



PATIENT PRESENTING CLINICAL SIGNS

Kiko Rawie
History: Presented today with a 24 hr hx of severe lethargy and anorexia. Pet has been treated for alopecic disease of some kind, received a Depo-Medrol inj. May 5, 2022 and another June 6, 2022. History of PU for approx 3 weeks. Only exam finding is lethargy and approx 8% dehydration

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: Elevated ALB, BUN, Glu, TP Decreased Phos, NA, K WBC 34k, neutrophilia primarily with a Monocytosis. UA has significant glucose and 1+ Ketones Current Medications IVF therapy, started insulin therapy

BREED

DSH

SEX

MN

AGE

3 yr

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Mckenzie Animal Hospital

REFERRING VET

Dr. Wayland

INVOICE

10780ag

DATE

06/10/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

Normal size and margination was 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 hyperechoic corticomedullary band, consistent with a 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 4.5 cm in length. The right kidney measured 5.2 cm in length.

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 0.42 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

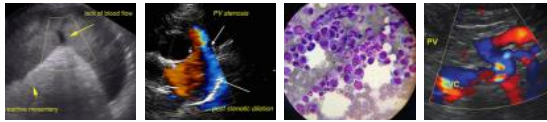
Spleen

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 0.94 cm in width at the level of the hilus.

Liver

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate nonshadowing variably echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of gastric mural pathology or mechanical pyloric outflow obstruction. The gastric body wall measured 0.25 cm in width.

SPECIES

Feline

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 intestine wall measured 0.23 cm in width.

BREED

DSH

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

SEX

MN

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 was evident.

AGE

3 yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

5.8 kg

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific renal medullary rim sign
- Overtly normal GI tract with moderate gastric ingesta/chyme
- Otherwise sonographically normal abdomen

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on sterile urine sample given the glucosuria is recommended.

IMAGING PERFORMED BY

Sara Hansen

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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No overt evidence of GI, pancreatic or hepatobiliary disease as an obvious cause of the patient's clinical signs. A fructosamine level is recommended. Hospitalization with serum glucose stabilization and correction of dehydration with as needed GI support would be reasonable. A CBC path review could be considered.

