



PATIENT

Javier Barbieri

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

13 years

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Aspen Animal
Hospital

REFERRING VET

Aspen Animal
Hospital

INVOICE

17194

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Stage 1 kidney disease. Vomiting. Vet worried about IBD or neoplasia. Low platelets.

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination were present in both kidneys. Bilateral mild cortical hypertrophy with uniform cortex hyperechogenicity and mildly enhanced yet indistinct corticomedullary border demarcation were present. The renal medullary volume was subjectively reduced. Pinpoint dystrophic medullary mineral was noted. No pyelectasia was noted. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.40 cm width.

Spleen

The spleen was normal in size and contour with primarily a finely textured and homogenous parenchyma. Focal to intermittent, small, nondisruptive, well-demarcated, hyperechoic splenic nodules were present.

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 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 was empty with no signs of ileus, obstruction, or foreign material. No evidence of retained gastric ingesta or fluid. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental hyperechoic intestinal ingesta was present with no obstructive pattern, loss of intestinal wall layering, or intestinal masses. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.35 cm width.

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



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Pancreas

The left pancreatic limb was normal in size and contour with mild heterogeneous parenchyma with minor left limb pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. No evidence of peripancreatic hyperechoic or reactive mesentery.

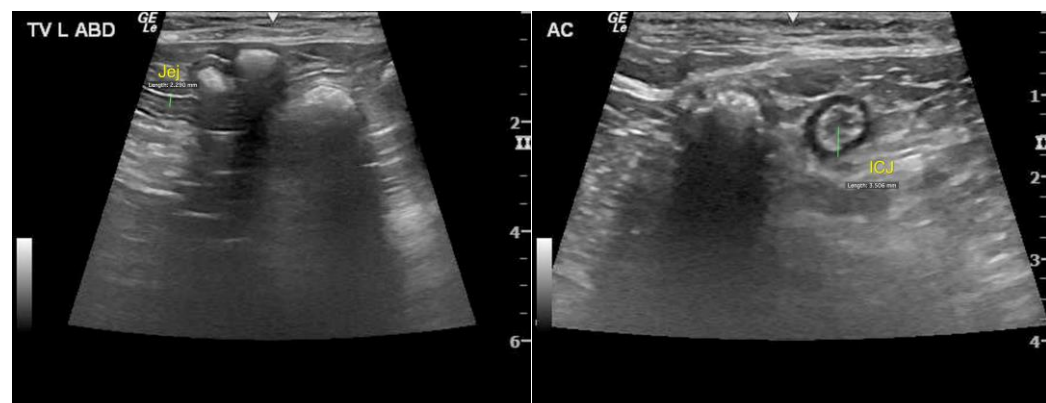
ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with cortical hypertrophy / hyperechogenicity
- Sonographically unremarkable gastrointestinal tract with segmental intestinal ingesta
- Mild heterogeneous left pancreas with mild pancreatic duct dilation
- Small hyperechoic splenic nodules - consistent with benign splenic myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently done, full urinalysis with further renal staging to include screening C/S and baseline UPC level is suggested. No overt sonographic IBD or intrabdominal neoplastic criteria was noted. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to a low-grade or chronic left limb pancreatitis, is suggested. Correlation with a Spec fPL or full a GI panel to include PLI/TLI/Cobalamin/Folate for evidence of occult intestinal disease is suggested.

Empirically, gastroprotectant protocol, Omeprazole 1.0 mg/kg PO SID over the next 3 weeks with canned novel protein or hydrolyzed diet trial and assessment of gastrointestinal response may prove beneficial.





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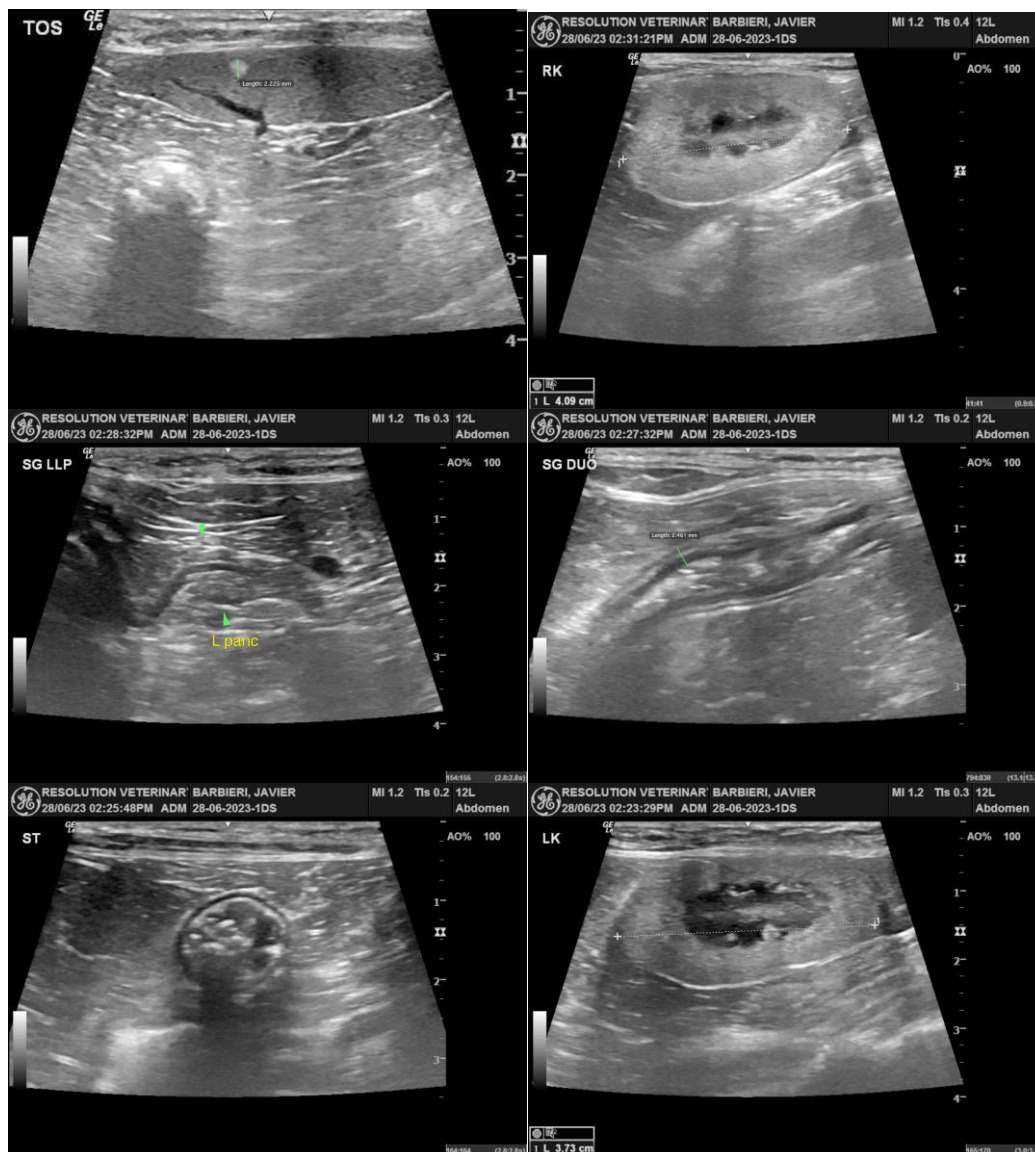
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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