

PATIENT

Louie Schultz

PRESENTING CLINICAL SIGNS

Abdominal pain Anorexia Lethargic

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Recent blood work—severe azotemia, hyperphosphatemia, mild elevated ALT F PLI—positive

BREED

Maine Coon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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Normal size and margination was present in the kidneys. Bilateral cortical hypertrophy and uniform increased cortex echogenicity was present. No pyelectasia. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 4.4 cm in length.

AGE

14

The area of the aortic trifurcation was free of pathology.

WEIGHT

15.7

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. The spleen measured 0.64 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr.Sharkaway

Liver/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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Dr.Sharkaway

The gallbladder was non-distended in size with mildly prominent walls and minor particulate sediment. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

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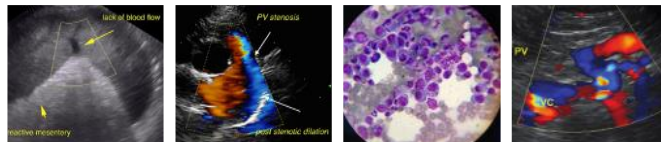
Gastrointestinal

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 measured 0.25 cm in width.

DATE

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The small intestine presented intact thickened wall layering with variably prominent to thickened muscularis layer. Segmental jejunal ileus to the level of the ileocecal junction was present. The lumen



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of the small intestine was empty with no signs of obstruction or foreign material. The small intestine wall measured up to 0.35 cm in width. The ileocolic wall measured 0.45 cm in width.

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

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Pancreas

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

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Focal to intermittent scant pocket of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Chronic nephropathy exhibiting non-specific medullary rim sign.
- Cholangitis/cholangiohepatitis hepatobiliary pattern-potential for round cell neoplasia.
- Intact segmental to generalized thickened small bowel with segmental ileus-inflammatory vs neoplastic infiltrative enteropathy with suspect metabolic/functional segmental ileus.
- Heterogenous pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A full urinary workup including UA, C/S and baseline UPC level is suggested. Assessment of systemic BP is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment primarily to assess for and identify inflammatory cell type and assess for neoplasia.

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(Canine and Feline)

Triad disease may be a consideration in this patient if inflammatory hepatopathy is confirmed. Hospitalization with IVF diuresis protocol, as needed hepatic and GI support, assessment of renal response and monitoring of urine output and body weight is recommended.

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A guarded prognosis is indicated.

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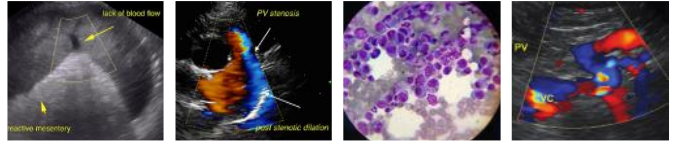
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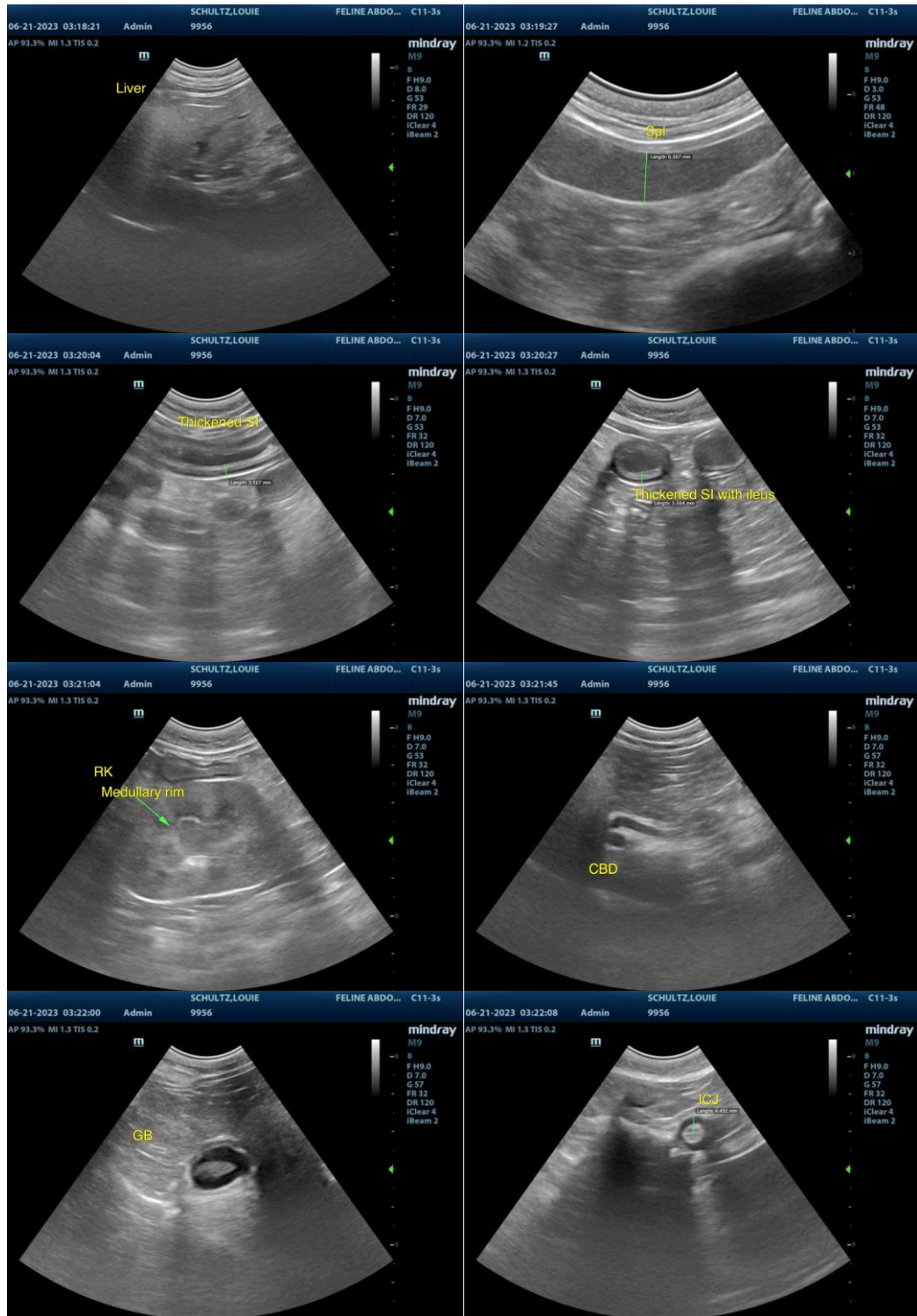
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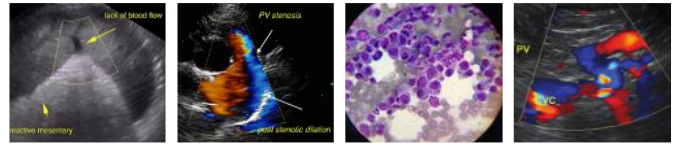
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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