



PATIENT PRESENTING CLINICAL SIGNS

Bella Wieand Stranguria, hematuria, chronic liver value elevations, and weight loss, concern for renal calcification(s)/urinary bladder debris.

SPECIES Medication: c/d, HepatoSupport

Feline ALT 208

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

DSH The urinary bladder was normal in size and tone exhibiting a normal urinary bladder wall. No evidence of cystitis or tumors was noted. Anechoic urine was present primarily with mild, primarily dependent, accumulated sediment, which may indicate cellular debris / protein, lipid, or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

SEX FS

The area of the aortic trifurcation was free of pathology.

AGE 2009 Normal size and minor asymmetrical 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Focal left kidney medullary mineral was present with mild nonobstructive right kidney renolithiasis. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT 10.4

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.35 cm width.

IMAGING PERFORMED BY Spleen

Rebekah Jakum, CVT ARDMS/RVT 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

Lehigh Valley AH (Allen) 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. 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. Meyer

INVOICE Gastrointestinal

17130

DATE 6/21/23 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.



PATIENT

Bella Wieand

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.

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

SPECIES

Pancreas

Feline

The pancreas was normal in size with minor capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Free Abdomen

DSH

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with mild lumen sediment
- Mild chronic renal changes with focal left kidney medullary mineral and nonobstructive right kidney renolithiasis
- Benign hepatopathy
- Sonographically unremarkable gastrointestinal tract
- Pancreatic remodeling

AGE

2009

WEIGHT

10.4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Further renal staging to include screening C/S, if evidence of inflammatory sediment, +/- baseline UPC level is recommended. If there is no evidence of infection, empirical therapy for mild idiopathic cystitis may prove beneficial. A definitive cause of the patient's weight loss was not obvious.

Assuming normal clotting status, screening hepatic FNA using a 25-gauge needle could be considered primarily to assess for evidence of inflammatory criteria, given the ALT elevation.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

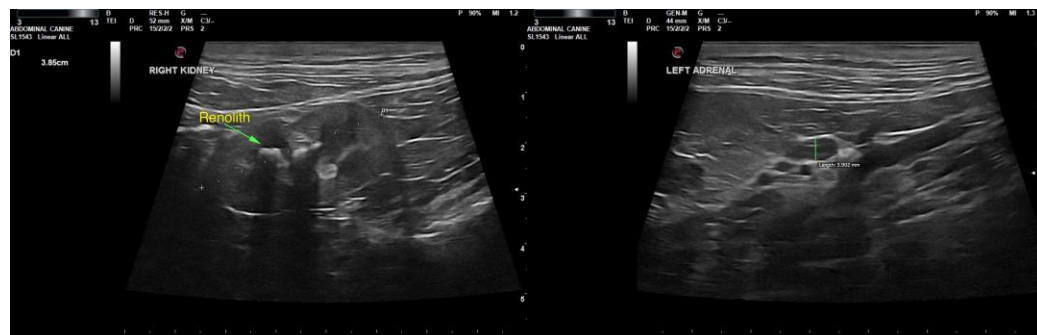
Dr. Meyer

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INTERPRETED BY

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IMAGING PERFORMED BY

Rebekah Jakum, CVT
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HOSPITAL NAME

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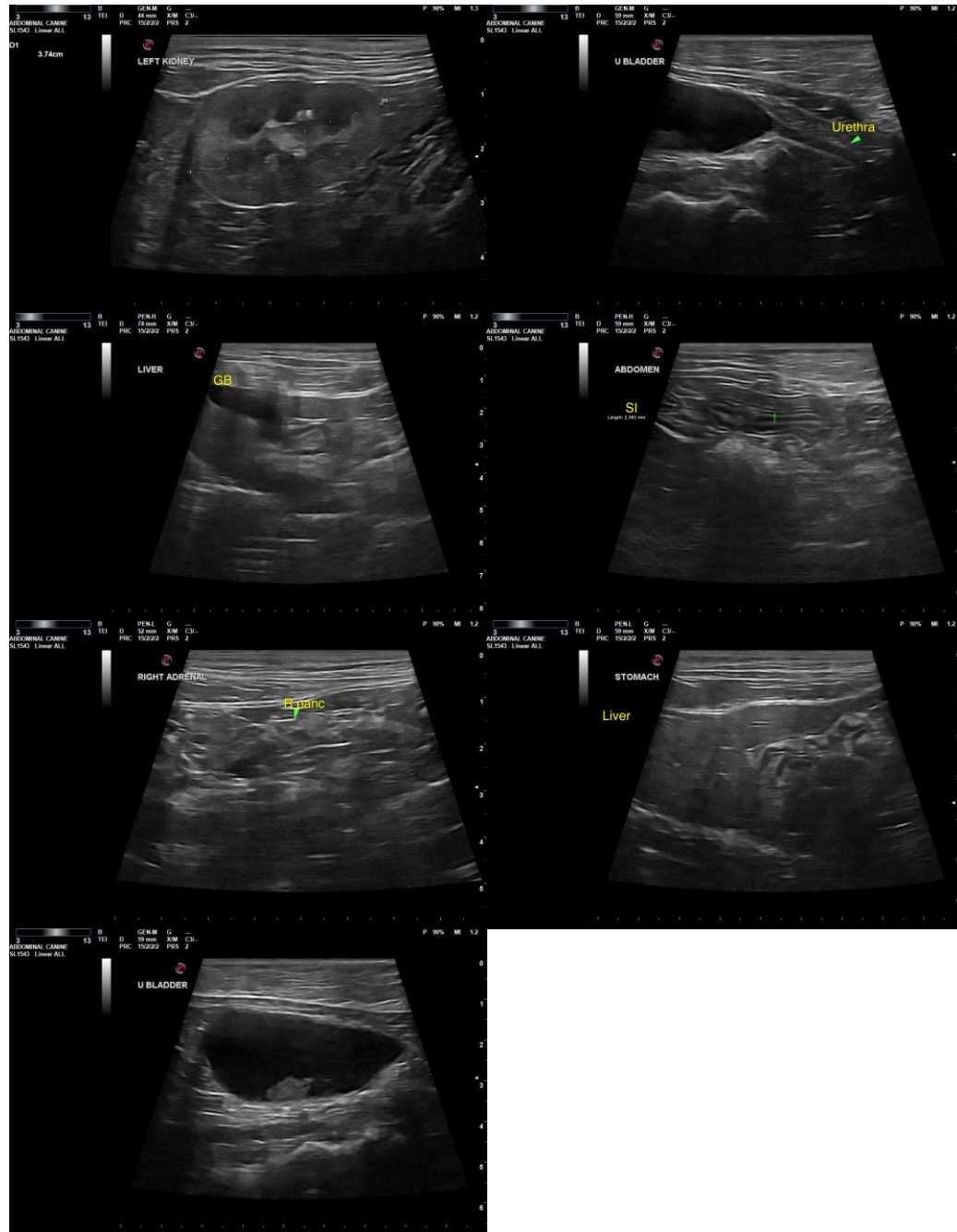
Dr. Meyer

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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)
info@sonopath.com