normal gastrointestinal tract • Mildly prominent asymmetrical to focally cystic pancreas - age-related / patient variant, potential for low-grade chronic to chronic active pancreatitis, no overt evidence of pancreatic neoplastic criteria • Intermittent subjective benign mesenteric lymphadenopathy - not consistent with overt Inflammatory or neoplastic criteria
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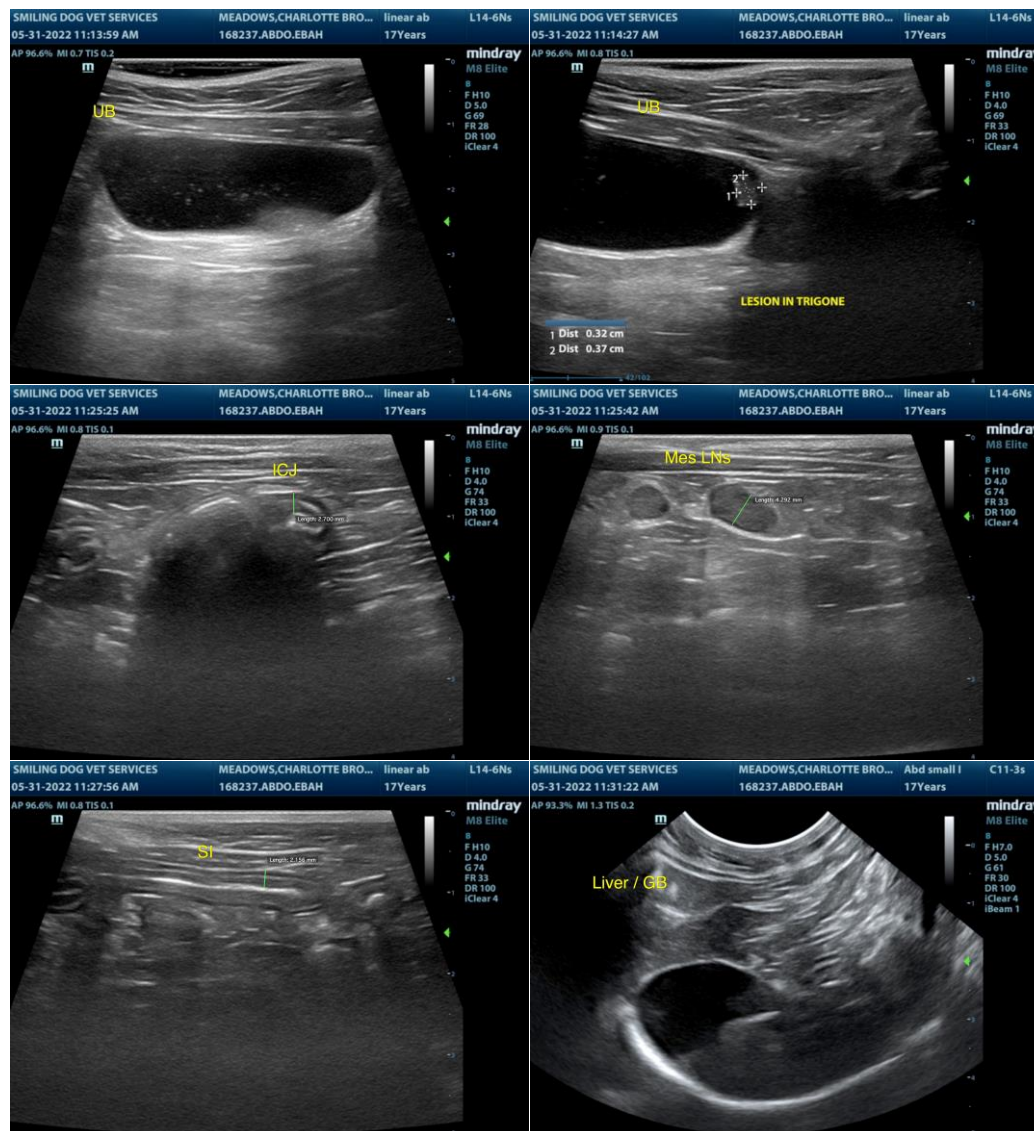
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade chronic to chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or ideally full GI panel to include PLI/TLI/Cobalamin/Folate given potential for weight loss is warranted. Three view chest radiographs are suggested If not done to rule out occult thoracic pathology as a contributing factor to the patient's weight loss. Urine culture and sensitivity Is recommended pending urinalysis or if evidence of inflammatory cells. Sonographic reassessment of the potential lesion in the ventral urinary bladder neck In 4 weeks to assess for evidence of progression is suggested.





