



PATIENT

Buster Sullivan

PRESENTING CLINICAL SIGNS

re check renal status

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 mild to moderate 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.

BREED

DSH

Both kidneys were mildly prominent in size with normal margination. Moderate loss of corticomedullary border demarcation with subjective mild nonuniform increased cortex echogenicity was present. Mild pyelectasia was present in both kidneys. Evidence of mild left and right retroperitoneal inflammation was noted. No evidence of retroperitoneal free fluid was noted. The left kidney measured 5.9 cm in length. The right kidney measured 5.3 cm in length.

SEX

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AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were free of pathology.

WEIGHT

24

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.

INTERPRETED BY

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

Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

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.

REFERRING VET

Dr. Maniar

The small intestine presented intact wall layering with segmental propensity for a mildly prominent muscularis layer. The small intestinal wall measured 0.28 cm in width. No evidence of loss of intestinal wall layering or masses.

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

Pancreas

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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.

SPECIES

Feline

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Small pockets of very scant peritoneal free fluid was observed.

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral nephritis pattern with mild bilateral pyelectasia, minor associated left and right retroperitoneal inflammation
- Hypoechoic liver-nonspecific
- Intact yet segmental mild intestinal wall thickening

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. The bilateral kidneys may indicate nonspecific chronic nephritis i.e. pyelonephritis, interstitial nephritis or other. The potential for left, right or bilateral emerging renal neoplastic criteria cannot be definitively excluded. The renal presentation was essentially similar to previous ultrasound.

WEIGHT

24

Potential for mild infiltrative enteropathy i.e. inflammatory vs low grade neoplastic infiltrative enteropathy could be considered if concurrent evidence of weight loss or GI signs are present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if clinically indicated.

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Assessment of hepatic enzymes is suggested with potential hepatic FNA using a 25g needle and assuming normal clotting status if elevated hepatic parameters are present.

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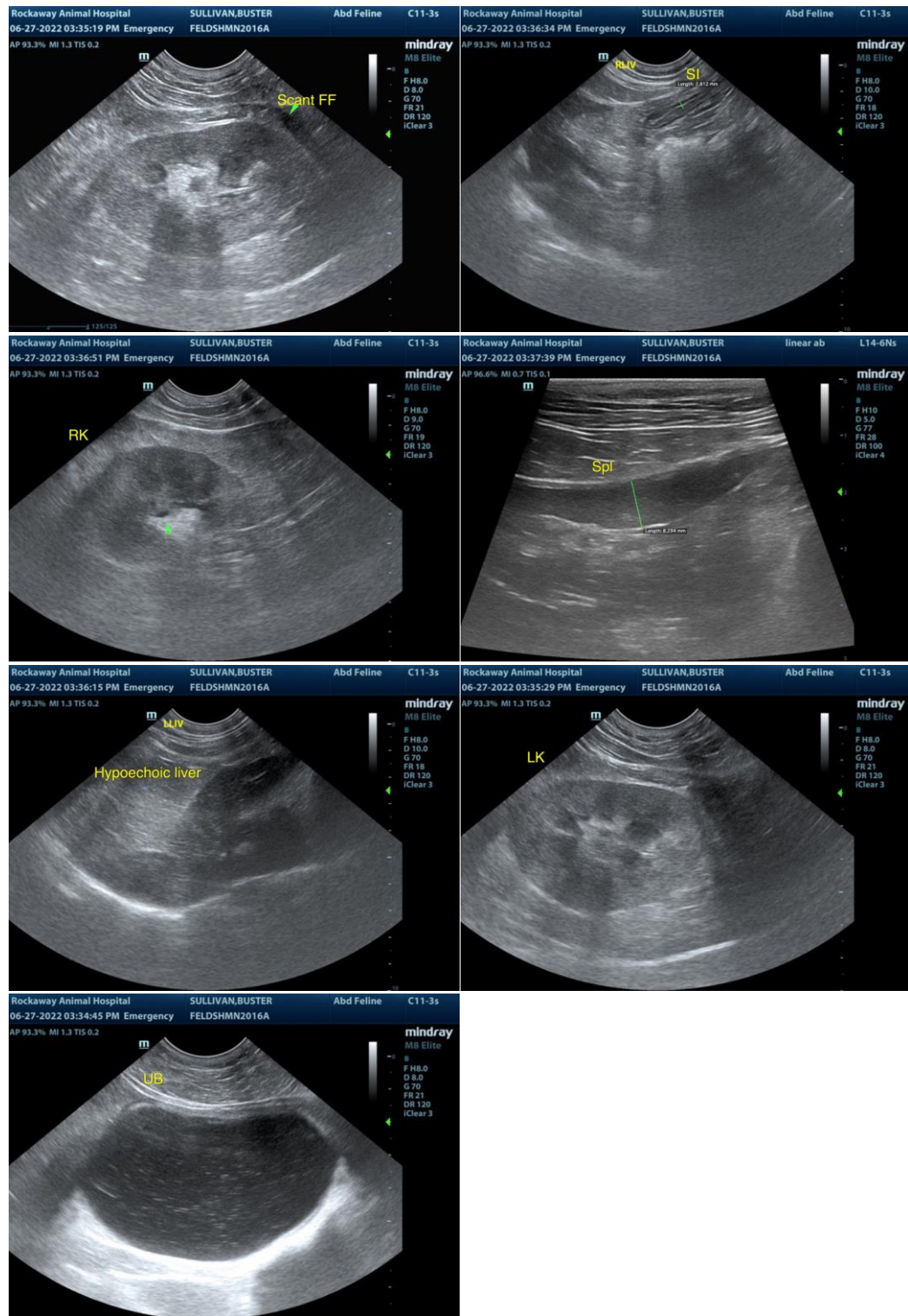
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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info@SonoPath.com

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