



PATIENT

Oliver Guz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

INVOICE

17239

DATE

7/14/23

PRESENTING CLINICAL SIGNS

1lb weight loss in 7 months. Hx of HCM + lung lobe lesion. Abdominal breathing recently.

Current meds: atenolol and Clopidogrel

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

Normal renal size with asymmetrical margination were present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney was not definitively visualized owing to study discontinuation secondary to patient respiratory distress.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width. The right adrenal gland was not definitively visualized owing to study discontinuation secondary to patient respiratory distress.

Spleen

The spleen primarily maintained a symmetrical capsule contour with subtle generalized parenchyma heterogeneity. The spleen was normal in size measuring 0.7 cm width at the level of the mid-spleen. Intermittent, small, non-disruptive, variably echogenic splenic nodules were present. An example of a splenic nodule in the caudal pole measured 0.66 cm in diameter.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Prominent hepatic veins were present, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of caudal vena cava thrombosis. Concurrent, mildly prominent cranial abdominal caudal vena cava at the level of the liver and diaphragm measured 0.7 cm in diameter. 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.



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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.

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

Pancreas

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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.

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Free Abdomen

Intermittent scant to minor pockets of perihepatic to peritoneal free fluid were noted. No omental masses or visualized overt or significant omental lymphadenopathy were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mild congestive hepatopathy pattern
- Nonspecific small to variably echogenic splenic nodules - suspect benign
- Mild chronic left kidney changes
- Urinary bladder sediment
- Scant to minor perihepatic / peritoneal free fluid
- Sonographically unremarkable visualized gastrointestinal tract with mild nonspecific gastric ingesta - ingesta suggestive of probable food, minor potential for small gastric hairball density

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver presentation is consistent with mild congestive criteria suggestive of primary cardiac or potential intrathoracic pathology as a contributing factor with suspect emerging scant to mild secondary ascites. Correlation with pending echocardiogram and monitoring of three view chest radiographs is recommended. No overt evidence of intrabdominal neoplastic criteria was noted.

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If evidence of cardiac disease, sonographic monitoring for evidence of progressive congestive hepatopathy criteria and ascites going forward is suggested. If clinically indicated, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease as a contributing factor to the patient's mild weight loss may be considered. Likewise, hairball therapy is suggested if clinically applicable.

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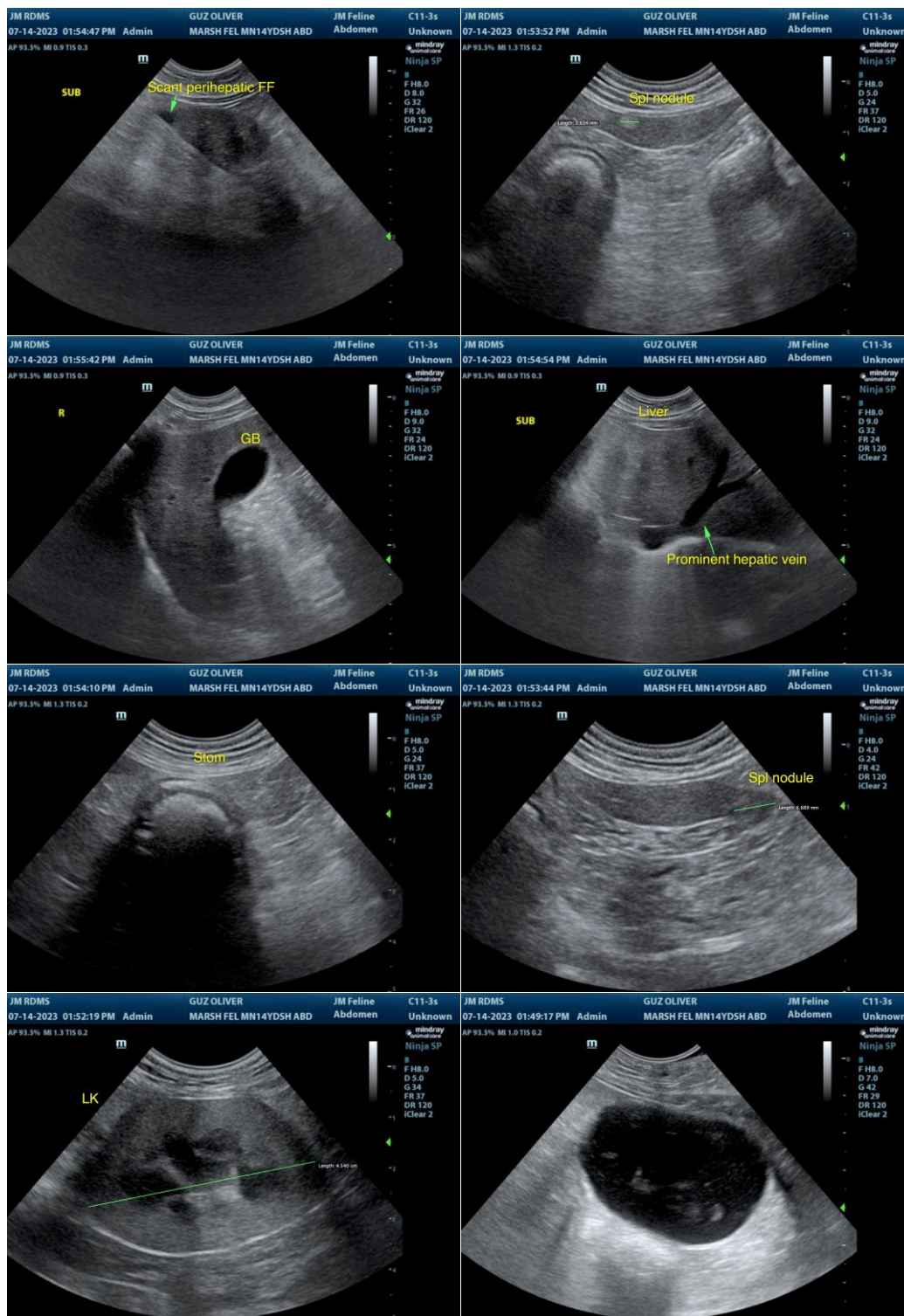
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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