



PATIENT PRESENTING CLINICAL SIGNS

Gambit Maharaj

Initially presented for lethargy and hyporexia on Friday. History of AUS in 2021 which raised concern for intestinal changes compatible with either IBD or potentially emerging lymphoma. Has been managed on prednisolone. Also Hx of grade 1-2 heart murmur. After being in hospital overnight and not started on IVF yet the murmur progressed to solid grade 4 and has remained that way. No clinical signs related to murmur. Chest rads show bronchial pattern but otherwise unremarkable.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.26 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild variably thickened urinary bladder wall with probable ventral trigone polyp measuring 0.46 cm in length. Potential for accumulated to possibly adhered sediment or mucus ball in the area of the ventral trigone possible. No evidence of urinary bladder mass. Primarily anechoic urine present with mild non-dependent particulate sediment.

Normal renal size with asymmetrical margination was present in both kidneys. 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 3.7 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm.

The area of the right adrenal gland was free of pathology.

Spleen

The spleen measured 0.53 cm in width and 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.

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. 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. Gastric body wall measured 0.24 cm.

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. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.18 cm. Ileocolic wall measured 0.31 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek PH

REFERRING VET

Dr. Scott

INVOICE

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7/15/23



PATIENT

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

Gambit Maharaj

Pancreas

SPECIES

The left pancreatic limb was normal in size with minor capsule asymmetry. Isoechoic, mildly non-homogeneous parenchyma compared to adjacent omentum. Mild left limb pancreatic duct dilation present.

Feline

BREED

Free Abdomen

DSH

No omental masses, lymphadenopathy, or peritoneal effusion.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Structurally normal gastrointestinal tract
- Probable mild chronic pancreatitis
- Moderate chronic renal changes
- Mild thickened urinary bladder with suspect probable ventral trigone polyp versus adhered sediment/mucus – suggestive of mild cystitis.

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.26 kg

No evidence of gastrointestinal mural pathology although use of Prednisolone may mask intestinal mural changes. Assessment for evidence of subxiphoid discomfort on palpation which may allude to chronic pancreatitis is suggested. Full CBC / Chemistry panel / UA +/- further renal staging to include C/S and baseline UPC if clinically indicated and as needed gastrointestinal support is recommended.

