



PATIENT	PRESENTING CLINICAL SIGNS
Mouse McCrory-Parker	Clinical Exam Findings: ^ mild weight loss, anorexia for 5 days, occ cough Abnormal PE/Chem/CBC/UA Results: Lab Findings: ^chem/cbc/T4/fpli wnl
SPECIES	Current Medications: ^cerenia, mirtazapine Radiographic Findings: Thoracic radiographs- suspected nodule in lung field
Feline	
BREED	
DSH	
SEX	
F/S	
AGE	
18	
WEIGHT	
10.38	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	The urinary bladder was normal in size and tone containing primarily anechoic urine primarily exhibiting mild nondependent particulate sediment with pinpoint dependent lumen mineral. No evidence of cystitis or tumors was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
Cassidy Braverman, CVT	No evidence of pathology in the area of the aortic trifurcation.
HOSPITAL NAME	Subnormal renal size with asymmetrical margination was noted in the left kidney. The renal cortex presented uniformly increased in 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 measured 2.1 cm in length. Focal medullary mineral was noted in the right kidney.
Bush AH	Mild enlarged renal size and asymmetrical margination were present in the right kidney. The renal cortex presented uniformly increased in 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. Focal areas of medullary mineral were noted. Minor right retroperitoneal free fluid and increased right retroperitoneal echogenicity were noted. The right kidney measured 4.8 cm in length.
REFERRING VET	Adrenal Glands
Dr. Newman	The left and adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width. The right adrenal gland was not definitively visualized.
INVOICE	Spleen
17148	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 0.97 cm width at the level of the mid-spleen.
DATE	Liver/ Gallbladder
6/22/23	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



PATIENT
Mouse McCrory-
Parker

containing primarily anechoic content with mild, congealed, lumen sediment or mucus. The cystic and common bile ducts were normal.

SPECIES

Feline

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.

BREED

DSH

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.

SEX

F/S

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

AGE

18

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. Focal area of suspected inflammation vs. nondisruptive nodule was noted in the left pancreatic limb measuring 1.0 cm in diameter.

WEIGHT

10.38

Free Abdomen

No evidence of significant omental lymphadenopathy, omental masses, or peritoneal free fluid was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment / pinpoint dependent lumen mineral
- Right kidney mild renomegaly exhibiting nonspecific chronic renal changes and focal medullary mineral, minor right retroperitoneal inflammation - compensatory hypertrophy, nonspecific nephritis, less likely emerging neoplasia
- Subnormal left kidney exhibiting nonspecific chronic renal changes and focal medullary mineral
- Sonographically unremarkable gastrointestinal tract
- Mild gallbladder sediment / mucus
- Mild heterogeneous pancreas with possible suspect focal left limb inflammation vs. nonspecific nodule

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Newman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full urinary work up including screening C/S and assessment of systemic BP is recommended.

Although normal fPL, low-grade to focally active left limb pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

DATE

6/22/23

No obvious evidence of intrabdominal neoplastic criteria was noted.

The mild gallbladder sediment / mucus is nonspecific yet at times has been associated with hepatobiliary inflammation, which cannot be excluded given the short half-life of hepatic enzymes in cats.



PATIENT

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Correlation with thoracic radiologist review may be considered if not done. A GI panel to include Cobalamin/Folate levels to assess for occult intestinal disease as a contributing factor is warranted. Empirically, as-needed GI support is recommended.

