


**PATIENT PRESENTING CLINICAL SIGNS**

Bean Chabot Was a transfer from sister clinic. On IVF for supportive care. Not eating. Concerns about gallbladder. Has been on IVF, Mirtazipine, Convenia, Cerenia, Buprenorphine.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached rads. Chemistries: - Glucose 10.3 - CREA: 59 - UREA: 3.6 - ALKP: 12 - K: 3.3 - TT4: 9 CBC: - Neutrophils: 0.83 - Lymphocytes: 9.84 - Mono: 2.73 - EOS: 0.01

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**DSH 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.

**SEX** The area of the aortic trifurcation was free of pathology.

FS

**AGE** 13 years 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal small cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

3.5 kg

**Adrenal Glands**
**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was indistinctly visualized without obvious pathology, subjectively measuring 0.46 cm width.

**IMAGING PERFORMED BY**

Crystal Hill

**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 0.8 cm in width at the level of the hilus.

**HOSPITAL NAME**

Beatties PH Stoney  
 Creek

**REFERRING VET**

Dr. Baskin

**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. Mild regional biliary tree mineralization was noted primarily mid and right liver adjacent to the gallbladder. The gallbladder was non-distended in size with sonographically normal walls without evidence of inflammatory criteria. Primarily anechoic content with mild nonobstructive luminal mineral was present in the gallbladder. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**INVOICE**

14082

**DATE**

6/14/22



**PATIENT**

***Gastrointestinal***

Bean Chabot

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 or evidence of retained ingesta. The gastric body wall width measured 0.26 cm.

**SPECIES**

Feline

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with no evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic ileus pattern.

**BREED**

DSH

The colon exhibited sonographically normal wall layering with mild proximal colon distention containing nonformed fecal matter.

**SEX**

FS

***Pancreas***

The pancreas base and left pancreatic limb were normal in size and contour with heterogeneous to isoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor subjective pancreatic duct dilation was noted.

**AGE**

13 years

***Free Abdomen***

Intermittent to multiple jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic reactive mesentery was evident. An example of lymph node size was 1.2 cm x 0.4 cm. No free fluid was present.

**WEIGHT**

3.5 kg

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

- Bilateral chronic renal changes with focal cysts
- Mild nonobstructive gallbladder and minor regional biliary tree mineral
- Probable mild jejunocolic lymphadenitis - potentially secondary to inflammatory bowel episode
- Possible low-grade / chronic pancreatitis

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Baskin

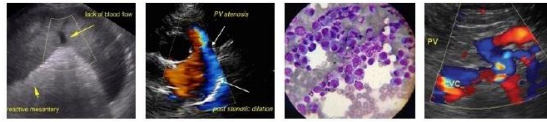
The minor gallbladder and biliary tree mineral finding is likely incidental, yet at times has been associated with previous or current hepatobiliary inflammation, i.e., cholangiohepatitis. However, given the lack of reported hepatic enzyme elevations, this finding is nonspecific. Potential for a more chronic enteropathy, i.e., IBD, could be considered if previous or recurrent gastrointestinal signs or evidence of weight loss going forward is noted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Pending additional diagnostics, continued supportive care which may include Zithromax / Metronidazole combination or similar, given impression of emerging diarrhea in proximal colon, +/- hydrolyzed diet trial over time may prove beneficial.

**INVOICE**

14082

**DATE**

6/14/22



**PATIENT**

Bean Chabot

Recheck sonogram to assess for progressive inflammatory gastroenterocolic or lymphatic changes is suggested if clinical signs persist despite conservative therapy. CBC pathology review could be considered.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

