



PATIENT

Baby Bayer

PRESENTING CLINICAL SIGNS

History: Chronic vomiting 2-3 x day, being treated for pancreatitis & hyperthyroidism. Current meds: pred 5mg SID, Methimazole 2.5mg SID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: All normal except T4= 3.5 mg/dl, pan. lipase=35 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 minor particulate sediment which may indicate minor cellular or crystalline debris, potential for mucus or fat droplets.

SEX

FS

The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

12

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate left kidney areas of pinpoint medullary mineral with moderate pyelectasia was noted. Indistinct subtly hypoechoic to nonhomogeneous nodule was present in the caudal left medulla measuring 1.4 cm in diameter. The left kidney measured 4.4 cm in length.

WEIGHT

8.6

The right kidney was subnormal in size compared to the left with asymmetrical margination and moderate to marked loss of corticomedullary border demarcation. Nonobstructive medullary mineralization was present. No pyelectasia was noted. The right kidney measured 2.7 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.32 width and the right adrenal gland measured 0.30 width.

IMAGING PERFORMED BY

Dr Carlos Abdul Chani

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma an example measuring 0.5 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 1.0 cm in width at the level of the hilus.

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Liver
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained was empty with no signs of ileus, obstruction or foreign material. Minor retained pyloric fluid was present. The pylorus wall measured 0.31 cm in width.

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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 jejunum wall measured 0.25 cm in width. The ileocolic wall measured 0.37 cm in width.

BREED

DSH

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

SEX

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Pancreas

The pancreas exhibited generalized enlargement with areas of capsule asymmetry and hypoechoic to nonhomogeneous indistinctly nodular parenchyma. Peri pancreatic reactive mesentery was noted.

AGE

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Free Abdomen

No peritoneal effusion was present.

Several mildly prominent colic lymph nodes adjacent to the ileocolic junction were present, an example measuring 0.35 cm in diameter.