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IMAGING PERFORMED BY

Cassidy Braverman, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

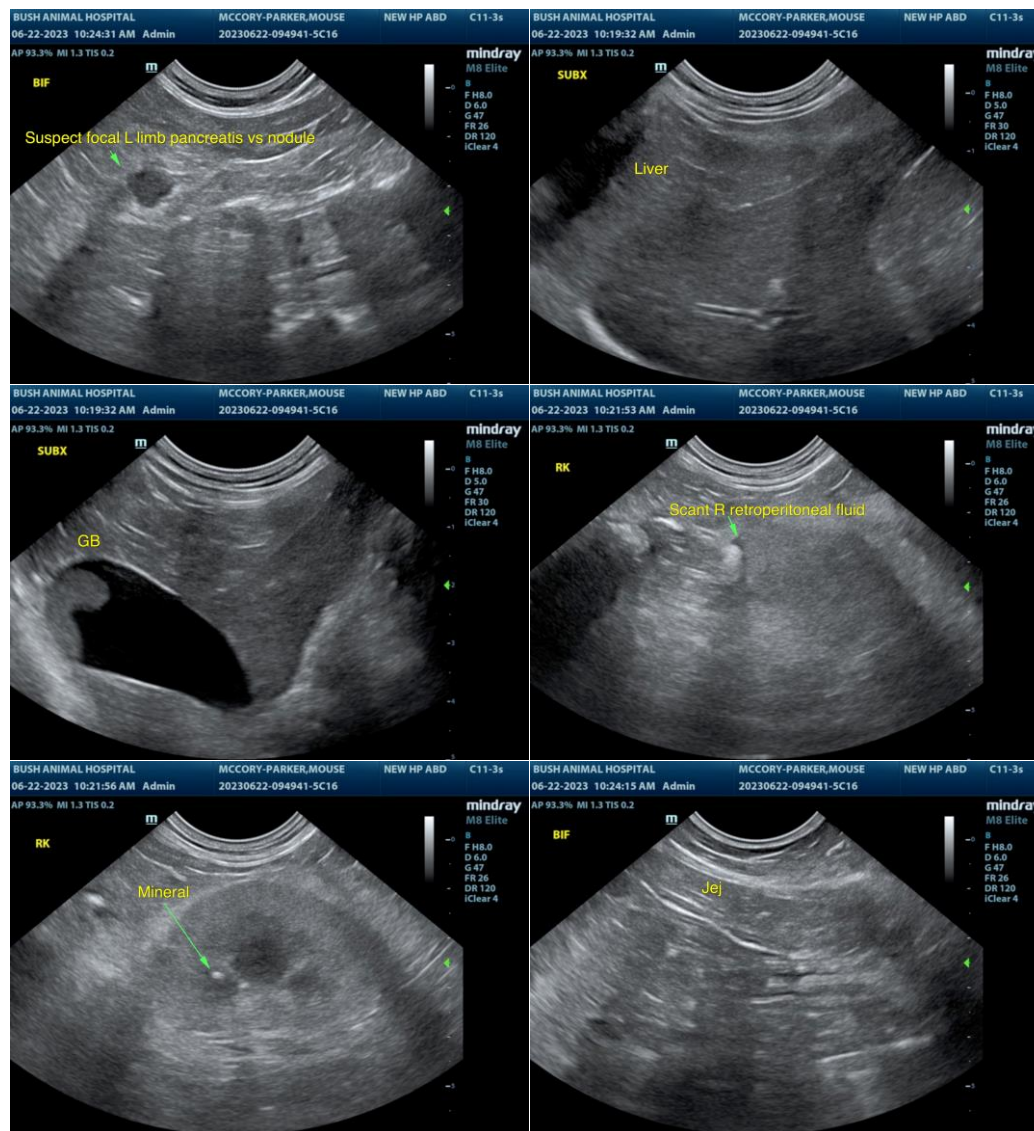
Dr. Newman

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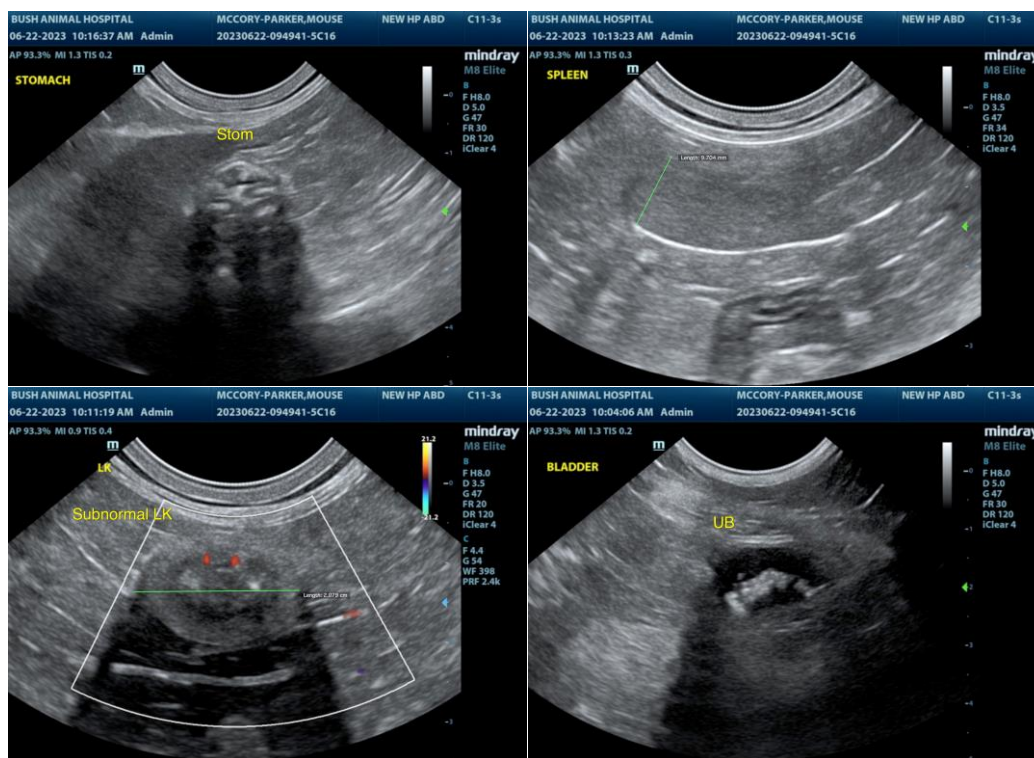
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INVOICE

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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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