



PATIENT	PRESENTING CLINICAL SIGNS
Master Fuji Murphy	Weight loss of one pound over the last year. Sudden onset of increased respiratory rate and effort, anorexia and vomiting. Had Cerenia injection last night and started low dose Furosemide.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. Awaiting blood and urine results.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Persian	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present with focal, minor, dependent, lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN	The area of the aortic trifurcation was free of pathology.
AGE	Enlarged size and minor asymmetrical contour was present in the kidneys. Subjective bilateral cortical hypertrophy was present with increased cortex echogenicity and moderate, indistinct corticomedullary border demarcation. Both kidneys exhibited multiple to variably sized corticomedullary cysts containing primarily anechoic fluid. Mild right kidney pyelectasia was noted. Mild left kidney hydronephrosis with fluid extending into the left kidney lateral diverticuli was noted. Subtle evidence of left kidney perinephric to retroperitoneal effusion was noted. Focal medullary renoliths were present in both kidneys. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.
15 years	
WEIGHT	
4.09 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	No overt pathology was noted in the area of the left or right adrenal glands.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
Hawkins AH	The liver exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 proximal to mid-common bile duct was dilated and tortuous without overt post-hepatic obstruction. The common bile duct dilation measured 0.35 cm diameter. The common bile duct contained anechoic content. No overt evidence of common bile duct mucus or calculi. The common bile duct dilation was not overtly visualized extending to the level of the duodenal papilla.
REFERRING VET	
Dr. Hawkins	
INVOICE	
17084	
DATE	
6/13/23	



PATIENT	<i>Gastrointestinal</i>
Master Fuji Murphy	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing lumen ingesta with no signs of ileus, obstruction, or foreign material.
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta / chyme was present with no signs of mechanical / metabolic ileus, obstruction, or foreign material.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Persian	<i>Pancreas</i>
SEX	The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Potential minor left limb pancreatic duct dilation was noted.
MN	<i>Free Abdomen</i>
AGE	No overt lymphadenopathy or peritoneal effusion was present.
15 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Bilateral polycystic renomegaly exhibiting mild bilateral pyelectasia / hydronephrosis and medullary renolithiasis • Mild dependent urinary bladder lumen mineral • Mild nonspecific hepatomegaly exhibiting mild parenchymal remodeling • Nonobstructive proximal to mid-common bile duct dilation - age-related variant, potential low-grade cholangitis • Mild heterogeneous left pancreas - potential low-grade / chronic pancreatitis • Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta
4.09 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Hawkins AH	Renal presentation is most consistent with chronic polycystic kidney disease in light of breed, minor potential for concurrent nephritis or less likely emerging renal neoplastic criteria.
REFERRING VET	Screening hepatic FNA cytology may be considered if evidence of hepatic enzyme elevations in conjunction with possible mild cholangitis.
Dr. Hawkins	
INVOICE	Baseline renal staging to include C/S, UPC level, and assessment of systemic BP is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted for assessing occult intestinal or pancreatic disease as a contributing factor to the patient's mild weight loss. Pending echocardiographic review, primary respiratory disease as a potential primary contributing factor based on provided thoracic radiographs, may be indicated. As-needed gastrointestinal support is recommended.
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PATIENT

