

PATIENT

Niko Leeper

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

10.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

16774

DATE

5/10/23

PRESENTING CLINICAL SIGNS

loss appetite last 2 weeks, no eating at all for 4 days, vomits bile sporadically. Is indoor/ outdoor, definitely hunts

Abnormal PE/Chem/CBC/UA Results: CBC. Full Chemistry all normal Current Medications cerenia
Radiographic Findings no significant abnorms

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. 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. A subtle hyperechoic corticomedullary band, consistent with a subtle medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

Spleen

The spleen exhibited borderline enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No splenic masses or nodules were noted. 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 1.0 cm width at the mid spleen with a maintained symmetrical splenic capsule contour.

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



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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 was empty with no signs of ileus, obstruction, or foreign material.

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.

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

Pancreas

The mid-distal left pancreatic limb was mild to variably prominent exhibiting nonhomogeneous hypoechoic parenchyma and mild regional peripancreatic hyperechoic omentum. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild pancreatitis pattern left pancreas
- Bilateral subtle nonspecific renal medullary rim sign
- Sonographically unremarkable gastrointestinal tract
- Borderline splenomegaly - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may correlate with left limb pancreatitis, is suggested. No overt evidence of structural gastrointestinal pathology, including no evidence of mechanical/metabolic ileus or gastrointestinal foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further clarification of the pancreas, as well as assessment of occult nonstructural intestinal disease as a contributing factor.

Empirically, hospitalization with pancreatitis therapy protocol, as-needed gastrointestinal support, and assessment of clinical response, pending additional diagnostics, is recommended. Thoracic radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology.



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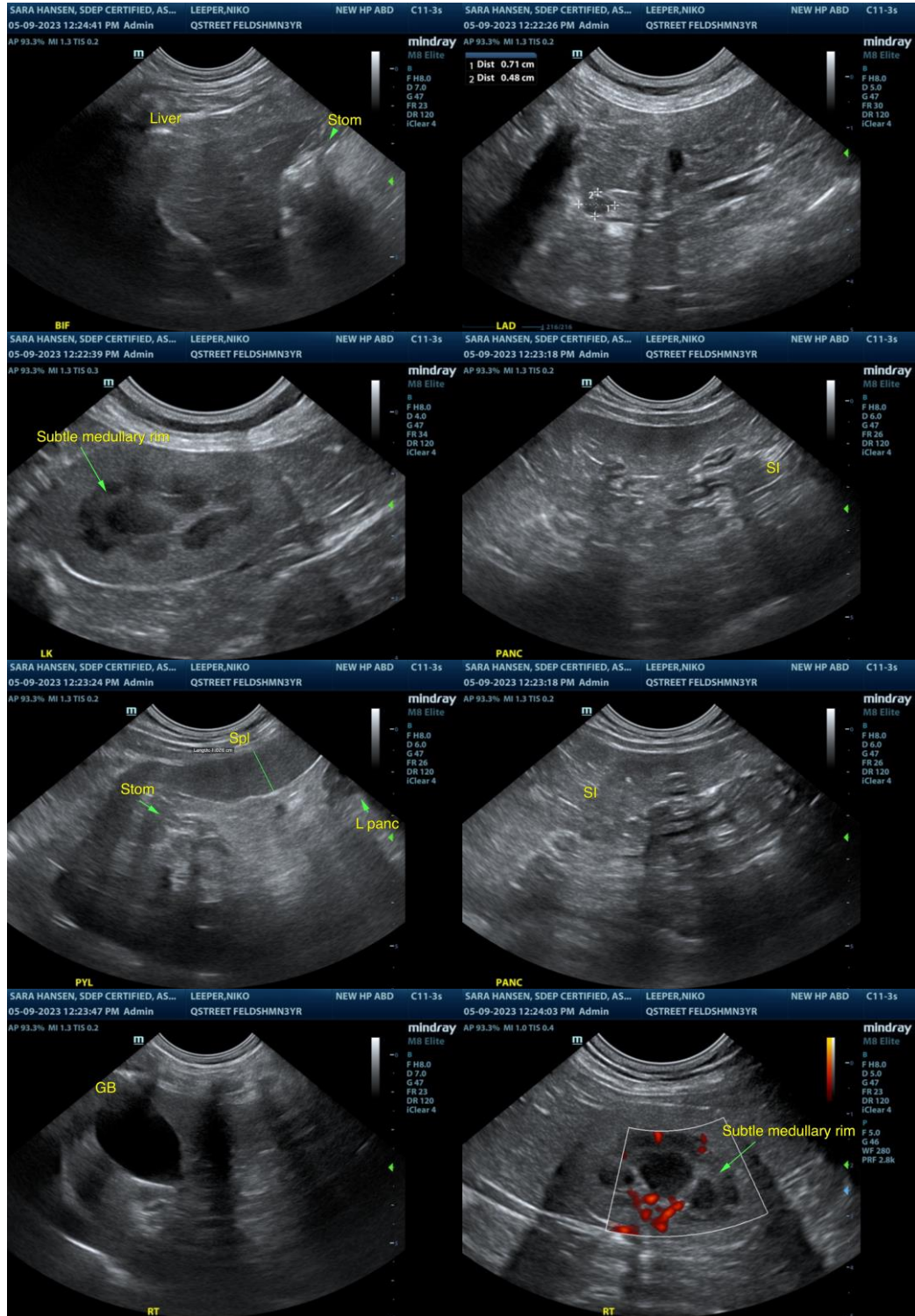
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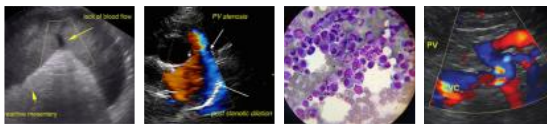
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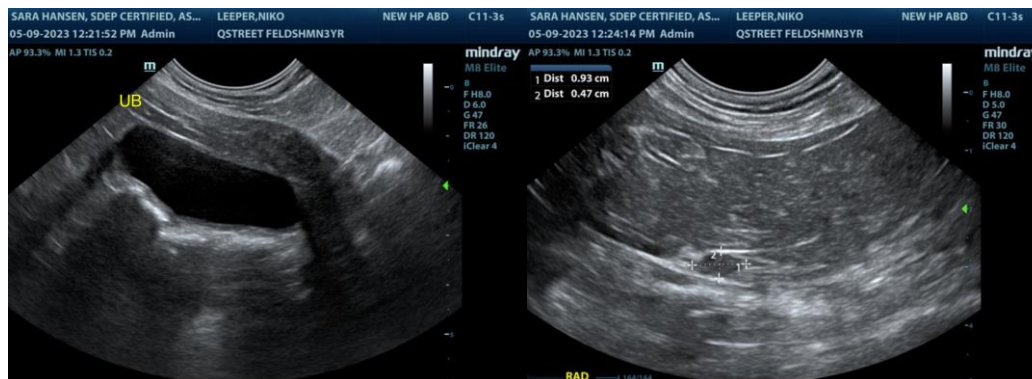
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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