



PATIENT PRESENTING CLINICAL SIGNS

Alvin Tigeleiro

History: ADR, inappetence , lethargy. Possible enlarged spleen on rads. Current meds: Prednisolone, Doxy , Mirtaz.

SPECIES

Abnormal PE/Chem/CBC/UA Results: RBC 2.38, HCT 7.5%, HGB 2.7, MCV 21.7, MCH 11.2, RDW 13.2, RETIC 2.8, NEU 2.02, EOS 0.13, GLU 225, CREA 2.6, TBIL 1.7, Anemia PCR panel pending. USG 1.057

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

SEX

Neutered Male

Aortic trifurcation was normal. No evidence of medial iliac or sublumbar lymphadenopathy.

AGE

5 Years

Normal size and margination were present in the kidneys. Both kidneys exhibited subtle uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. No evidence of chronic or significant renal pathology present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

10.8 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

IMAGING PERFORMED BY

Shari Reffi, CVT

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 0.77 cm in width.

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Liver

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.

REFERRING VET

Dr. Elia

The gallbladder was non distended in size with mild to moderate nondependent mildly hyperechoic yet nonorganized gallbladder debris. No overt evidence of gallbladder or peripheral gallbladder inflammatory criteria. The debris appeared to extend mildly into the cystic biliary duct without evidence of cystic biliary duct or common bile duct dilation.

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Gastrointestinal

DATE

6/23/22



PATIENT	The stomach was distended with moderate ingesta, exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing. The visualized gastric walls were sonographically normal. No evidence of mechanical pyloric outflow obstruction.
Alvin Tigeleiro	
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental echogenic nonshadowing chyme was present.
Feline	
	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DSH	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
SEX	<i>Free Abdomen</i>
Neutered Male	No omental masses, lymphadenopathy or peritoneal free fluid was present.
AGE	ULTRASONOGRAPHIC FINDINGS
5 Years	<ul style="list-style-type: none"> Progressively shadowing gastric ingesta- nonspecific, potentially consistent with postprandial presentation. Potential for hairball density or similar possible.
WEIGHT	<ul style="list-style-type: none"> Sonographically unremarkable small bowel Sonographically unremarkable spleen- no evidence of splenomegaly or overt splenic neoplastic criteria
10.8 Pounds	<ul style="list-style-type: none"> Overtly normal bilateral kidneys, exhibiting mild nonspecific uniform increased cortex echogenicity Mild gallbladder debris- likely incidental, potentially indicative of nonobstructive cholestasis given the TBili elevation.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no overt evidence of significant visceral pathology as a definitive cause of the patients clinical signs and anemia. Correlation with pending anemia PCR panel +/- CBC pathology review to rule out hemotropic parasites. Assessment for evidence of hemolysis or potential immune mediated disease could be considered pending additional diagnostics. If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.
IMAGING PERFORMED BY	
Shari Reffi, CVT	
HOSPITAL NAME	
AH of Roxbury	
REFERRING VET	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
Dr. Elia	
INVOICE	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services
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Feline

