



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bear Prohaska
HISTORY: anorexia/vomiting; Liver and kidney enzymes elevated; on mirtazapine
ABNORMAL PE/CHEM/CBC/UA RESULTS: BUN 59, crea 3.4, ALT 485; USPG 1.014

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES
Feline

Urinary System

BREED
DSH
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate which may indicate minor cellular/crystallin debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

AGE

13

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas of nonobstructive medullary mineral were present. The left kidney measured 4.5 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

15 lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and primarily symmetrical capsule contour measuring 0.84 cm in width at the level of the hilus. A mildly expansive nonhomogeneous focally hyperechoic nodule was present in the caudal spleen with mild associated capsule distortion measuring 1.7 cm in diameter. No evidence of peri splenic omental reactivity was present.

IMAGING PERFORMED BY
Diane McFadden

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Tranquility Veterinary
Clinic

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Christensen

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained ingesta/chyme as well as minor pyloric fluid. Potential for a small nonobstructive hairball density was present in the gastric lumen. The pylorus wall measured 0.30 cm in width.

INVOICE

10873ag

DATE

06/21/2022

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 jejunum wall measured 0.24 cm in width. The duodenum wall measured 0.28 cm in width.



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

Bear Prohaska **Pancreas**

SPECIES The pancreas presented normal in size with areas of capsule asymmetry and subtle hypoechoic to non-homogeneous parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

Feline

Free Abdomen

BREED Intermittent mildly prominent to enlarged jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

DSH

No peritoneal free fluid was observed.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

AGE

13

- Minor urinary bladder sediment
- Bilateral chronic renal changes with minor medullary mineral
- Caudal splenic nodule-hyperplasia, hematopoiesis, splenitis, granuloma or emerging neoplasia possible
- Possible low-grade pancreatitis
- Nonspecific hepatopathy-suspect inflammatory hepatopathy i.e. cholangiohepatitis
- Overtly normal GI tract with mild gastric ingesta/chyme, possible nonobstructive gastric hairball density if history of hairballs

WEIGHT

15 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Assuming normal clotting status an ultrasound guided FNA of the caudal splenic nodule using a 25g needle is warranted for screening cytology. Sonographic monitoring would be a more conservative approach.

Concurrent hepatic FNA for screening cytology to assess for evidence of inflammatory cells could be considered.

IMAGING PERFORMED BY

Diane McFadden

Potential for triad disease is possible given the GI the signs or evidence of weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

HOSPITAL NAME

Tranquility Veterinary
Clinic

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirical GI support +/- hairball therapy if clinically indicated is suggested.

