



PATIENT PRESENTING CLINICAL SIGNS

Samson Arias History: chronic diarrhea, unresponsive to I/D diet and metronidazole.

SPECIES Abnormal PE/Chem/CBC/UA Results: wnl except elevated ALT 133 and amylase >1300

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED 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 moderate nondependent particulate to pinpoint hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

SEX

MN

AGE

13 yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mild nonhomogeneous echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney exhibited a focal non obstructive medullary mineral to small renolith. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

10 lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
Diane McFadden

Liver

The liver was subjectively normal in size with potential for mild enlargement and normal 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

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REFERRING VET

Dr. Christensen

The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct and the cystic biliary duct were dilated and tortuous without overt post hepatic obstruction.

INVOICE

10877ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

DATE

06/21/2022



PATIENT

Samson Arias

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. Small intestine wall width measured 0.23 cm.

SPECIES

Feline

Normal visible colon wall layers were present with apparent semi formed feces in lumen. The descending colon wall measured 0.21 cm in width.

Pancreas

BREED

DSH

The pancreas was subtly prominent in size and primarily maintained a symmetrical capsule contour with mild nonhomogeneous to hypoechoic parenchyma compared to the adjacent omental fat. Minor pancreatic duct dilation was present.

Free Abdomen

SEX

No peritoneal effusion was present.

MN

Intermittent mildly prominent to enlarged mesenteric 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).

AGE

13 yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10 lb

- Moderate urinary bladder sediment
- Bilateral nonspecific moderate chronic renal changes with mild focal left kidney mineral
- Subjective mild chronic to chronic active pancreatitis pattern
- Low grade hepatopathy-subjectively benign, suspect low grade hepatic/hepatobiliary inflammation
- Mild nonobstructive cystic biliary and common bile duct dilation
- Overtly normal GI tract/colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Diane McFadden

