

**PATIENT**

Bud Hendricks

SPECIES

Feline

BREED

Manx

SEX

MN

AGE

15yr

WEIGHT

11lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Briarwood
Veterinary Hospital**INVOICE**

11183ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: V/D, URINATING ON SELF, VOMITING AFTER CERENIA GIVEN, VERY LETHARGIC, ABDOMINAL BREATHING

Abnormal PE/Chem/CBC/UA Results: KIDNEY VALUES ELEVATED, PREVIOUSLY PANCREATITIS 1 MONTH AGO, ENLARGED LYMPH NODES ON ULTRASOUND 1 MONTH AGO 3/6 MURMUR **Current BW pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Focal areas of nonobstructive proximal urethral luminal mineral were present. Anechoic urine was present in the lumen with minor areas of dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Pinpoint to focal areas of medullary mineral and mild pyelectasia were noted bilaterally. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma with a solitary non disruptive well demarcated nodule in the mid spleen measuring 0.30 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. The spleen measured 0.9 cm in width at the level of the hilus.

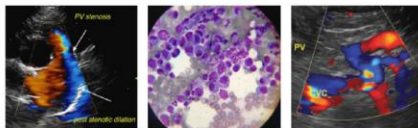
Liver

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.

The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was mildly dilated and tortuous extending caudally to the level of the duodenal papilla without overt post hepatic obstruction. The common bile duct dilation measured 0.35 cm.

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 ventral gastric body wall measured 0.26 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 duodenum wall measured 0.27 cm in width. The jejunum wall measured 0.20 cm in width.

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

Pancreas

The pancreas was mildly prominent in size with symmetrical capsule contour and subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent reactive peripancreatic omentum. Pancreatic duct dilation was present.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.2 cm x 0.6 cm.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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- Mild nonobstructive urinary bladder and proximal urethral mineral
- Nonspecific chronic renal changes with pinpoint/focal minor medullary mineral and mild bilateral pyelectasia
- Chronic active pancreatitis pattern
- Normal gallbladder size with mild generalized common bile duct dilation-potential cholangitis, cholangiohepatitis pattern
- Overtly normal GI tract-possible mild inflammatory gastroenteropathy
- Intermittent benign/reactive mild mesenteric lymphadenopathy
- Small focal benign splenic nodule-consistent with benign myelolipoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder resulting in potential pelvic scarring and secondary pyelectasia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Pending blood work, persistent chronic active pancreatitis with potential for triad disease may be considered in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with IVF/diuresis protocol, as needed GI support and empirical therapy for pancreatitis +/- cholangitis would be reasonable.

