



PATIENT

Charlie Muzyka

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

16.13 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Heather McNemar

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

15919

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: p was not eating for 7 days and was vomiting clear liquid, AUS preformed at crown on 4.23 - changes in ileocecal area, infiltrative disease vs. inflammation/ infection no pvp on board gave .32 torb Abnormal PE/Chem/CBC/UA Results: potassium low 3.3, na/k ratio down 46, cholesterol up 222, precision psl up 33, cpk ip 627, wbc down 2.1, hct up 48, platelet count down 21, monocytes up 5, absolute neutrophils down 1071, absolute lymphocytes down 693, protein 1+, urine SG 1.025

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 were noted. Aortic trifurcation was normal.

Both kidneys were normal in size with minor asymmetrical contour. Primarily maintained 1:3 cortex to medulla ratio with subjective propensity for mildly hypertrophied cortex and mildly nonuniform increased echogenicity. Mild to moderate loss of corticomedullary border demarcation noted. The left kidney measured 3.7 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and contour and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Nondisruptive, multifocal, well-demarcated mildly hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of splenic nodule measured 0.3 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.79 cm in width at the level of the hilus.

Liver

The liver exhibited normal to possible mild generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal in size yet potentially divided into two compartments containing anechoic content. No evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet prominent wall layering. The lumen was primarily empty with mild luminal gas and potential for minor retained ingesta. No evidence of mechanical pyloric outflow obstruction.



