



PATIENT

Karma St. Louis

SPECIES

Feline

BREED

Domestic Medium

Hair

SEX

FS

AGE

13

WEIGHT

2.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsay AC

REFERRING VET

Dr. Gupta

INVOICE

14151

DATE

6/28/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea mild lethargy. Mod elevation of liver enzymes

Abnormal PE/Chem/CBC/UA Results: Mod elevation of liver enzymes Renal enzymes and fPL
normal T4 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted. Potential for pinpoint mineral in the area of the ureteral papilla, although not definitive, was noted.

The area of the aortic trifurcation was free of overt pathology.

The left kidney measured 4.4 cm in length. Mild loss of corticomedullary border demarcation was present with moderate hydronephrosis was present. Concurrent mildly dilated left ureter exiting the left kidney extending for a visualized 1.0-2.0 cm. No overt evidence of left kidney calculi was noted. Evidence of left retroperitoneal inflammation associated with the left kidney was noted.

The right kidney measured 3.5 cm in length. Normal size and margination were present in the right kidney. 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. Mild pyelectasia was noted in the right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

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 0.88 cm width.

Liver/ Gallbladder

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 containing anechoic content with mildly thickened to isoechoic gallbladder walls. The gallbladder wall width measured 0.24 cm. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.33 cm diameter. Evidence of mild inflammation



PATIENT	around the common bile duct was noted. No overt evidence of common bile duct mucus or overt calculi was noted.
Karma St. Louis	
SPECIES	<i>Gastrointestinal</i>
Feline	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. The gastric body wall width measured 0.25 cm.
BREED	The small intestine presented intact yet mildly prominent wall layering yet without evidence of significant mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The ileocolic wall width measured 0.32 cm. The duodenum wall width measured 0.31 cm. The jejunum wall width measured 0.25 cm.
Domestic Medium Hair	
SEX	Normal visible colon wall layers were present with semi-formed feces in the proximal colon.
FS	
AGE	<i>Pancreas</i>
13	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild pancreatic duct dilation was noted.
WEIGHT	<i>Free Abdomen</i>
2.2	Intermittent colic lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal free fluid was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Possible pinpoint to focal mineral at level of ureteral papilla • Left kidney moderate hydronephrosis with concurrent mild proximal left hydroureter, evidence of left retroperitoneal inflammation • Right kidney mild chronic renal changes with minor pyelectasia • Mild active to chronic active pancreatitis pattern • Intact yet subjective mild prominent small bowel wall layering • Mildly thickened gallbladder with mild nonobstructive proximal common bile duct dilation - consistent with likely cholangitis
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Belan	Considerations for the left kidney may include pyelonephritis while the possibility of emerging left ureter obstruction and secondary hydronephrosis cannot be excluded. Ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology primarily to assess for evidence of inflammatory cells. Urine culture and sensitivity on a sterile urine sample is recommended.
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Potential for Triad Disease is warranted in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.





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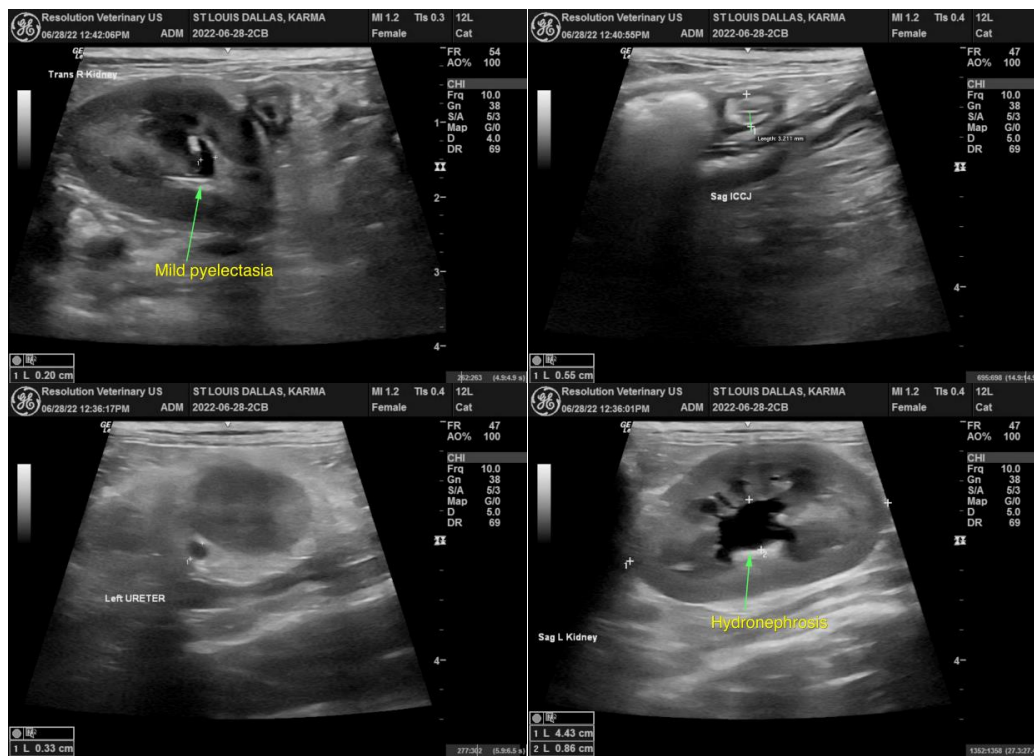
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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/>.

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>