



PATIENT

Callie Scmolzer

PRESENTING CLINICAL SIGNS

History: Hematuria.

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 focal dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

BREED

DSH

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted bilaterally with likely cortical microinfarctions. The left kidney measured 3.2 cm in length. The right kidney measured – cm in length.

SEX

FS

AGE

15yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

4.6kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

INTERPRETED BY

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

The spleen exhibited normal size with areas of capsule asymmetry and parenchyma heterogeneity exhibiting potential for subtle hypoechoic micronodular parenchymal changes. 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 0.9 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dave Stasiuk

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 with mild luminal debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

Gastrointestinal

REFERRING VET

Dr. Ross

The antrum and pylorus presented intact wall layering with a normal wall layer ratio. Mildly prominent yet intact wall layering was noted in the pyloric outflow and the area of the gastroduodenal junction. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured up to 0.54 cm in width.

INVOICE

11108ag

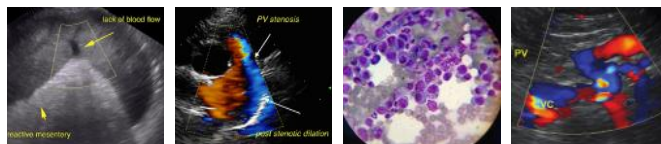
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

07/11/2022

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

Pancreas



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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Focal dependent urinary bladder mineral
- Bilateral chronic degenerative renal changes exhibiting medullary mineral
- Nonhomogeneous micronodular splenic parenchyma-incidental lymphoid hyperplasia suspected, potential for early splenic neoplasia cannot be excluded
- Intact yet mildly thickened pylorus walls-benign pyloric mucosal hyperplasia, neoplastic criteria is considered less likely

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15yr

This patient may be passing small amounts of mineral from the kidneys to the bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

An ultrasound guided FNA of the spleen using a 25g needle could be considered/warranted for further assessment especially if evidence of weight loss. Sonographic monitoring of the spleen for evidence of progressive parenchymal changes would be a more conservative approach.

WEIGHT

4.6kg

Gastric protectant protocol with sonographic monitoring of the pylorus wall for evidence of progressive mural changes is suggested.