At times the chronic GI signs reported do not always correlate with GI presentation. Potential considerations in these patients include mild to chronic active pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, IBD/colitis or intestinal neoplasia (considered unlikely). A GI panel to include PLI/TLI/Cobalamin/Folate is recommended +/- diarrhea PCR panel if clinically indicated. Empirically a hydrolyzed or high fiber diet with potential for long term dietary therapy, high colony count probiotics, broad spectrum deworming even of fecal testing is negative and if patient is indoor/outdoor and as needed GI support would be reasonable.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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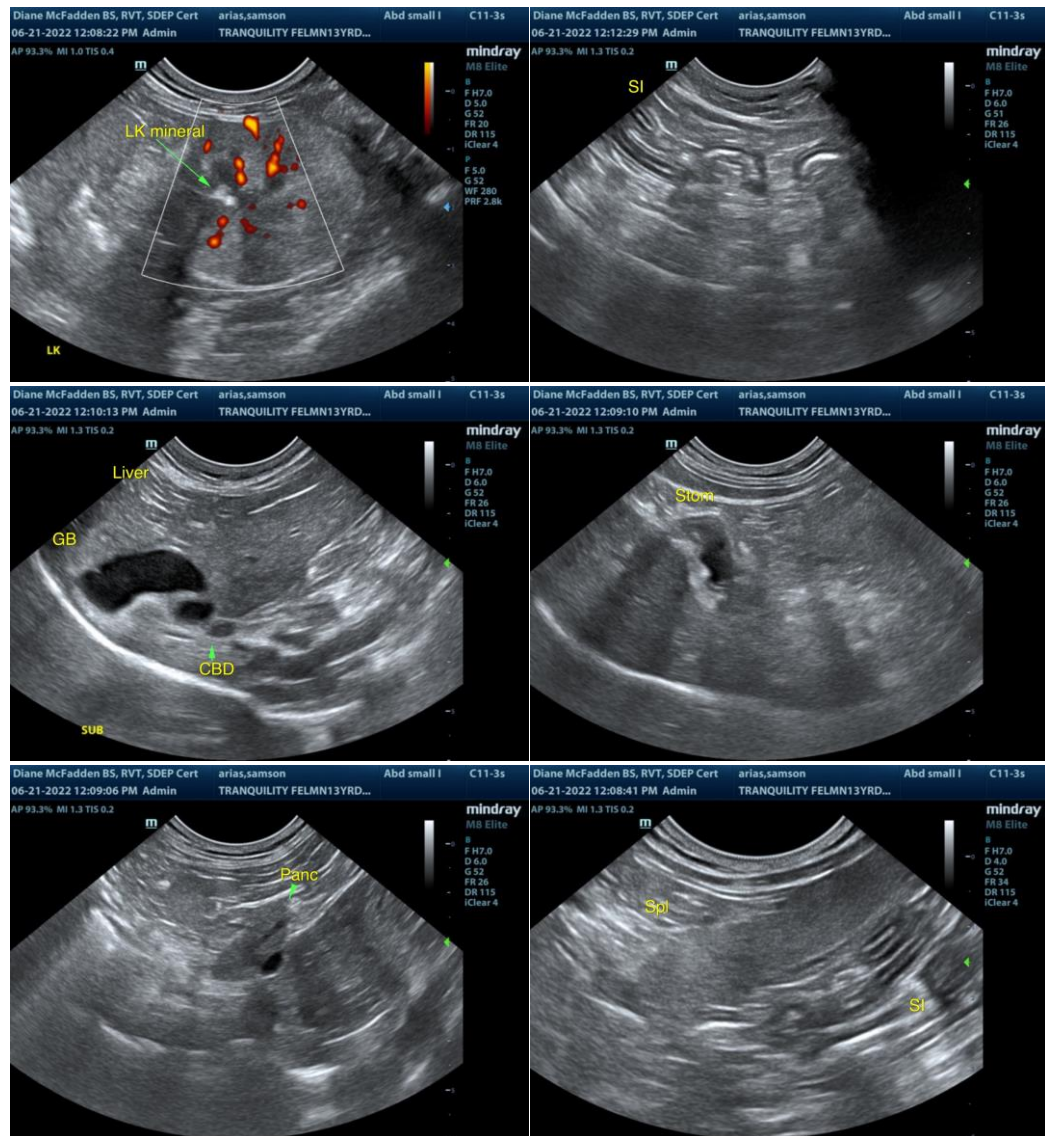
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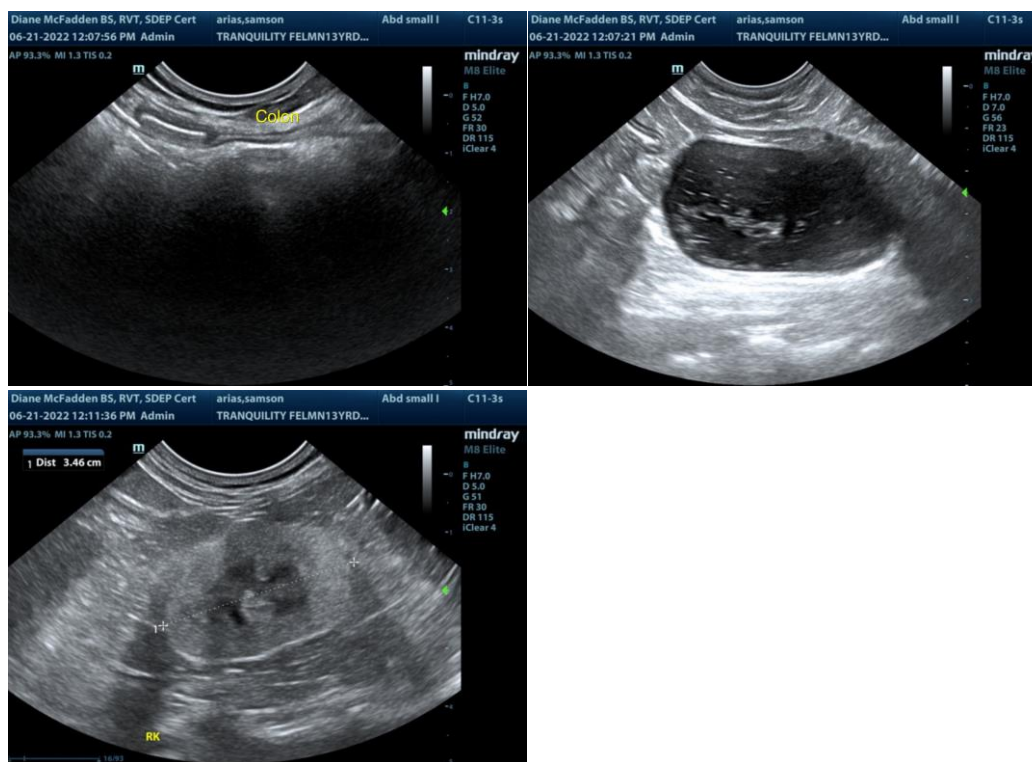
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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