

PATIENT

Remi Swain

PRESENTING CLINICAL SIGNS

stranguria, constipation

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 moderate to significant dependent to nondependent hyperechoic to shadowing mineral, sediment and mucus. 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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AGE

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The apical urinary bladder wall measured 0.26 cm in width.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or renal mineralization. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

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Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

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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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic to progressively shadowing ingesta (potential hairball density) with no signs of ileus or obstruction.

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.

INVOICE

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Normal visible colon wall layers were present with apparent formed feces in lumen. The colon was of normal size with no evidence of distention or impacted feces.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

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ULTRASONOGRAPHIC FINDINGS

- Moderate to significant urinary bladder dependent mineral to nondependent sediment and mucus, potential for low grade cystitis possible
- Overtly normal bilateral kidneys
- Overtly normal colon
- Possible small gastric hairball density

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2

Bladder agitation followed by a cystocentesis for collection of urine sample to include urine C/S and cytospin cytology for further clarification of the urinary bladder mineral, sediment and mucus is recommended. Dissolution diet as well as conservative therapy for cystitis pending urine C/S would be reasonable. Hairball therapy could be considered if clinically indicated.

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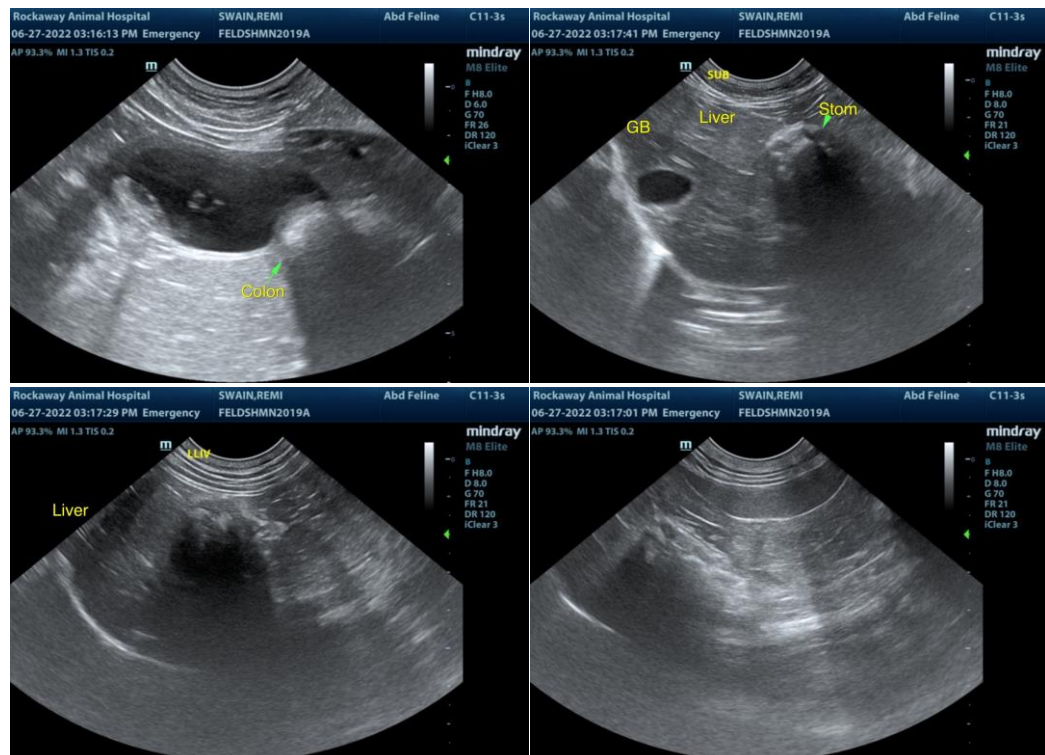
Dr. Maniar

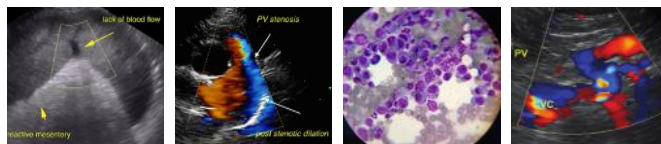
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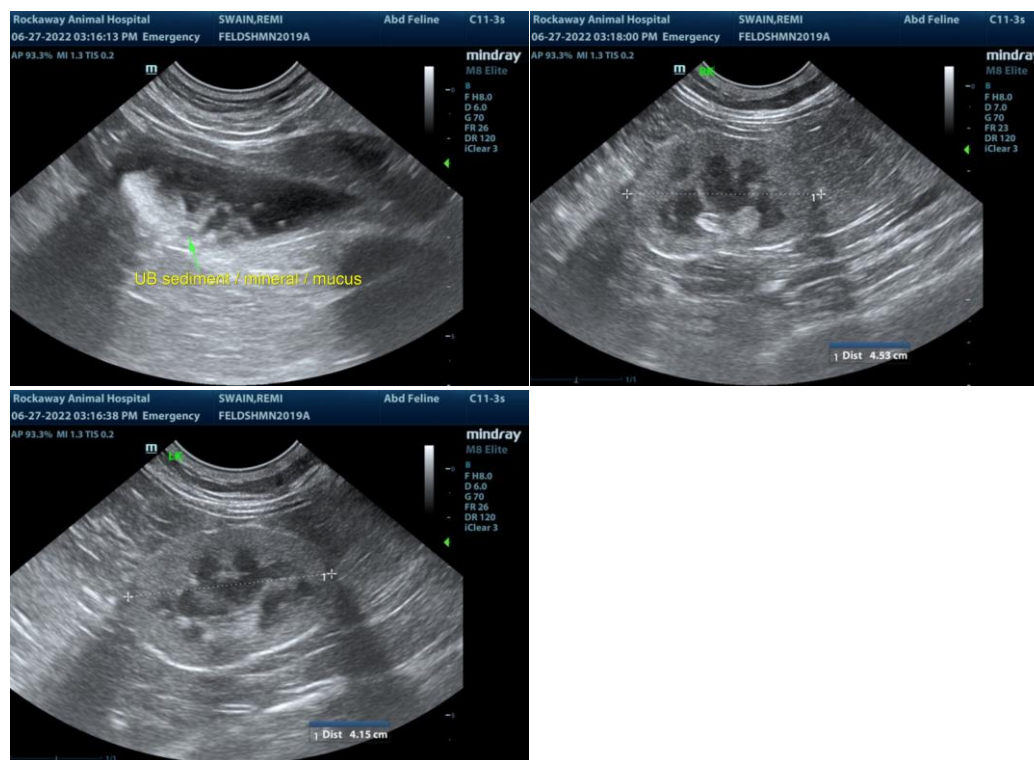
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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