REFERRING VET

Dr. Christensen

INVOICE

10873ag

DATE

06/21/2022



PATIENT

Bear Prohaska

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

15 lb

INTERPRETED BY

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

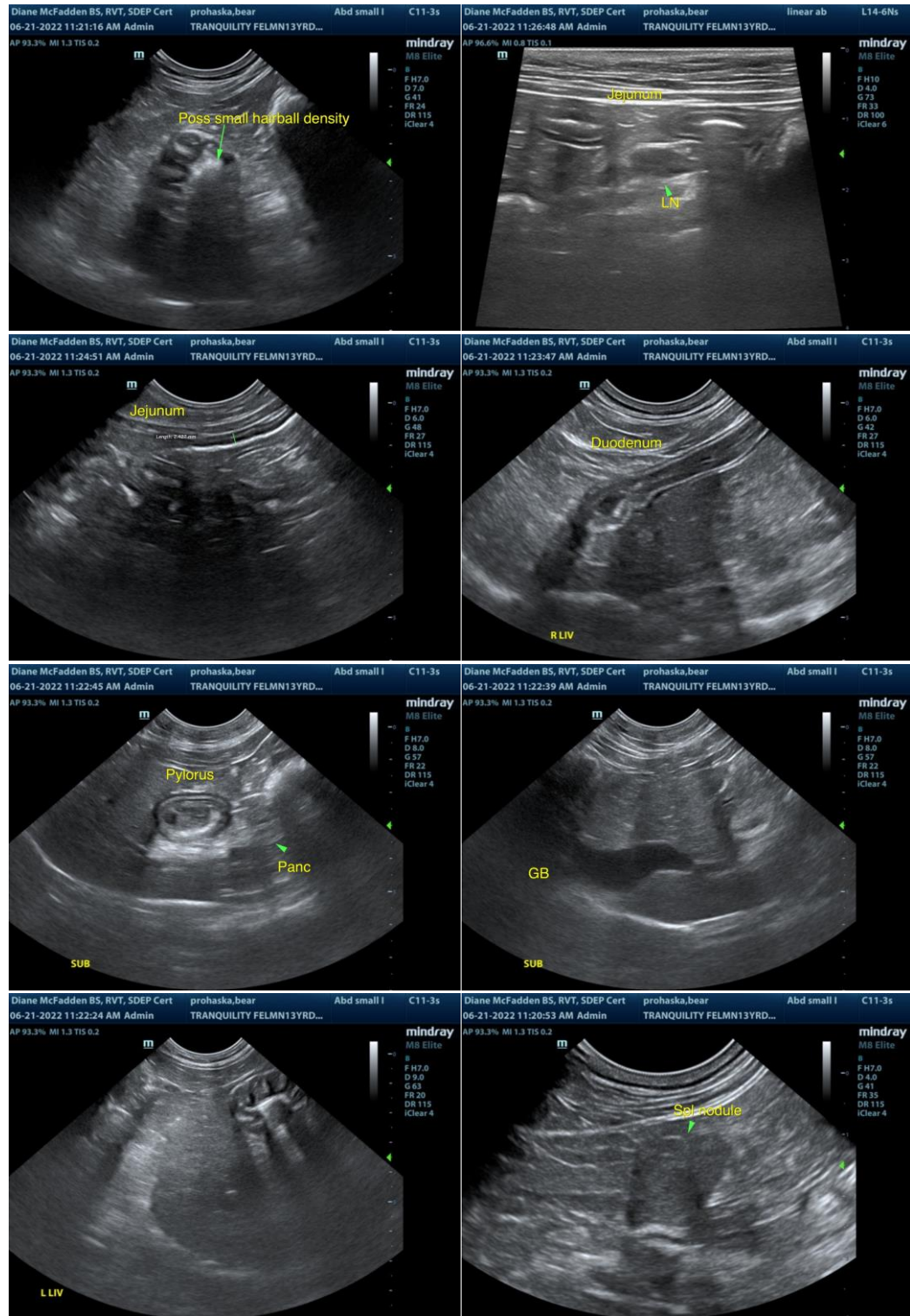
Dr. Christensen

INVOICE

10873ag

DATE

06/21/2022





PATIENT

Bear Prohaska

SPECIES

Feline

BREED

DSH

SEX

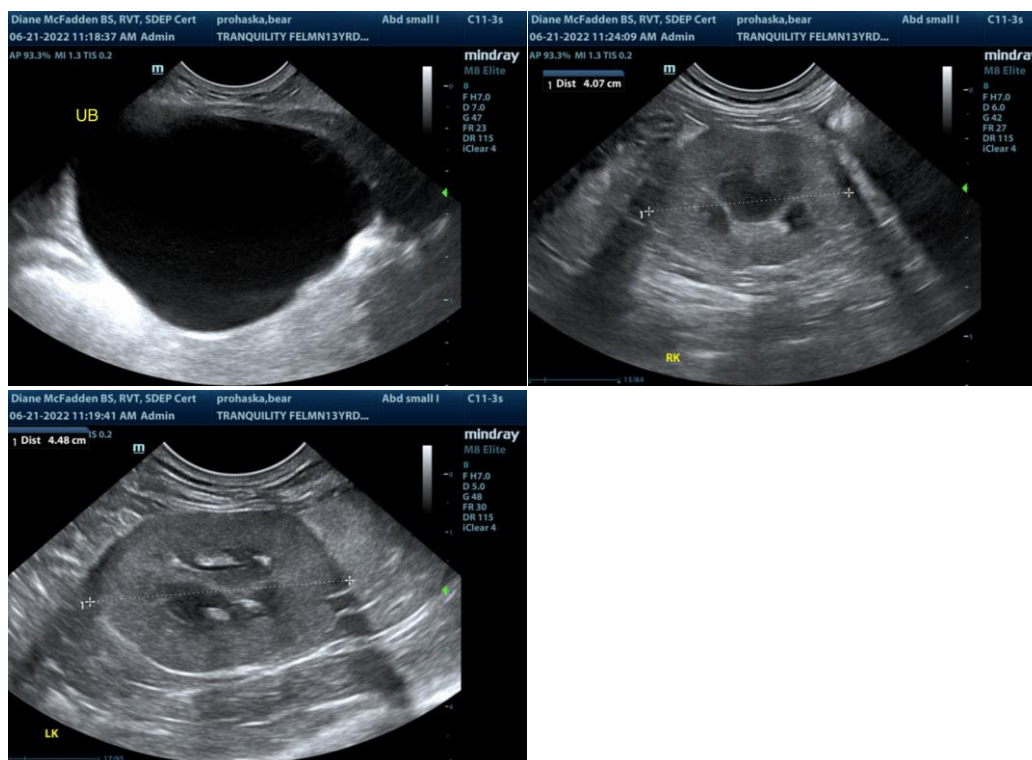
MN

AGE

13

WEIGHT

15 lb



INTERPRETED BY

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

**IMAGING
PERFORMED BY**
Diane McFadden

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

10873ag

DATE

06/21/2022

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