



PATIENT PRESENTING CLINICAL SIGNS

Ginger Caffarella History: On and off vomiting x 1 month SQ fluids / cerenea

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 98 / creat 5.5 / SDMA 31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 were noted.

SEX

FS

Borderline subnormal size was 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 moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited cortical infarcts. Mild bilateral pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

7.11lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

INTERPRETED BY

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

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. Possible accessory spleen noted medial to the primary spleen with potential for nonobvious splenic folding. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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.

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Caffarella

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

INVOICE

11226ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mucus with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.23 cm in width.

DATE

07/29/2022

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 and jejunum wall measured 0.25 cm in width.



PATIENT

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

Ginger Caffarella

Pancreas

SPECIES

The pancreas was normal in size with mild capsule asymmetry with nonhomogeneous to hypochoic parenchyma and pancreatic duct dilation.

Felaine

ULTRASONOGRAPHIC FINDINGS

BREED

- Chronic degenerative renal changes with mild bilateral pyelectasia
- Possible accessory spleen vs nonobvious splenic folding-benign
- Mild hypomotile stomach with mild retained anechoic fluid and chyme/mucus
- Possible low grade chronic pancreatitis

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FS

The vomiting in this patient may be metabolic in nature secondary to azotemia and mild gastric hypomotility. Potential low grade to chronic pancreatitis may be suspected if evidence of cranial abdominal of subxiphoid discomfort on palpation. Correlation with a spec fPL could be considered.