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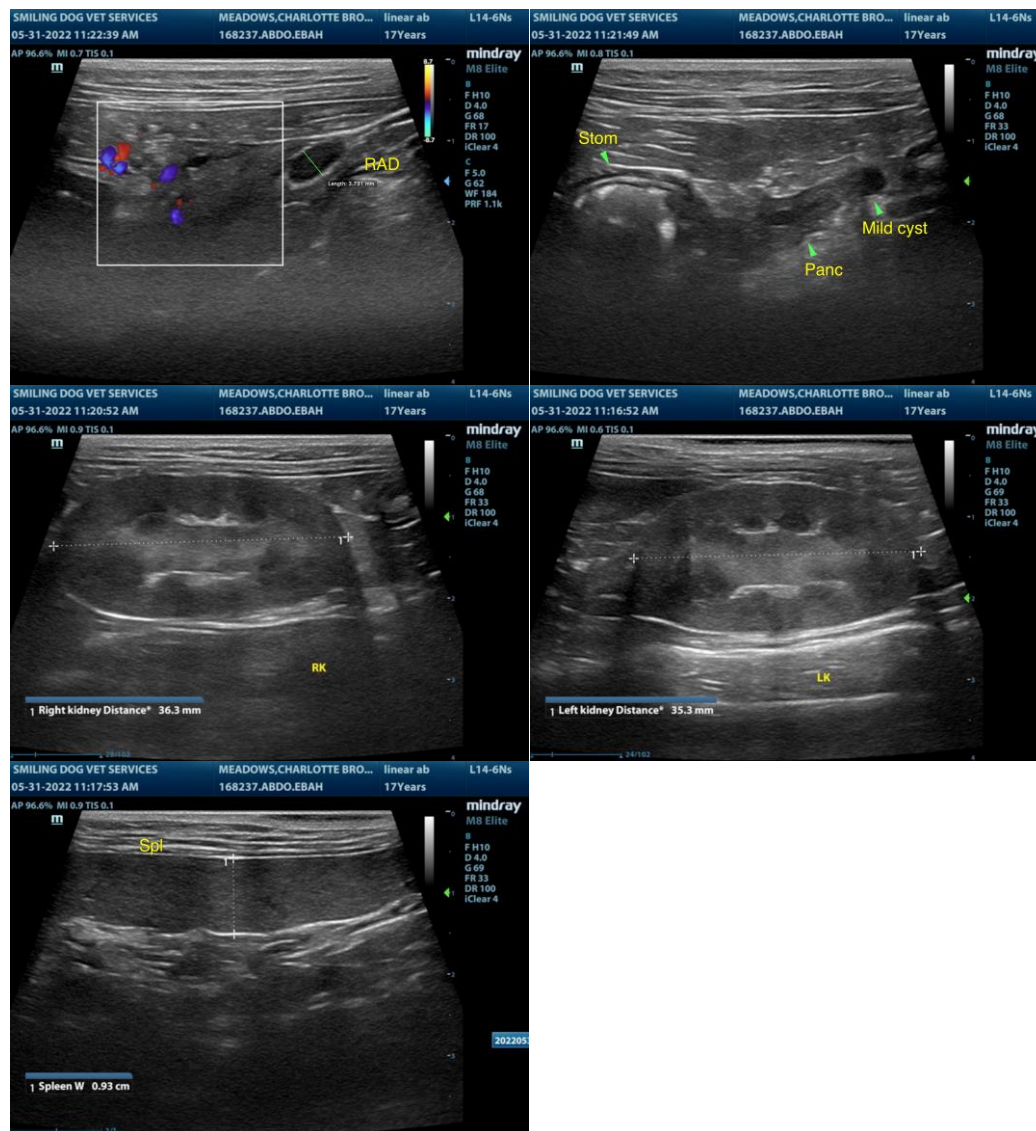
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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