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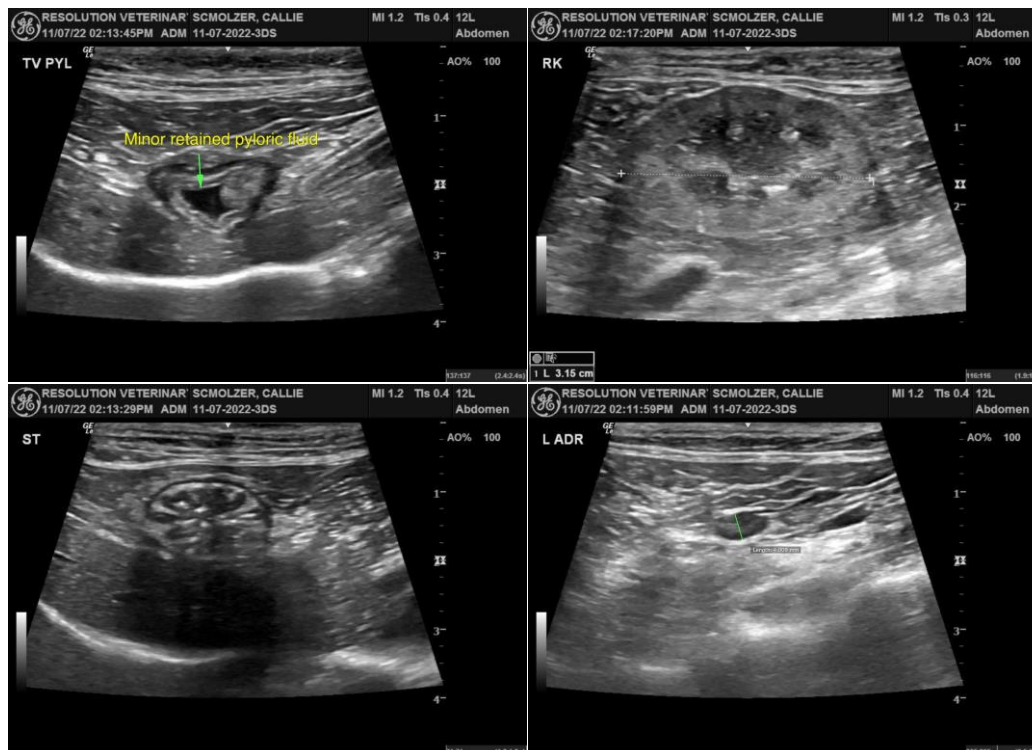
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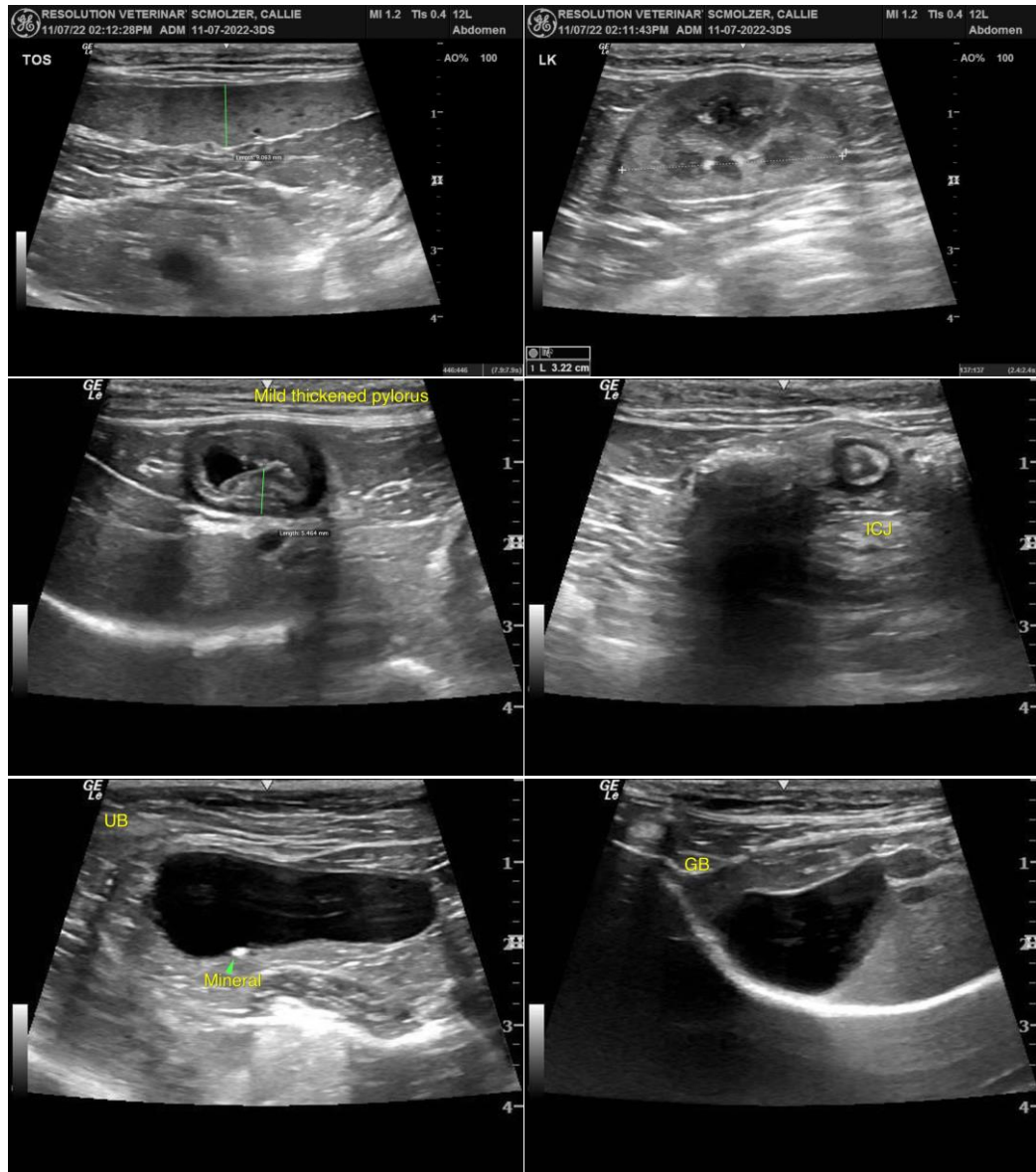
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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