



PATIENT

Archie Grillo

PRESENTING CLINICAL SIGNS

History: presented 3 days ago with poor appetite/constipation after discontinuing prednisolone for previous GI disease. still not eating, increased resp rate.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

Normal size and margination was 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 was present. A cortical infarct was present in the right kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

AGE

13 yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.7 lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

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

HOSPITAL NAME

Rockaway Animal
Hospital

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. Previously noted well demarcated uniform mildly hypoechoic nodule in the right liver measuring 1.6 cm x 1.2 cm was present. 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. Maniar

Gastrointestinal

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

INVOICE

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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. The duodenum wall measured 0.27 cm in width. The jejunum wall measured 0.20 cm in width. The ileocolic wall measured 0.37 cm in width.

DATE

06/24/2022



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The visualized colon exhibited intact wall layering with subjective nonformed feces in the proximal colon and semi formed to soft feces in the descending colon. The descending colon wall measured 0.16 cm in width.

SPECIES

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Pancreas

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.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Previously noted subjective mild progressive hepatic nodule
- Gastroenteritis pattern with gastric hypomotility
- Mild chronic renal changes
- Minor urinary bladder sediment

AGE

13 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.7 lb

If the hepatic nodule vs hepatic parenchyma was previously sampled, continued monitoring of the nodule with initial recheck in 4 weeks to assess for evidence of progression would be reasonable. If the hepatic nodule was not sampled, consideration for ultrasound guided FNA of the specific nodule using a 25g needle is recommended for cytology.

INTERPRETED BY

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(Canine and Feline)

The gastric hypomotility appears to be metabolic in nature with evidence of mechanical obstructive pattern or foreign material. This may potentially be secondary to underlying nonstructural gastrointestinal disease, potentially previous prednisolone use may be masking GI mural changes. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for evidence of occult GI disease or pancreatitis. If not done, three view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor. Empirical GI support is recommended, hospitalization with 24-48 IVF and GI support protocol may prove beneficial.

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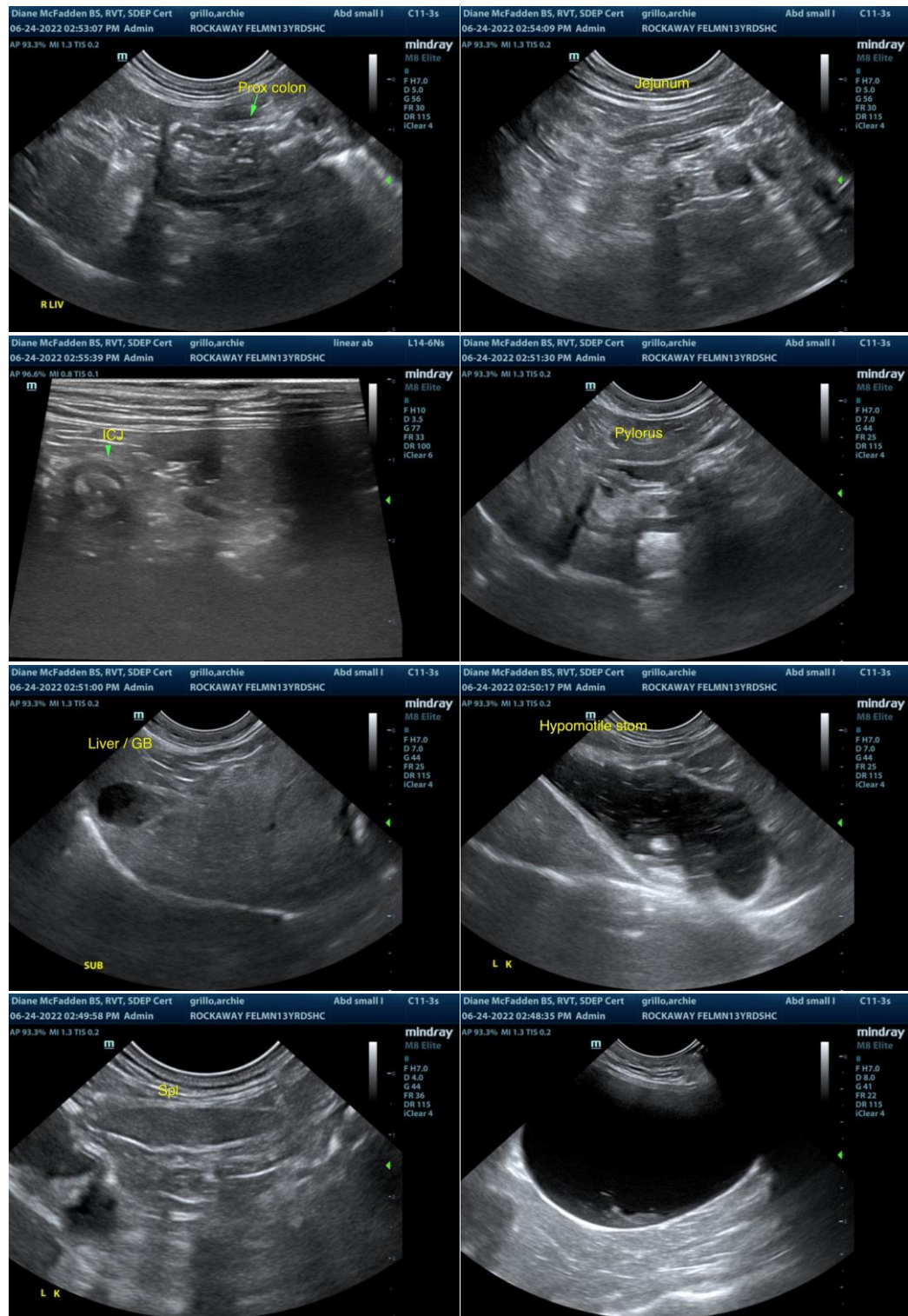
Dr. Maniar