13 years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

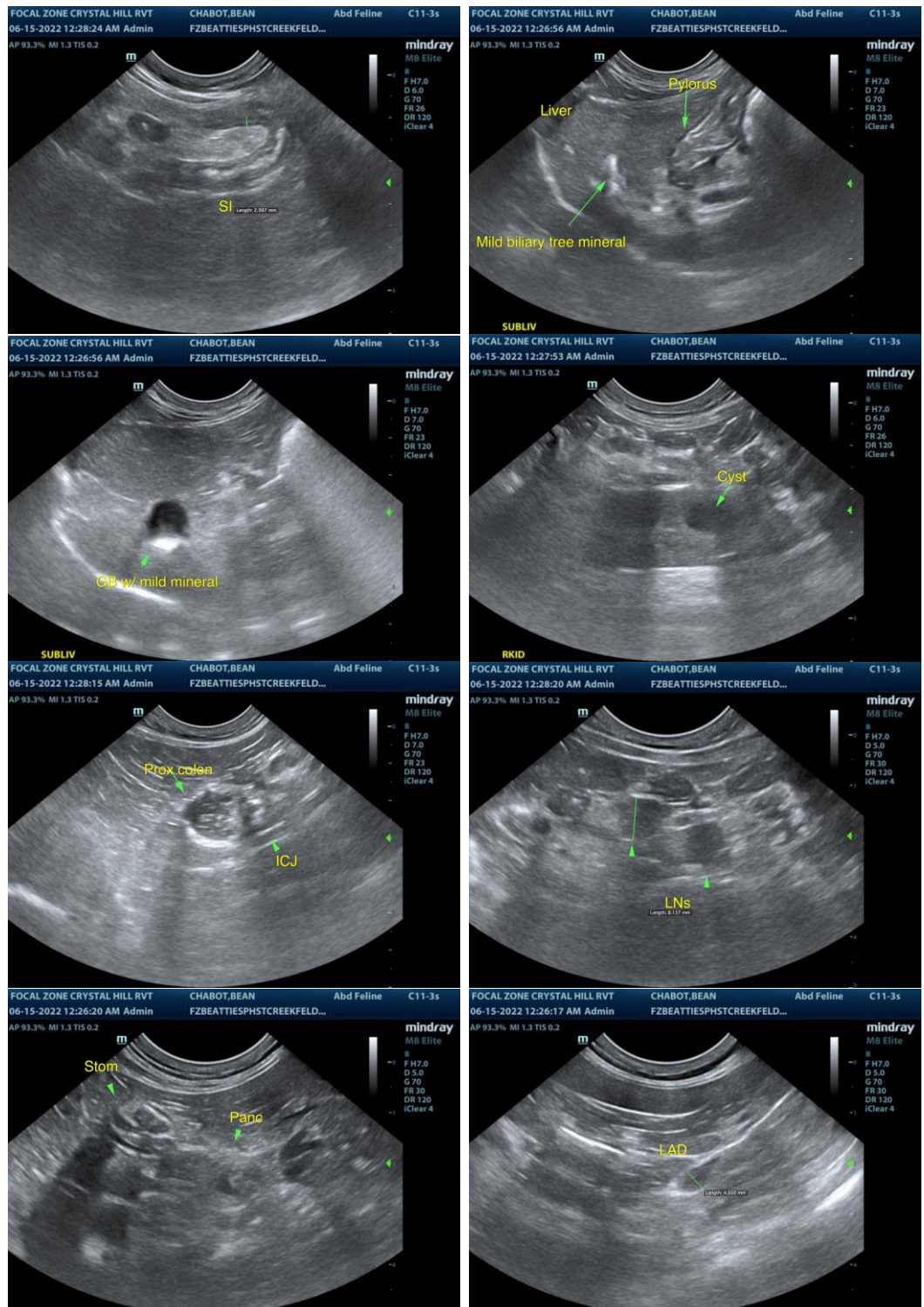
Dr. Baskin

**INVOICE**

14082

**DATE**

6/14/22





**PATIENT**

Bean Chabot

**SPECIES**

Feline

**BREED**

DSH

**SEX**

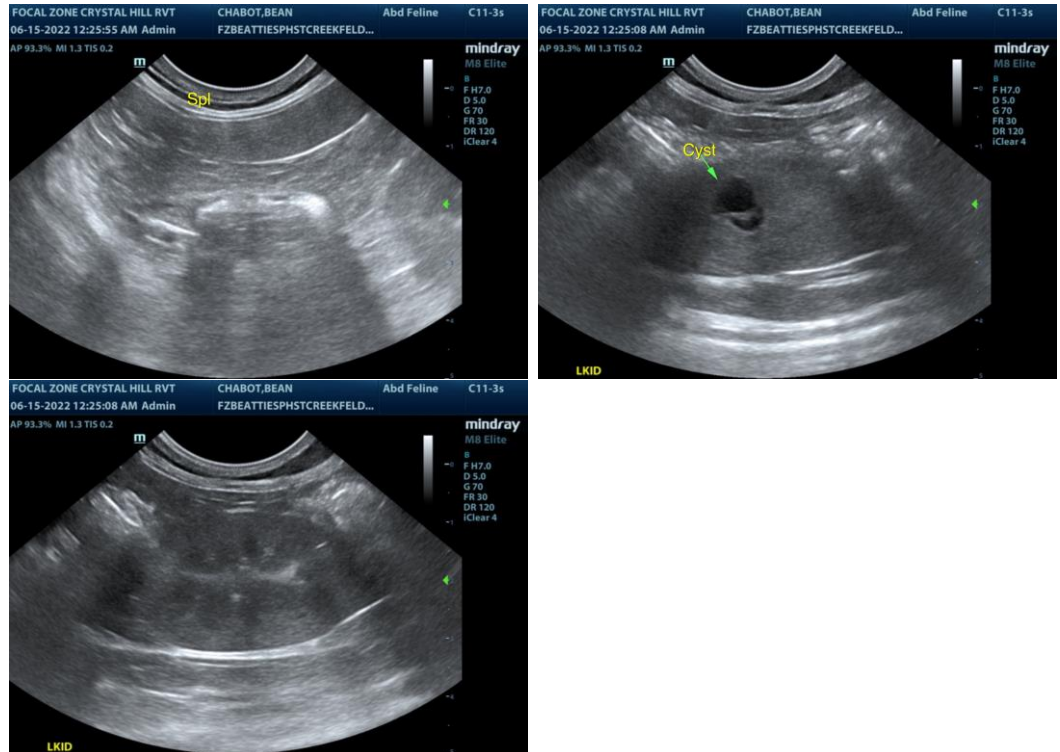
FS

**AGE**

13 years

**WEIGHT**

3.5 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

Dr. Baskin

**INVOICE**

14082

**DATE**

6/14/22

**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