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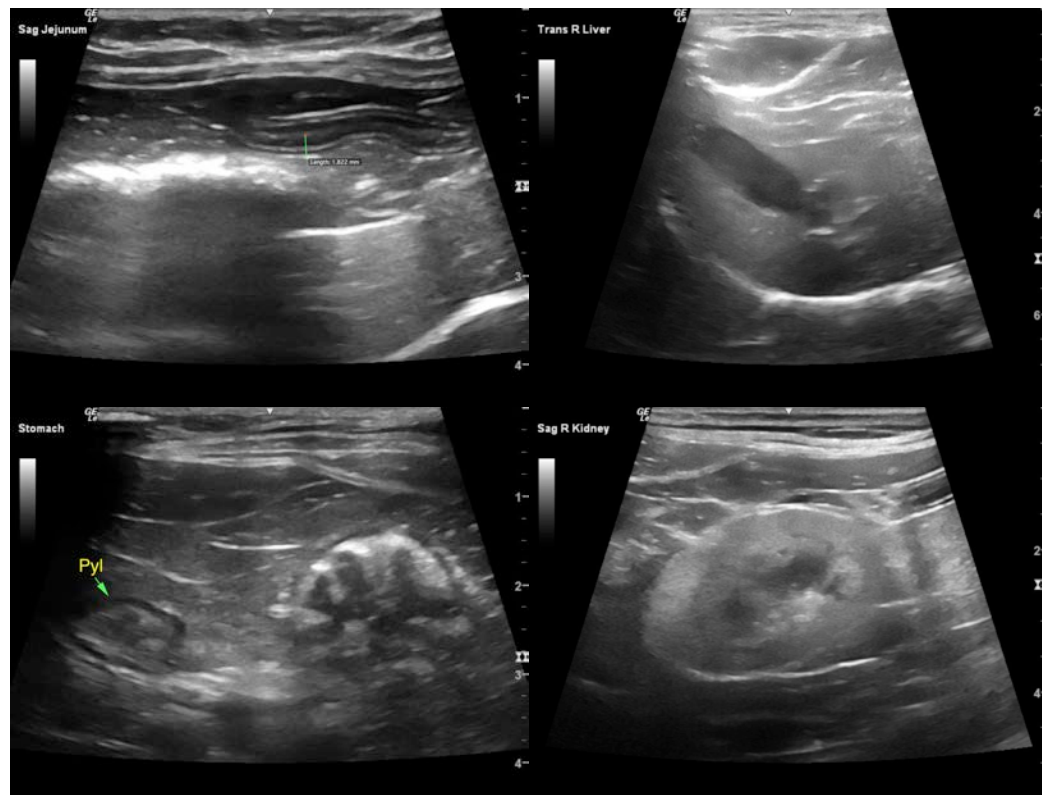
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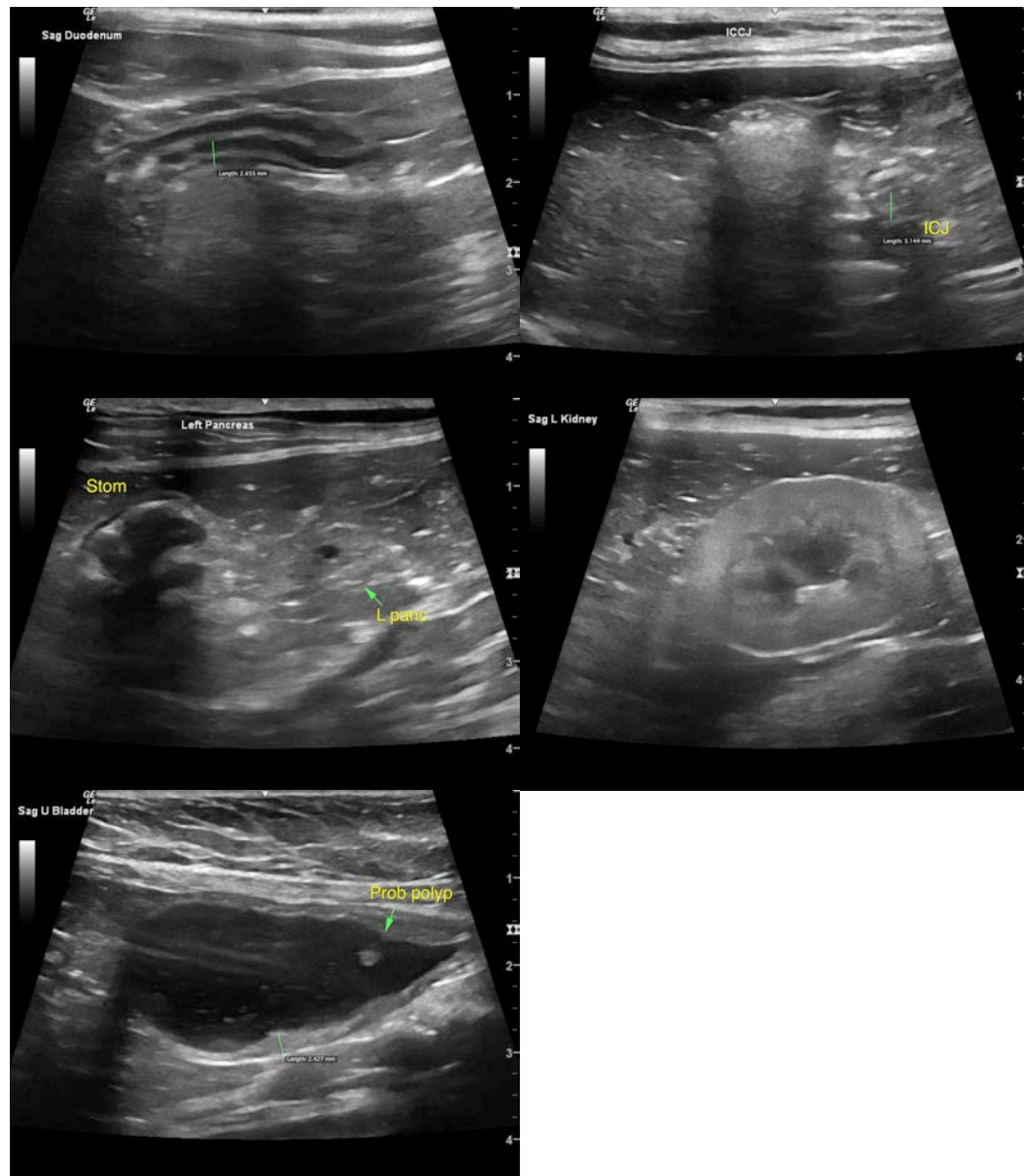
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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