



PATIENT PRESENTING CLINICAL SIGNS

Noah Zegda 3 day duration decreased appetite, 2# weight loss in 1 month, history of PU surgery and elevated renal values.

SPECIES Medication: Elura, Cerenia, metronidazole

Feline Urinalysis - Specific gravity >1.040, mild proteinuria, negative glucose

Unremarkable CBC/Chemistry Panel

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and proximal pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, non-dependent, particulate to hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

MN

AGE

2012

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.7

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 3.9 cm in length. The right kidney measured 4.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width and the right adrenal gland measured 0.41 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

White Haven VH

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 width at the level of the hilus.

REFERRING VET

Dr. Dengler

Liver/ Gallbladder

INVOICE

17112

The liver was normal in size and contour with primarily normal hepatic parenchyma and intermittent, thinly walled, intraparenchymal cysts containing anechoic fluid. An example measured 2.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

6/20/23



PATIENT *Gastrointestinal*

Noah Zegda 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 gastric body wall width measured 0.24 cm.

SPECIES

Feline The small intestine exhibited generalized intact segmentally prominent wall layering with minor segmental nonobstructive ileus. The jejunum wall width measured up to 0.28 cm.

BREED

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

DSH

Pancreas

SEX

The pancreas was normal in size and contour with mildly nonhomogeneous, hypoechoic parenchyma with minor left limb pancreatic duct dilation.

MN

Free Abdomen

AGE

2012

Midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.7 cm x 0.54 cm. No evidence of omental masses or peritoneal effusion was noted.

WEIGHT

10.7

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Normal bilateral kidneys
- Hepatic cysts - benign
- Intact segmentally prominent small bowel walls with minor ileus
- Midabdominal mesenteric lymphadenopathy - suspect mild mesenteric lymphadenitis
- Mild nonhomogeneous hypoechoic pancreas - possible mild chronic active pancreatitis

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

White Haven VH

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

REFERRING VET

Dr. Dengler

The segmental small intestine exhibited mild mural changes, which may suggest inflammatory criteria with associated mesenteric lymphatic hyperplasia, or secondary reactive lymphadenitis. Occult intestinal or emerging lymphatic neoplastic criteria, which may present in a similar sonographic manner, cannot be definitively excluded.

INVOICE

17112

Given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology as a contributing factor, is suggested. Pending additional diagnostics, intestinal and lymphatic biopsies would be required for a definitive diagnosis.

DATE

6/20/23



PATIENT

Noah Zegda

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2012

WEIGHT

10.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

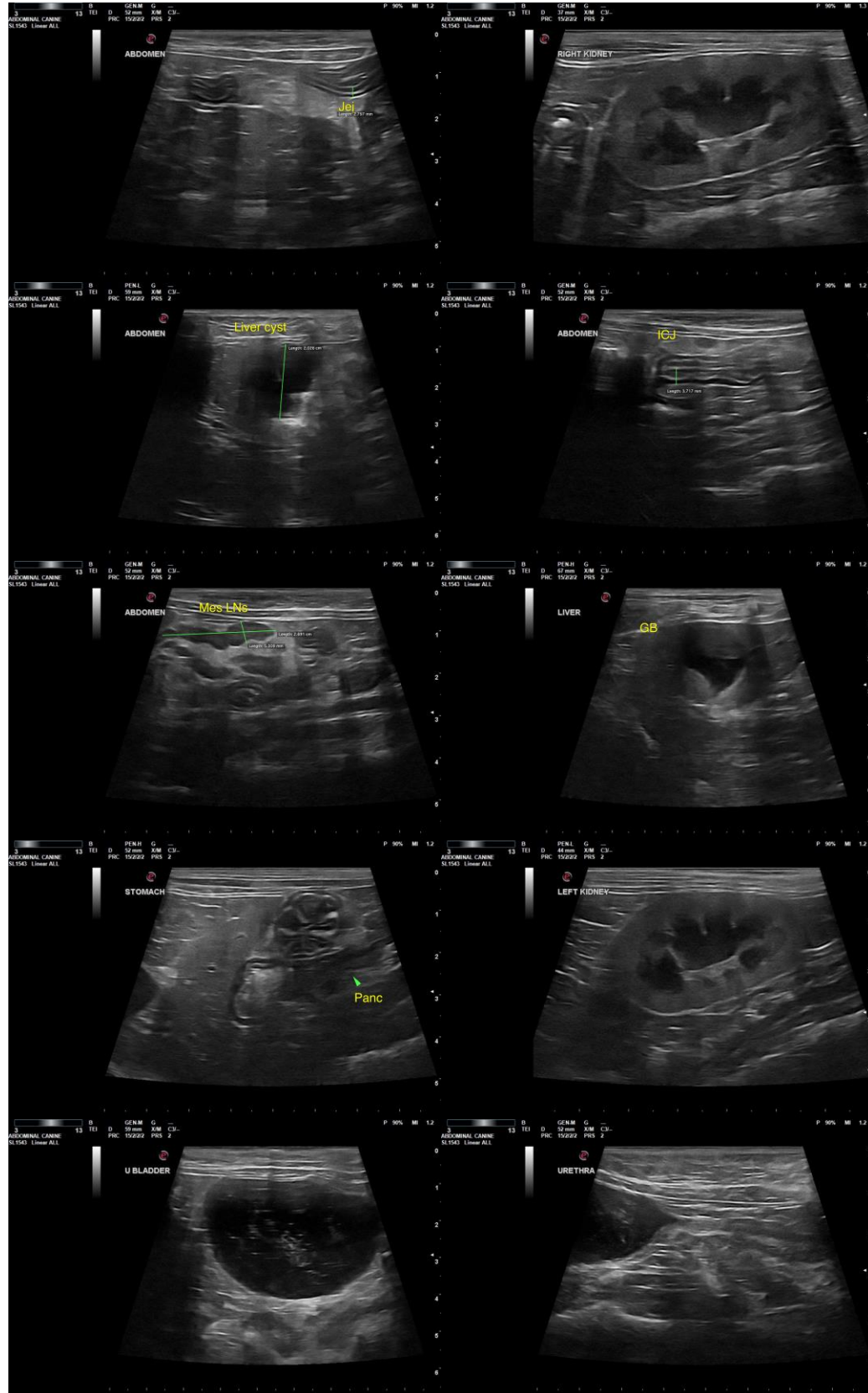
Dr. Dengler

INVOICE

17112

DATE

6/20/23





PATIENT

Noah Zegda

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2012

WEIGHT

10.7

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

17112

DATE

6/20/23

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