


PATIENT

 Princess Buttercup
 Meadows

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 years 9 months

WEIGHT

5.1 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

13963

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Princess Buttercup presented to BAESC for AUS on referral basis for the following concerns: 5/13/2022 presented to EBAH for Chief complaint (problem): --not acting herself --lethargic -- not grooming herself -- Nictitating membrane present OU Onset/duration: hard to tell, O's son was taking care of her while O was in hospital Approx. started 2 weeks ago. Client can recall that 3 to 6 months ago, she was thriving. Vomit/Diarrhea/Coughing/Sneezing: None; no wheezing per O. Increased thirst and/or urination: WNL Changes in appetite: None Diet: Canned/dry Hill's urinary diet Medications: None Supplements: None PPH: Chronic URI's-- last treated in March, 2022 5/31/2022 (day of ultrasound) Client reports that patient received 100 mg Gabapentin in Fortiflora this morning, ~ 7:30 am

Abnormal PE/Chem/CBC/UA Results: Physical exam: Patient is obtunded/sedate, with mild and intermittent head bobbing/tremors, consistent with Gabapentin administration. Suspect very subtle buphthalmosis and elevated nictitancic membranes OU, with possible mild lateral strabismus of the globe OS. Possible pain with retropulsion of the globe OS, however patient is sedate. Mild faucitis in the L commissure of the pharynx, minute cyst-like lesion present. CV: NSR, NMA, SSP. Eupneic. Normal BVS on all fields Matted fur present on the dorsal thoracolumbar regions. No palpable masses, organomegaly, or fluid wave in the abdomen. Patient is ambulatory, but sedate. Overweight, BCS: 7/9 CHEM panel was performed 5/13/2022; patient was poorly compliant and only enough blood sample available for chemistry; Sample was unremarkable. Following AUS, obtained blood for CBC and urine via UG-cysto. Sent samples with client to return to EBAH for submission. UG-FNA of spleen performed; telecytology pending via Sonopath

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor, nondependent particulate sediment, which may indicate minor cellular debris / protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland measured 0.22 cm width. The right adrenal gland measured 0.26 cm width.

Spleen

The spleen exhibited mild generalized enlargement with subtle areas of medial capsule asymmetry yet primarily maintained a finely textured homogeneous parenchyma. Normal splenic vascularity was noted. The spleen measured 1.5 cm in width at the level of the hilus.



PATIENT

Princess Buttercup
Meadows

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 years 9 months

WEIGHT

5.1 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

13963

DATE

5/31/22

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 pylorus wall width measured 0.23 cm.

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 small intestinal wall width measured 0.20 cm. The ileocolic wall width measured 0.28 cm.

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 were evident.

Free Abdomen

Mildly prominent colic 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 colic lymph node measured 0.26 cm diameter. No omental masses or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific splenomegaly
- Minor subjectively benign / reactive colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the nonspecific splenomegaly, no evidence of significant abdominal visceral pathology as an obvious cause of the patient's clinical signs was noted. Considerations for the mild splenomegaly may include patient variant, hyperplasia, hematopoiesis, and incidental splenitis, while the possibility of early round cell neoplasia cannot be excluded. Correlation with pending splenic cytology is recommended.

The mildly prominent colic lymph nodes are likely incidental and suggestive of mild colic lymphoid hyperplasia and without evidence of inflammatory or neoplastic lymphatic criteria. Pending splenic cytology, oncology consultation, if round cell neoplastic process is identified, vs. neurology consultation, given the patient's nonspecific clinical signs, could be considered.



PATIENT

Princess Buttercup
Meadows

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 years 9 months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