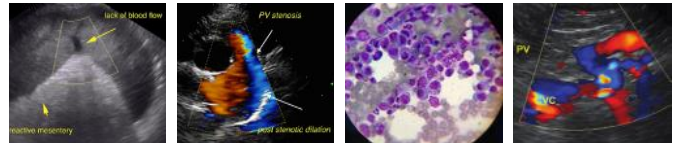
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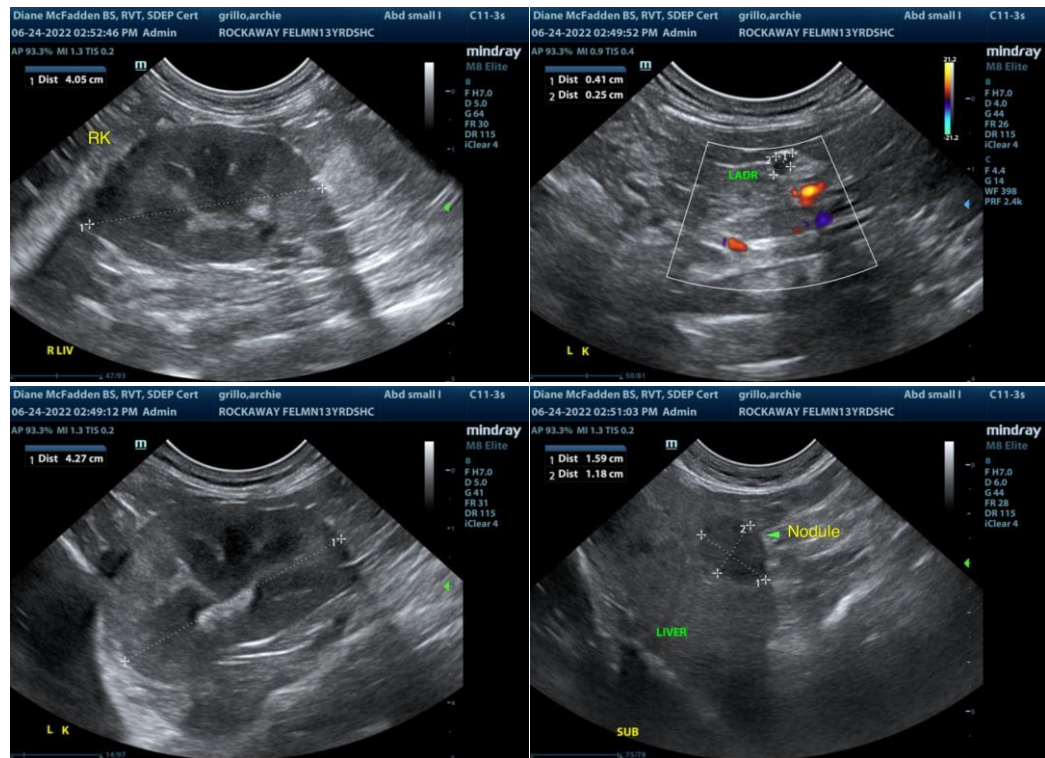
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com