



PATIENT PRESENTING CLINICAL SIGNS

Marshall Lacava Hematuria, resolved with antibiotics.
 Medication: Clavamox

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder was normal in size and tone with normal appearance to the urinary bladder wall without evidence of inflammatory mural criteria. No tumors were noted. Anechoic urine was present primarily. Focal, congealed sediment, mucus, and mild mineral were present in the dependent urinary bladder lumen measuring 1.3 cm in diameter. Concurrent, non-dependent particulate sediment was noted. Minor decreased proximal urethral tone to a depth of 2.0 cm was noted. Normal proximal urethral structure was present. No evidence of proximal urethral obstructive mural pathology or calculi.

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

2014 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 pyelectasia. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

11.1

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology was noted in the area of the right adrenal gland.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Maple Hills VH

Liver/ Gallbladder

REFERRING VET

Dr. Eckman

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

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Gastrointestinal

DATE
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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.



PATIENT

Marshall Lacava

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor focal to segmental jejunal ileus was present and considered incidental.

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

SPECIES

Pancreas

Feline

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 were evident.

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2014

- Sonographically normal urinary bladder wall with moderate nondependent particulate sediment and focally congealed mucus / mineral, potential for possible small blood clot
- Minor decreased proximal urethral tone, normal urethral structure
- Normal bilateral kidneys - no evidence of pyelonephritis

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S 7 days post completion of current antibiotic is recommended. Urinary diet along with empirical therapy for idiopathic cystitis pending recheck urine C/S, may prove beneficial. No overt evidence of significant or overt upper or lower urinary tract pathology was noted.

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(Canine and Feline)

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ARDMS/RVT

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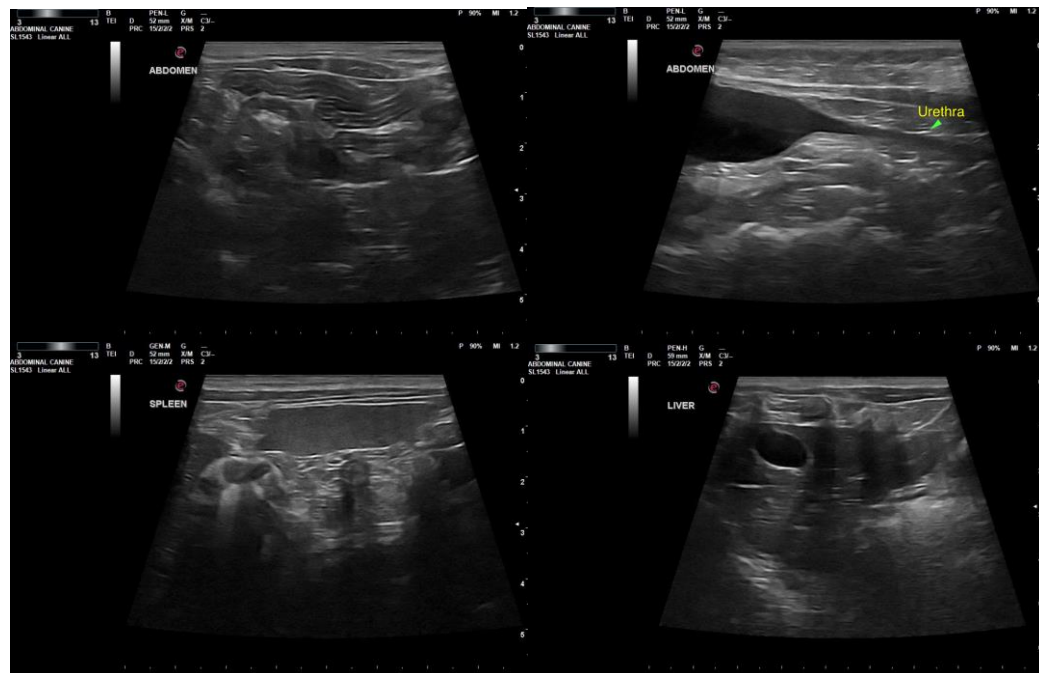
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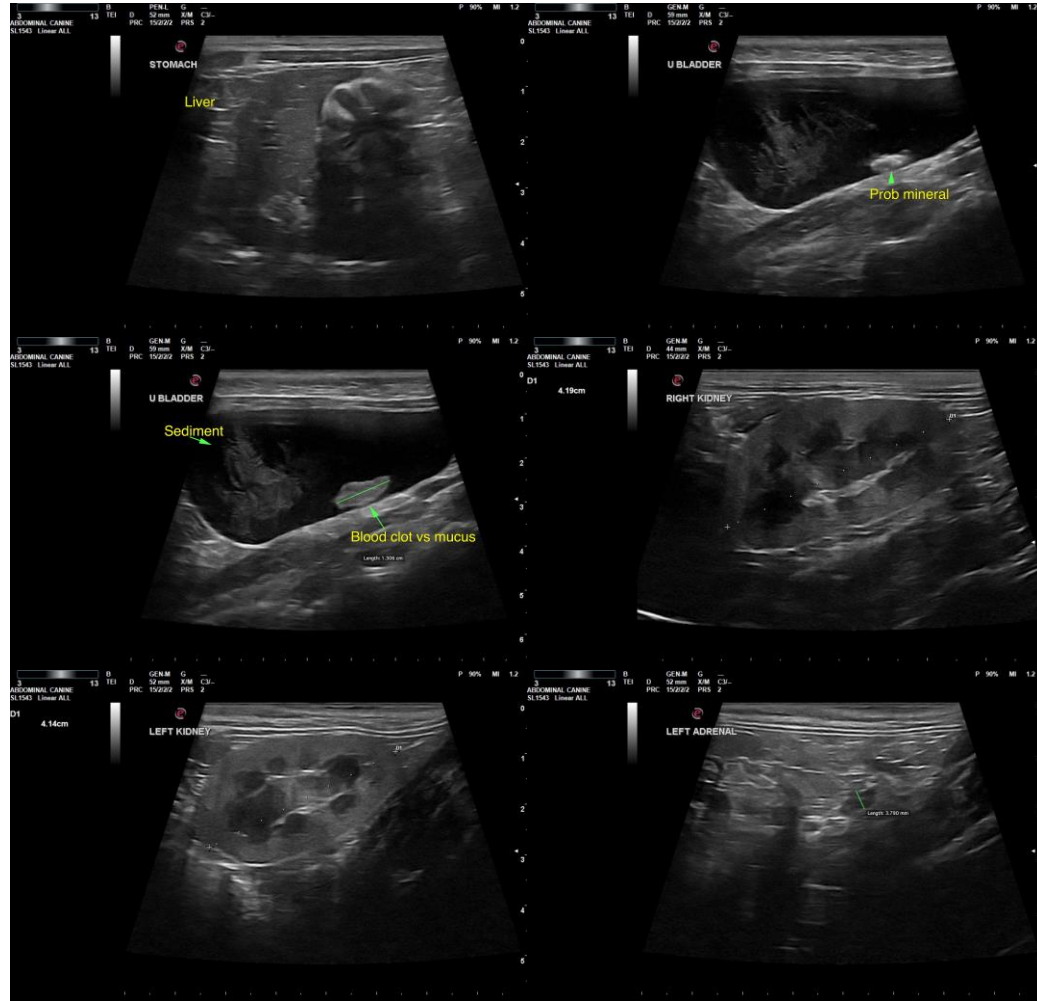
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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