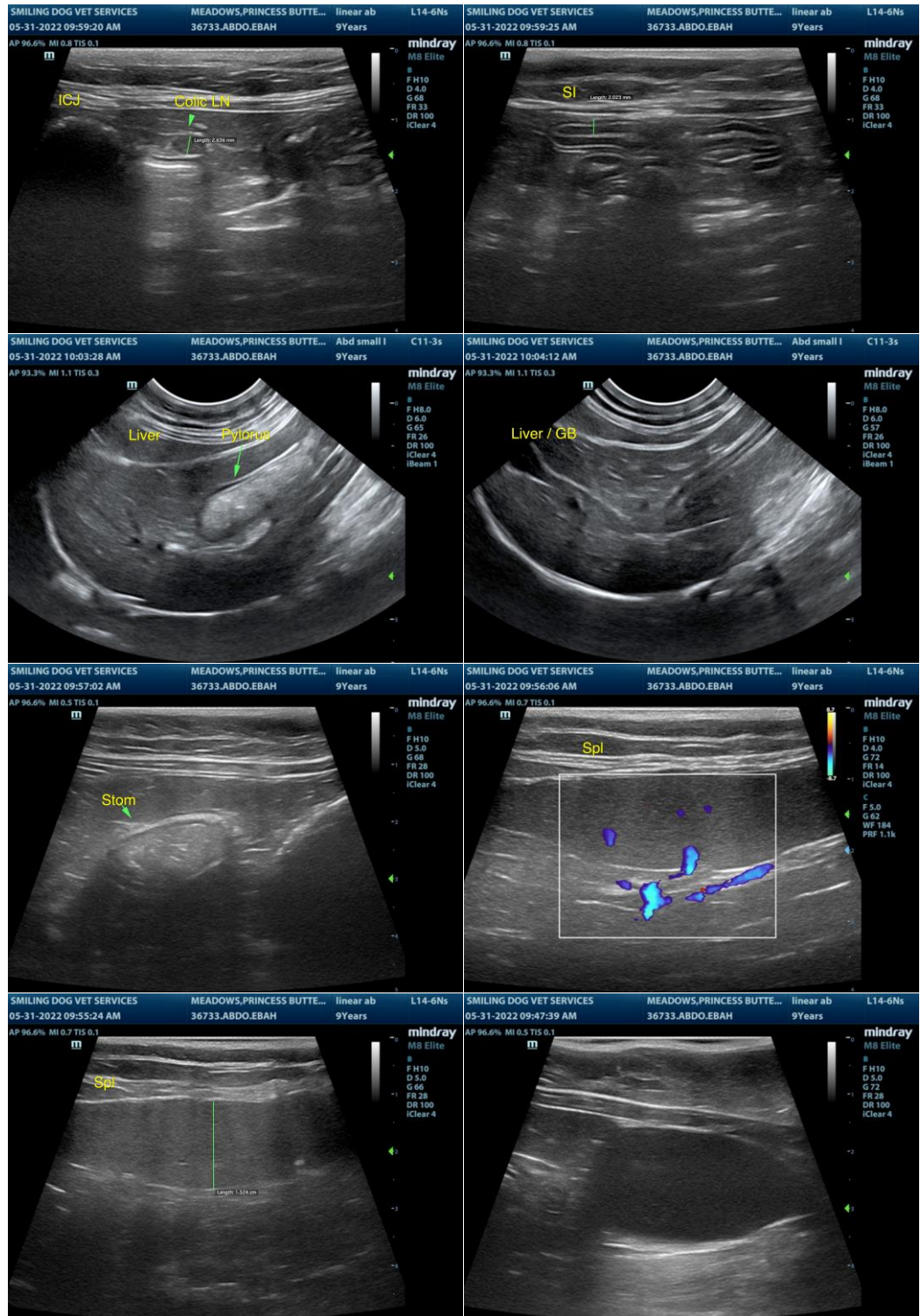
Laurie Langford
DVM

INVOICE

13963

DATE

5/31/22





PATIENT
Princess Buttercup
Meadows

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

8 years 9 months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

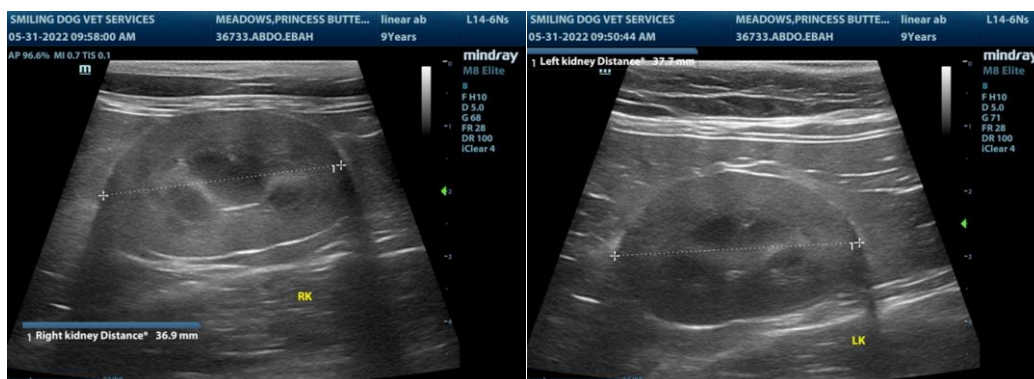
Laurie Langford
DVM

INVOICE

13963

DATE

5/31/22



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