PATIENT	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. The area of the ileocolic junction was not definitively visualized. No overt pathology in the area of the ileocolic junction. The jejunum wall measured 0.23 cm.
Charlie Muzyka	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
BREED	Pancreas
DSH	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.
SEX	Free Abdomen
Neutered Male	No omental masses, lymphadenopathy or peritoneal free fluid was present.
AGE	ULTRASONOGRAPHIC FINDINGS
9 Years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> Bilateral mild chronic interstitial nephrosis renal pattern Multiple nonspecific yet subjectively benign splenic nodules, suggestive of benign myelolipomas or potential nodular hyperplasia. Neoplastic criteria is thought less likely. Echogenic liver- nonspecific, vacuolar hepatic changes, hepatitis/cholangiohepatitis, emerging lipidosis, even without reported hepatic enzyme elevations, given the short half-life of hepatic enzymes in cats, possible. Round cell hepatic neoplasia cannot be definitively excluded. Suspect gastritis, overtly normal small bowel
16.13 Pounds	Secondary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Probable bilobed gallbladder- normal variant in a cat
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
Heather McNemar	Assuming normal clotting status, using a 25-gauge needle, especially if evidence of weight loss, hepatosplenic FNA warranted for screening cytology.
HOSPITAL NAME	REFERRING VET
ACC Flanders	Potential for low-grade to chronic pancreatitis could be present yet sonographically normal given the reported possible cranial abdominal discomfort.
REFERRING VET	Hospitalization with 24-48 hour IV fluid and gastrointestinal supportive protocol with electrolyte correction may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate and CBC pathology review could be considered.
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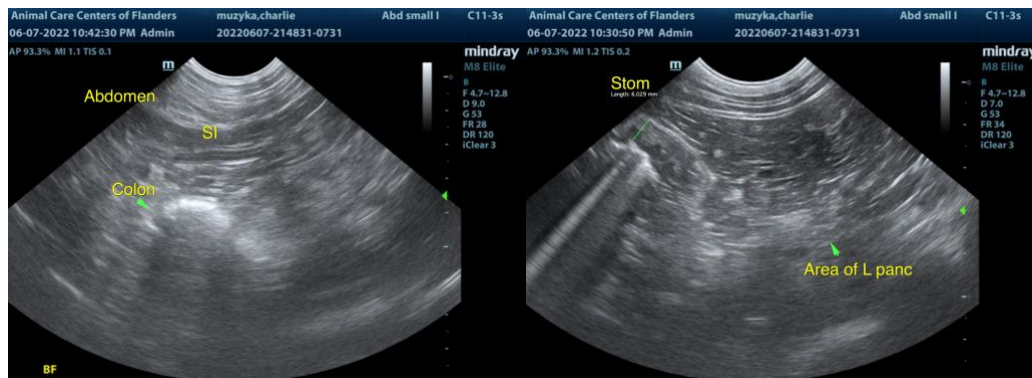
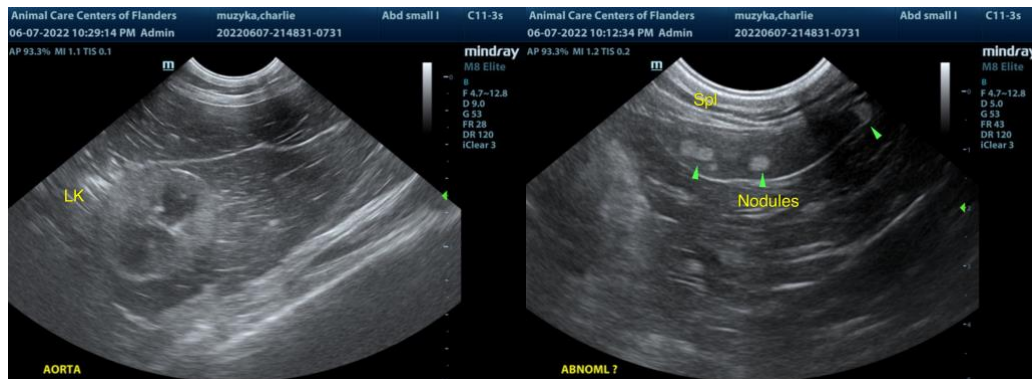
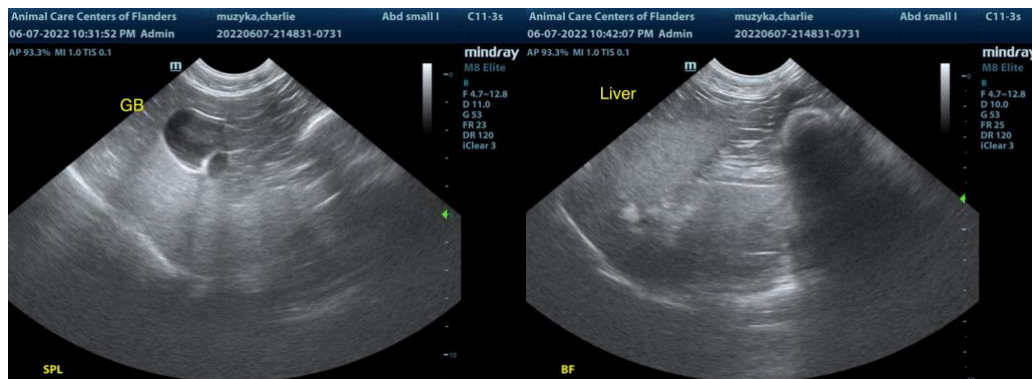
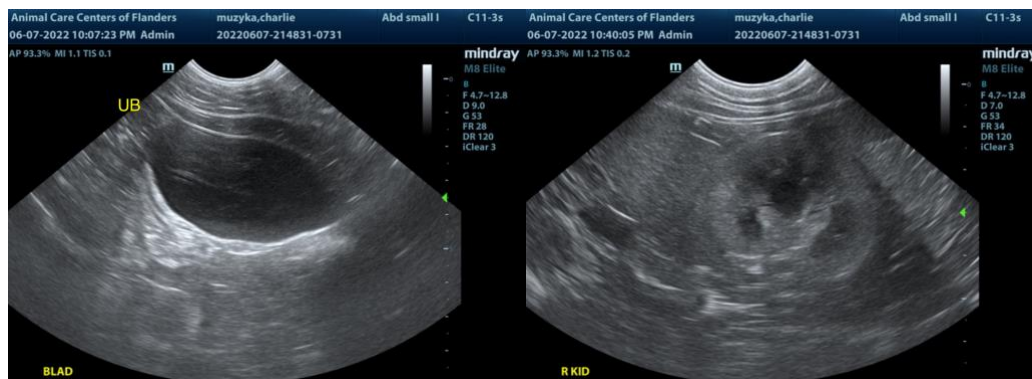
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The information and recommendations provided are based on the images presented by the



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Charlie Muzyka

referring veterinarian. 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.

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