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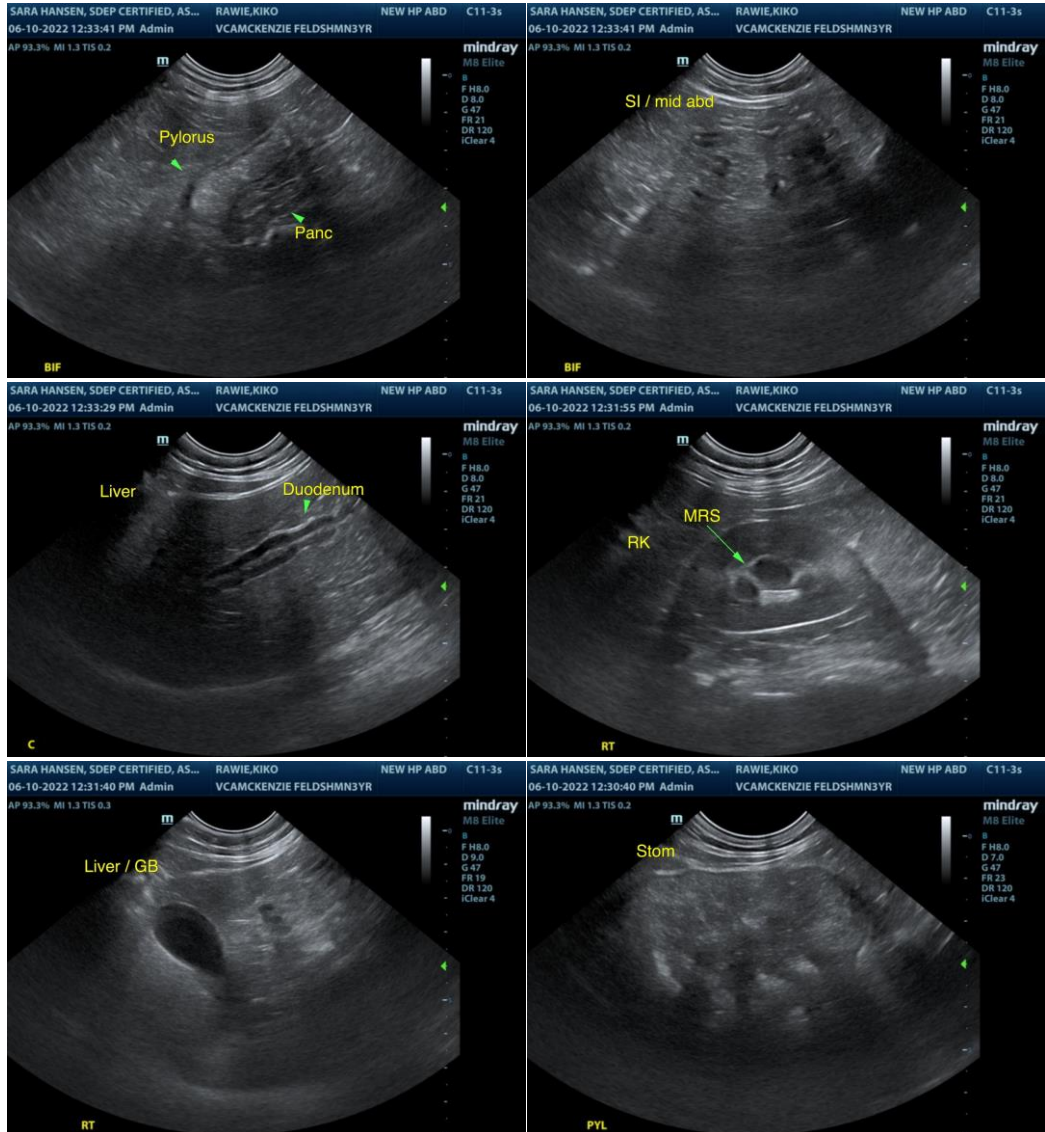
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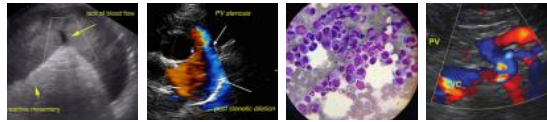
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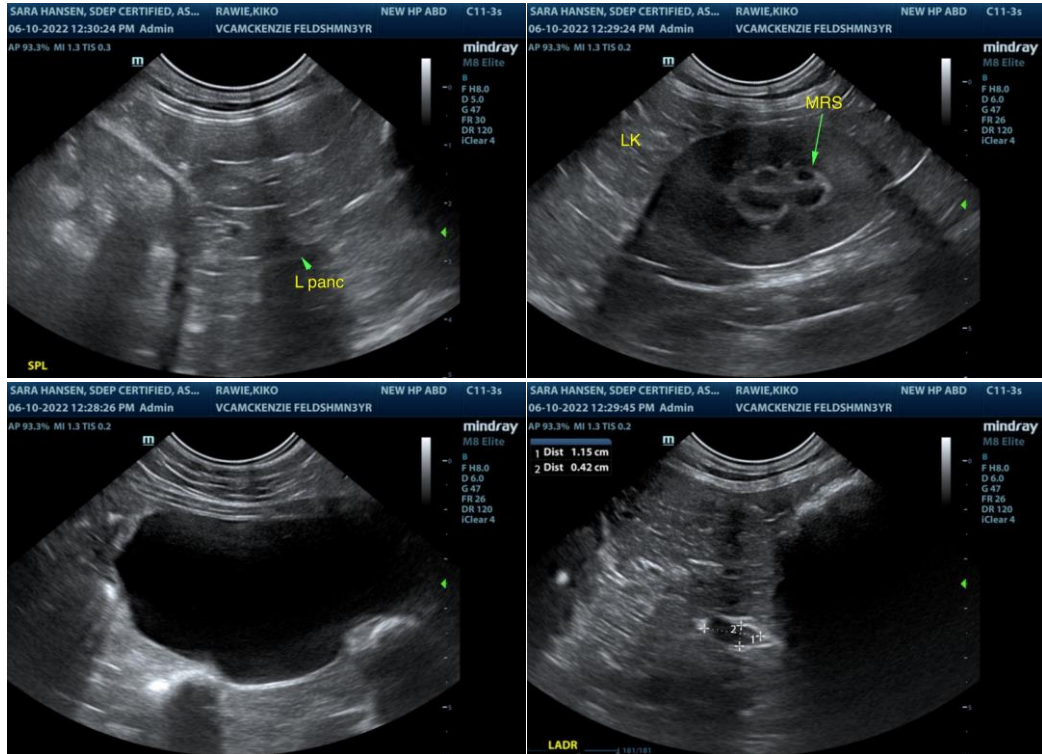
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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