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DSH

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REFERRING VET

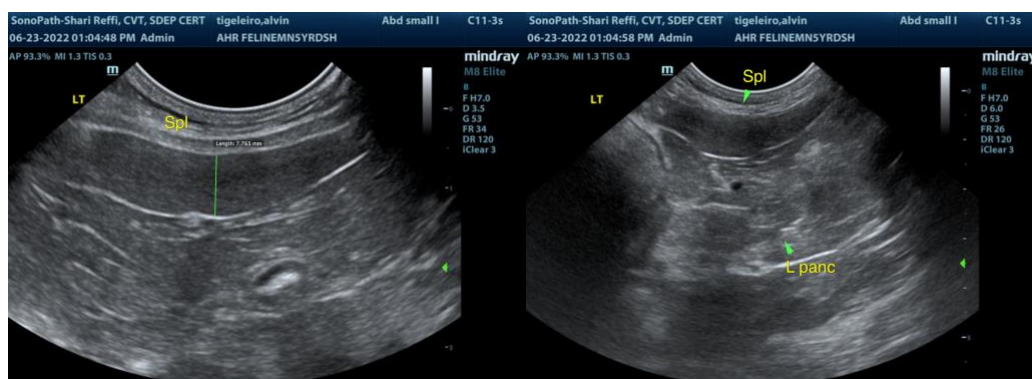
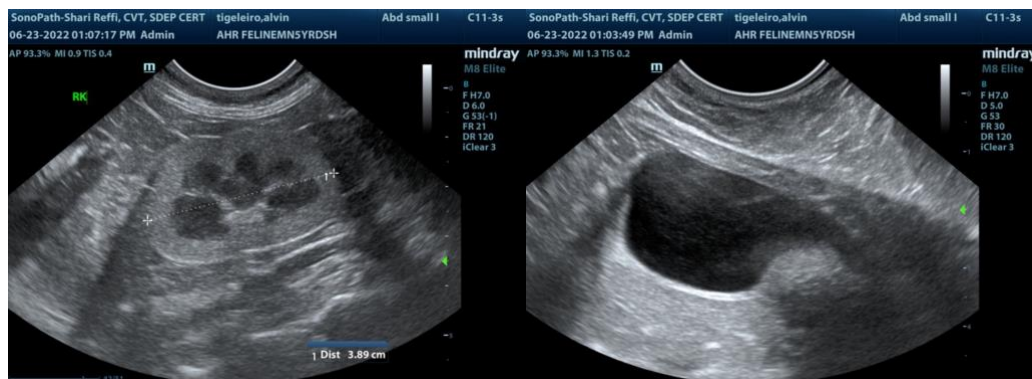
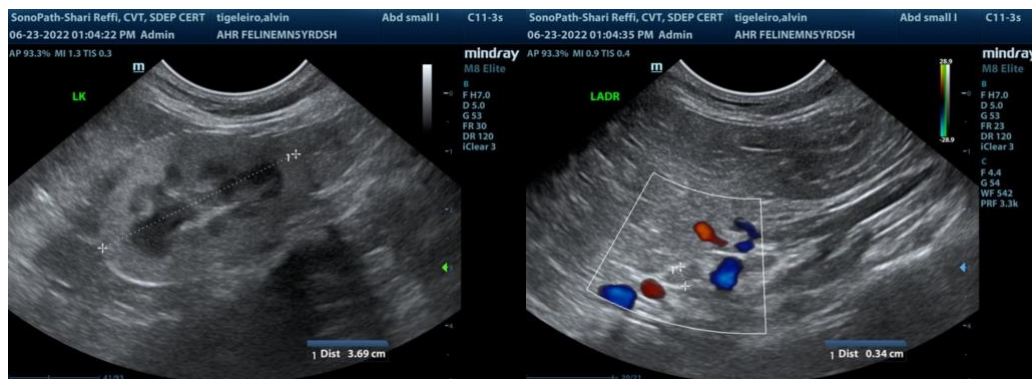
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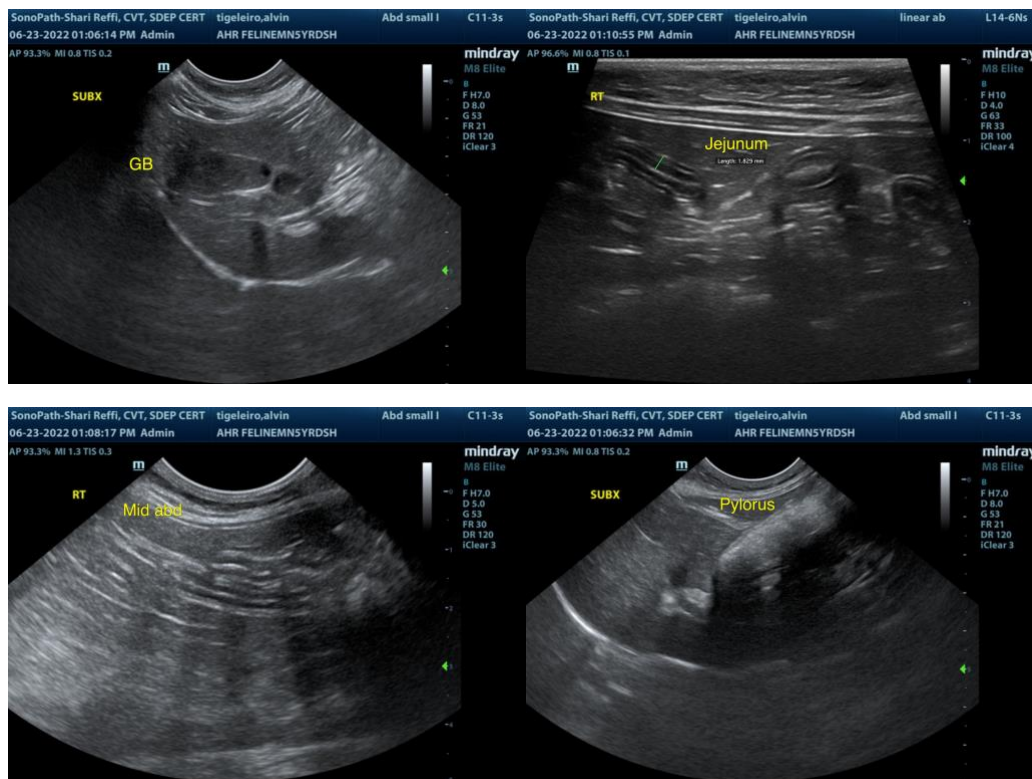
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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