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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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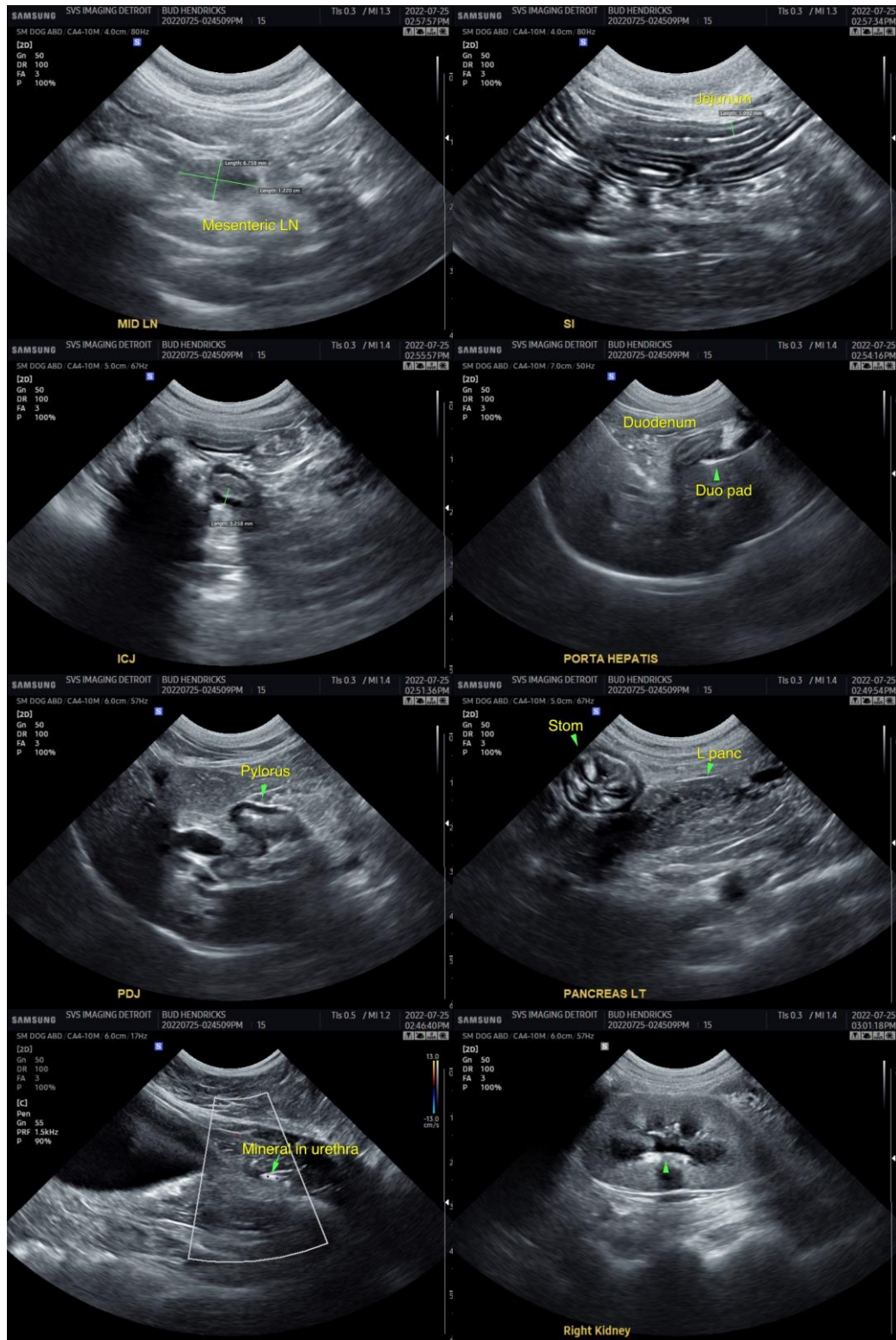
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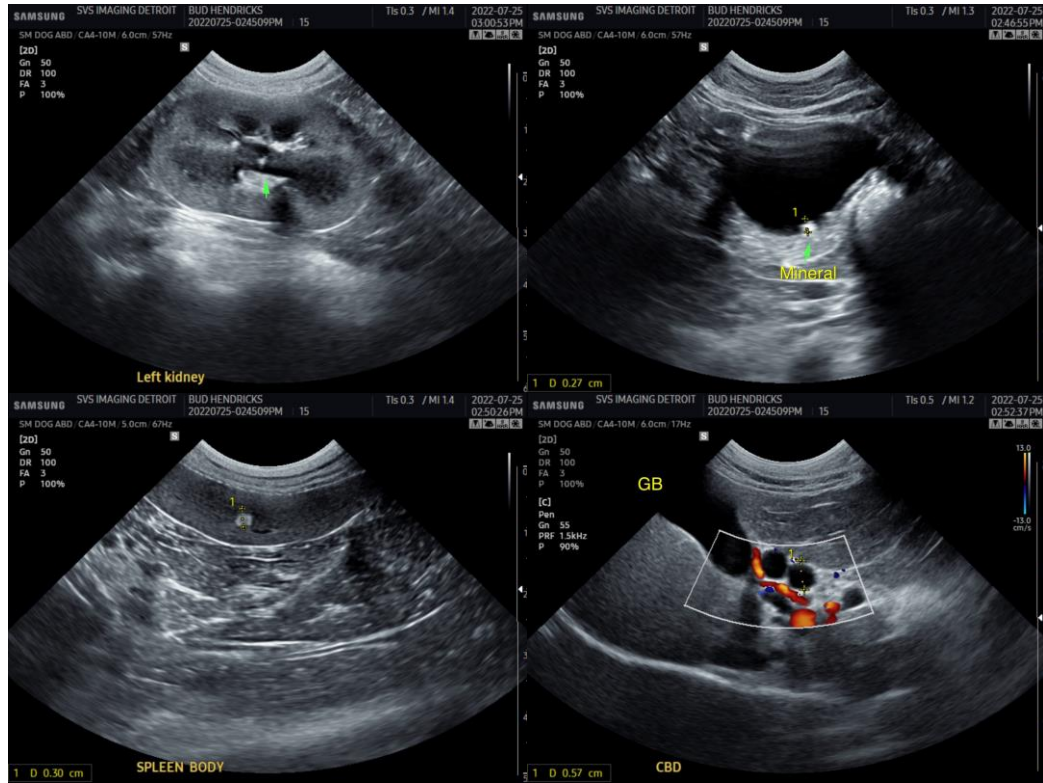
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com