



PATIENT

Moon Ward

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Val Shumskaya

HOSPITAL NAME

Allendale Vet
Hospital

REFERRING VET

Dr. Raum

INVOICE

17331

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Weight loss, loss of appetite, hard stools Current meds: Prednisone 10mg SID
Abnormal PE/Chem/CBC/UA Results: T4 normal, fpl normal, low glucose (55), elevated neutrophils

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. Minor non-dependent, particulate to hyperechoic 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 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 minor indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. Subjective mild subnormal left kidney size was present, which is nonspecific and potential for patient variant. The left kidney measured 2.6 cm in length. The right kidney was of adequate size measuring 3.2 cm in length.

Adrenal Glands

The left adrenal gland uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

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. The spleen measured 0.51 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was normal in size and overall contour. Normal homogeneous hepatic parenchyma was present with nonhomogeneous to cystic macronodules to small intraparenchymal masses. An example of a liver macronodule to small mass measured 2.3 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. The gastric body wall width measured 0.24 cm.



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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 small intestinal wall width measured 0.22 cm. The ileocolic wall width measured 0.32 cm.

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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

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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Transdiaphragmatic view of the caudal thorax revealed subjective mild volume pleural effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Sonographically unremarkable gastrointestinal tract / colon
- Nonhomogeneous cystic liver macronodules to small masses - sonographically suggestive of benign biliary cyst adenomas
- Mild volume pleural effusion on transdiaphragmatic caudal thorax view
- Mild subnormal left kidney

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Aside from the suspected benign cystic nonhomogeneous liver macronodules to small masses sonographically suggestive of biliary cyst adenomas, no overt evidence of additional intraabdominal visceral pathology. Potentially, Prednisone use may be masking intrabdominal or gastrointestinal mural changes. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested, given subjective mild volume pleural effusion, which is nonspecific.

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At times, sedation such as DKT may result in mild volume pleural or peritoneal effusion, yet the subjective degree of pleural effusion appeared to be increased compared to typical effusion secondary to sedation. Effusion analysis cytology +/- C/S may be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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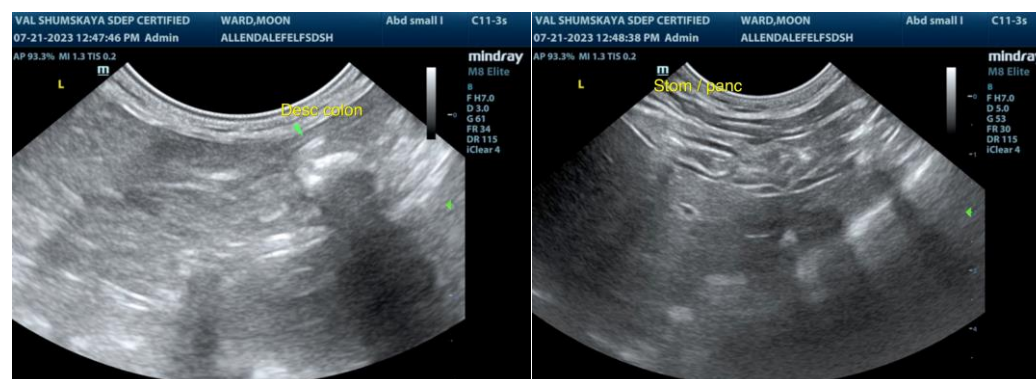
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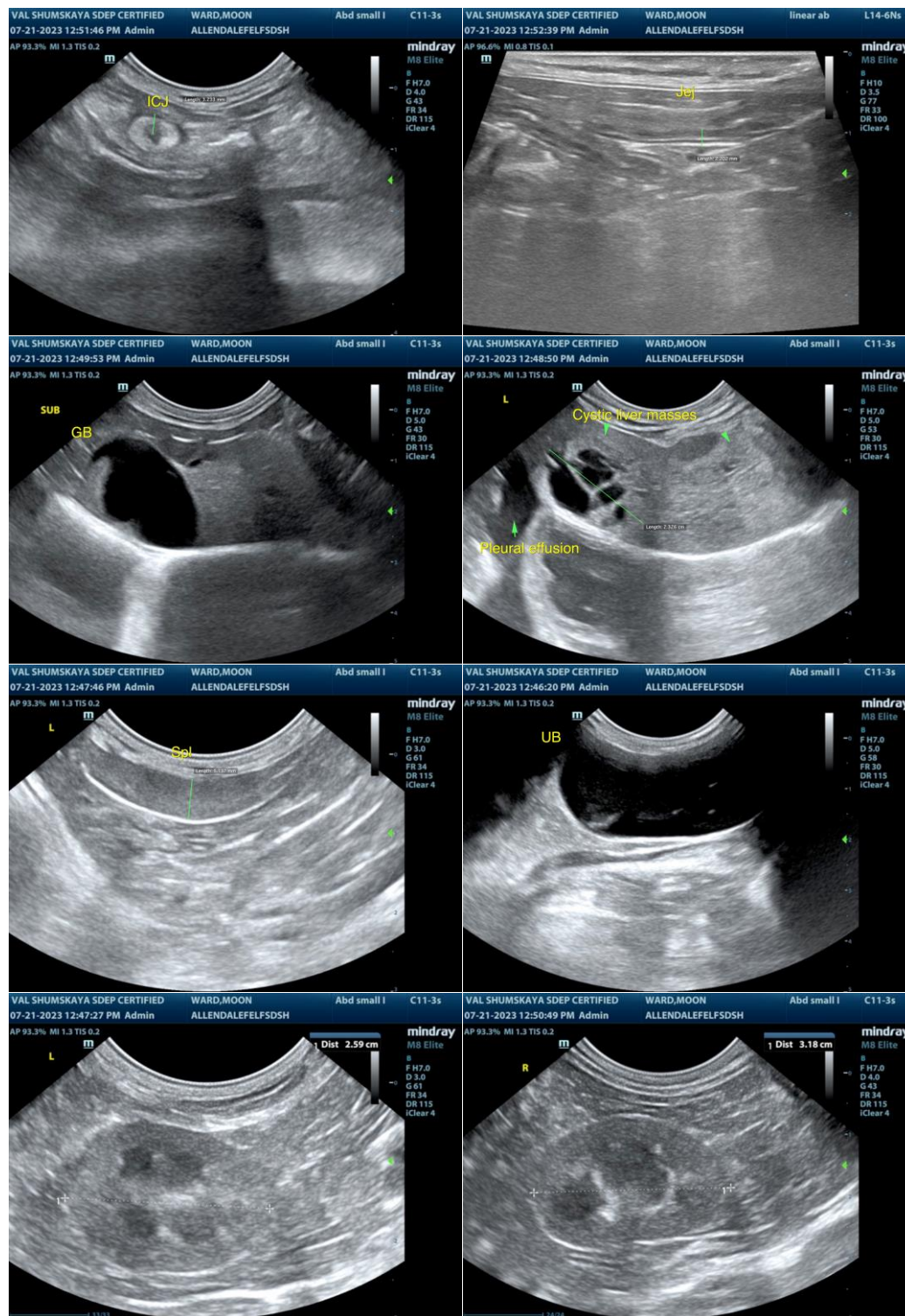
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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