
PATIENT PRESENTING CLINICAL SIGNS

Lily Janssen

Was fasted for her ultrasound today and not yet given her insulin. Lily's blood profile showing fairly good kidney function but elevated liver enzymes even more so than on previous bloodwork. The hypertension that she has is not related to her kidney function. Patient is being treated for high blood pressure and diabetes. Has been Amlodipine and Caninsulin.

SPECIES

Feline

BREED

Ragdoll

Abnormal PE/Chem/CBC/UA Results: ALT 43, ALP 113, Na-k ratio 28, Creatinine 61, Glucose 12.3, Platelets 664.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
AGE

12 yr.

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

WEIGHT

5.77 kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands
IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.48 cm in width. The right adrenal gland was normal in appearance measuring 0.42 cm in width.

Spleen
HOSPITAL NAME

 East Plains Animal
 Hospital

The spleen 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.

REFERRING VET

Dr. Loh

Liver/ Gallbladder
INVOICE

10367

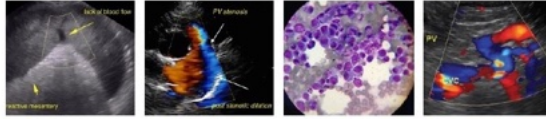
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with anechoic luminal content primarily with minor echogenic gallbladder sediment. No evidence of inflammatory gallbladder criteria. The cystic and common bile ducts were normal.

DATE

7/21/2023

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. The gastric body wall measures 0.25 cm. The duodenum wall measured 0.29 cm in width. The jejunum wall measured 0.27 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.

SPECIES

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

Pancreas

BREED

Ragdoll

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

SEX

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No omental masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12 yr.

Primary Findings

WEIGHT

5.77 kg

- Mild chronic renal changes.
- Hepatopathy – subjectively benign, diabetic hepatopathy i.e., metabolic vascular or reactive hepatopathy considered likely. The potential for inflammatory hepatopathy, non-obstructive cholestasis, or other hepatopathy with infiltrative neoplasia is thought unlikely.
- Mild gallbladder sediment. (non-mucocele)
- Mild heterogeneous pancreas – no sonographic signs of active pancreatitis.

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and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Crystal Hill

Full urinalysis with screening C/S if evidence of glucosuria is recommended. No obvious evidence of adrenal pathology assuming normal clotting status using 25 – gauge needle and with vitamin K pretreatment screening hepatic FNA cytology could be considered for further clarification. Primarily to assess for evidence of inflammatory criteria. Hepatic supportive medications in conjunction with diabetes therapy may prove beneficial.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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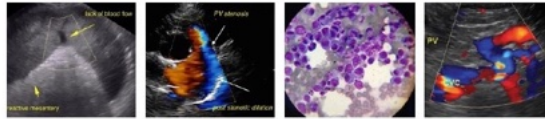
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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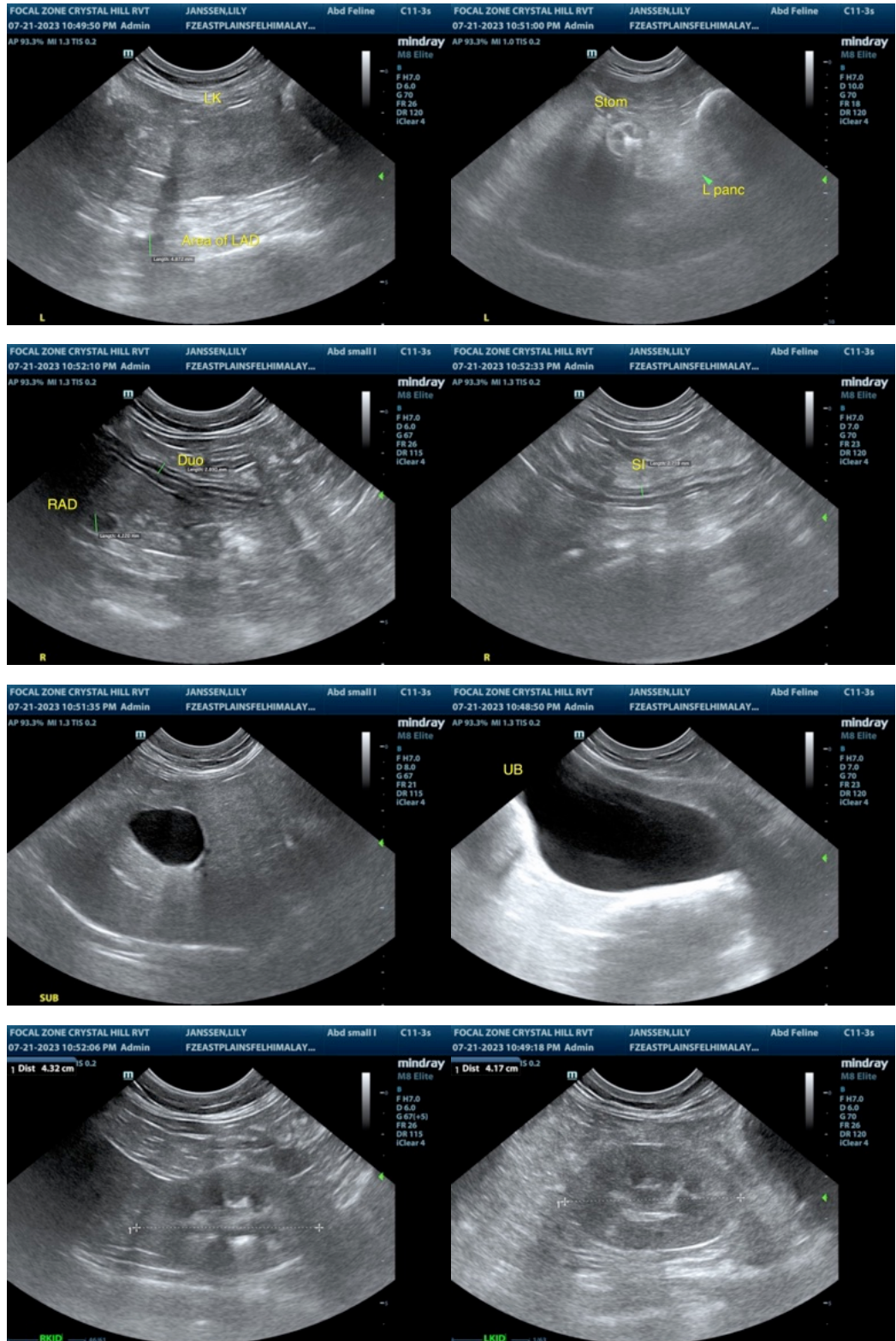
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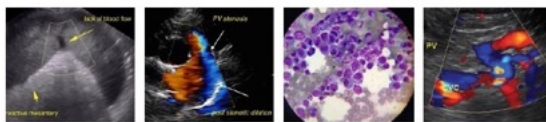
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

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info@SonoPath.com

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