AGE

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

14yr

WEIGHT

7.11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

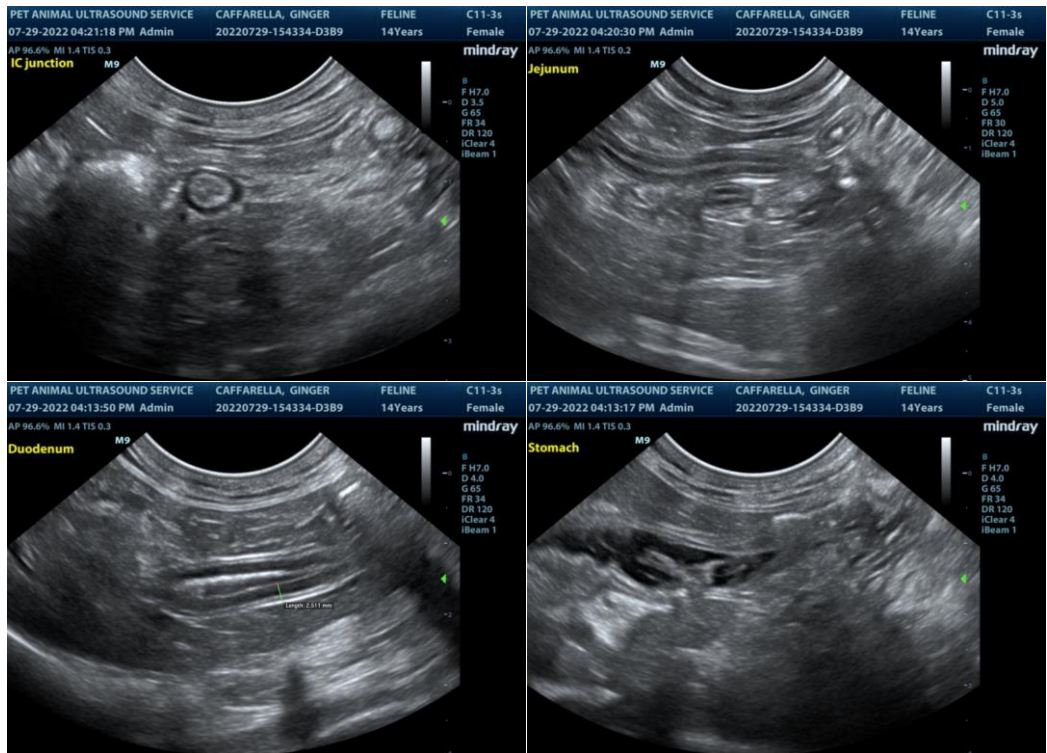
Dr. Caffarella

INVOICE

11226ag

DATE

07/29/2022





PATIENT

Ginger Caffarella

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

7.11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

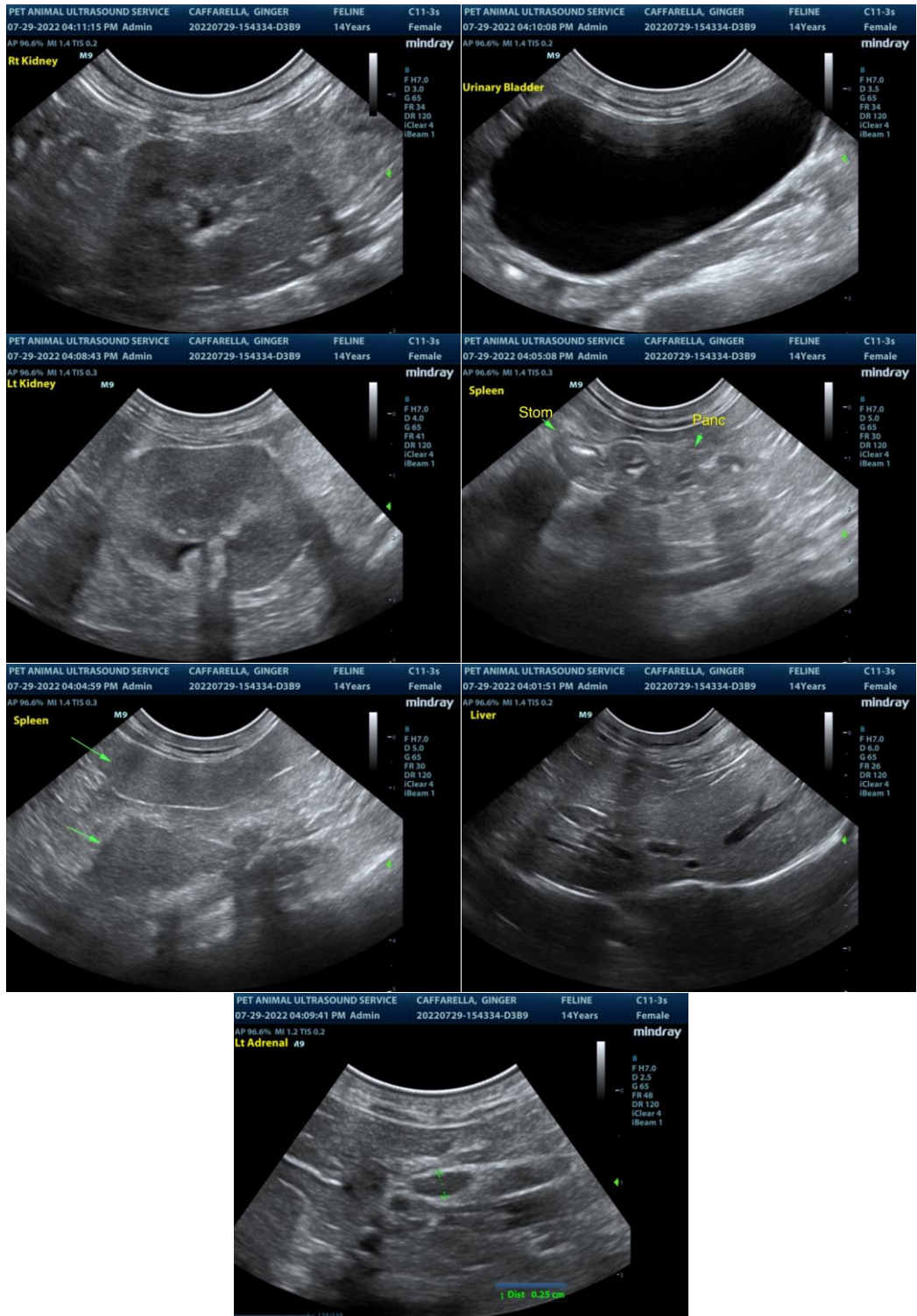
Dr. Caffarella

INVOICE

11226ag

DATE

07/29/2022



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.



PATIENT

Ginger Caffarella

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

7.11lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Caffarella

INVOICE

11226ag

DATE

07/29/2022