Master Fuji Murphy

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

15 years

WEIGHT

4.09 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hawkins AH

REFERRING VET

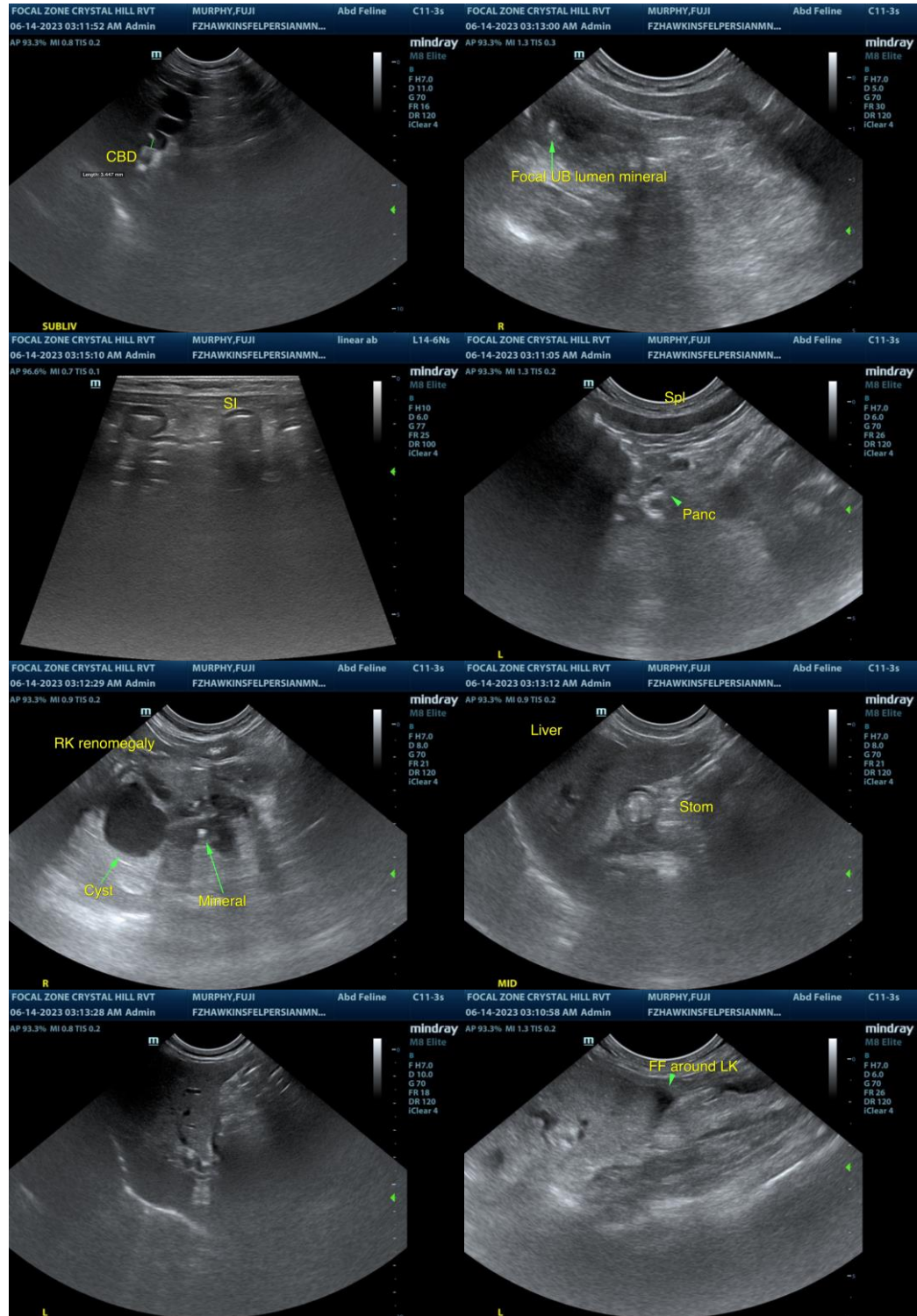
Dr. Hawkins

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PATIENT

Master Fuji Murphy

SPECIES

Feline

BREED

Persian

SEX

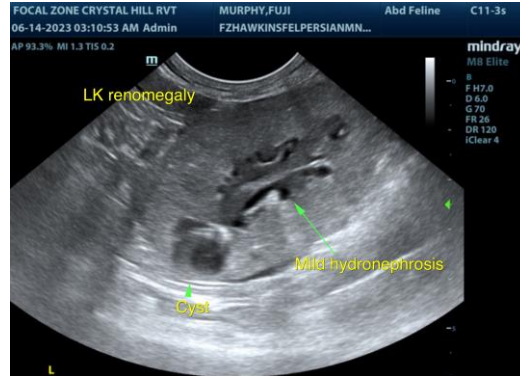
MN

AGE

15 years

WEIGHT

4.09 kg



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.

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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Crystal Hill

HOSPITAL NAME

Hawkins AH

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