WEIGHT

8.6

ULTRASONOGRAPHIC FINDINGS

- Left kidney moderate chronic renal changes with mild pyelectasia, indistinct caudal medullary nodule
- Subnormal chronic degenerative right kidney with nonobstructive medullary mineralization
- Pancreatitis-subjectively moderate with peri pancreatic reactive mesentery
- Overtly normal GI tract
- Minor colic lymphadenopathy
- Benign splenic bodies-consistent with myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for pancreatic neoplastic criteria is considered a less likely differential diagnosis yet may appear sonographically similar to inflammation. Assuming normal clotting status an ultrasound guided FNA of the pancreas as well as of the indistinct left kidney nodule using a 25g needle could be considered. Continued aggressive medical therapy for active pancreatitis with as needed GI support and sonographic monitoring of both the pancreas and left kidney nodule for evidence of progression would be reasonable. Potentially the current use of prednisolone may be masking GI mural changes, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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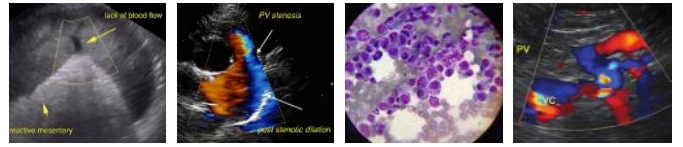
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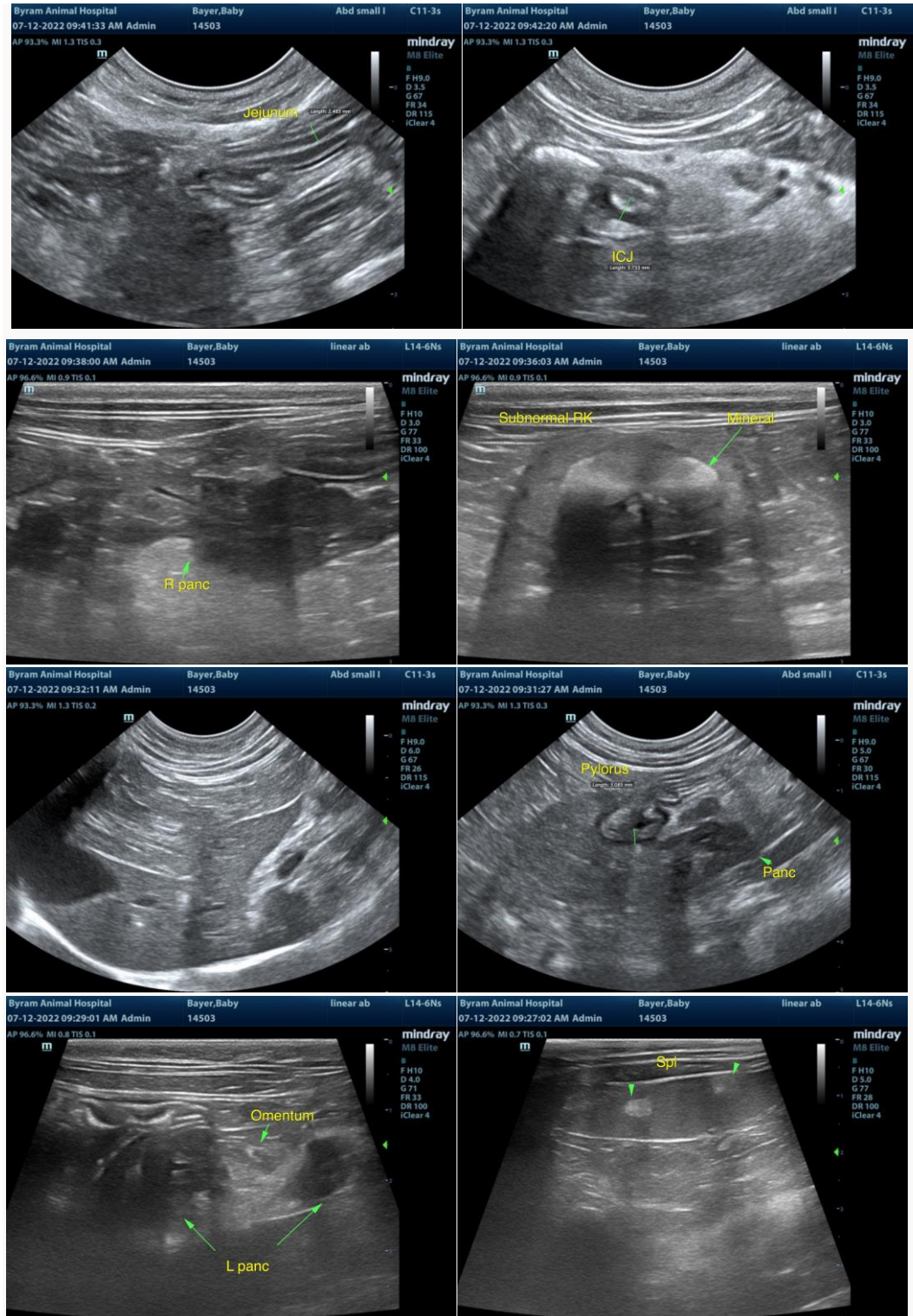
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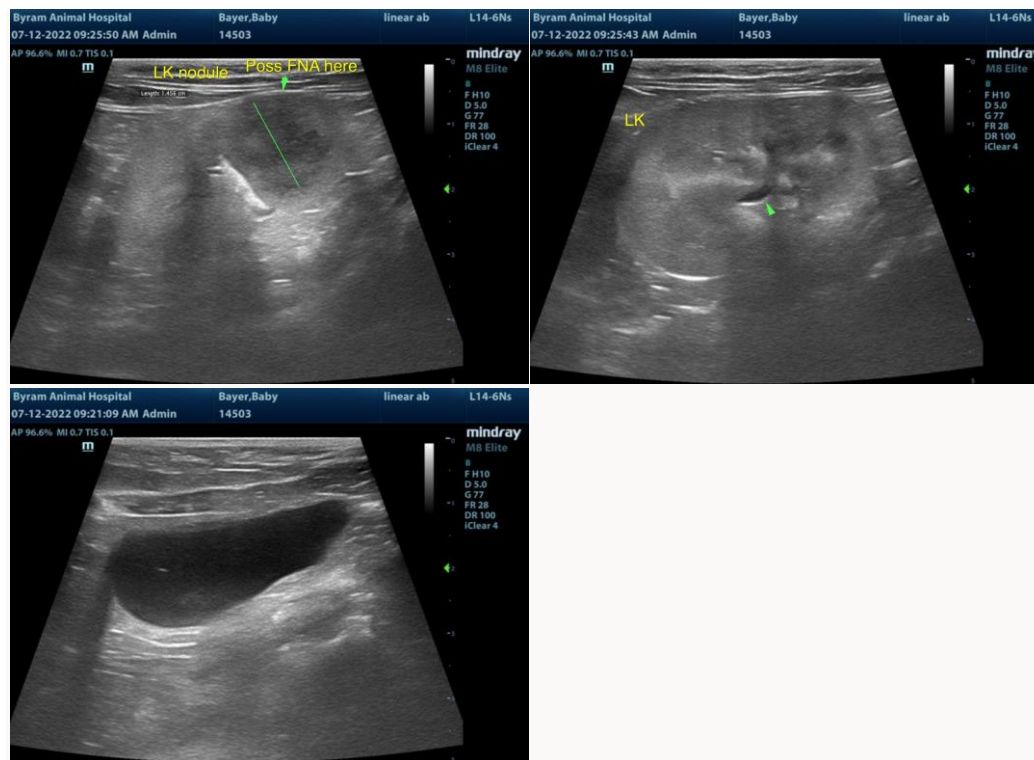
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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