



PATIENT

Catfish Wright

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12

WEIGHT

12.65

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Saum Hadi

INVOICE

11022ag

DATE

07/03/2022

PRESENTING CLINICAL SIGNS

History: P has a history of intermittent vomiting that has worsened in the last two weeks. P is also hyperthyroid, managed with transdermal methimazole. Regulation of methimazole has been difficult. Last T4 was 7.4 mg/dL. Repeat T4 today.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem 27/UA/TT4/Fecal OP/Feline triple snap 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. 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.

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 4.2 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or 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 1.0 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. Intermittent small thinly walled intraparenchymal cysts containing anechoic fluid were noted. 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 contained mild nonshadowing hyperechoic ingesta/chyme 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 jejunum measured up to 0.28 cm in width. The duodenum wall measured 0.28 cm in width.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to nodular parenchyma particularly in the left pancreatic limb compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic renal changes
- Heterogeneous to indistinctly nodular pancreas
- Overtly normal GI tract with mild gastric ingesta/chyme
- Intermittent intraparenchymal cysts-benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas although nonspecific with potential for age related variant, may indicate chronic to possible mixed pattern pancreatitis. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation as well as correlation with a spec fPL could be considered. No overt evidence of structural GI mural pathology was noted on this scan although concurrent low grade nonspecific inflammatory GI disease which may present sonographically normal cannot be excluded. Dietary intolerance/food hypersensitivity or occult parasitism if the patient is indoor/outdoor could also be considered. Pending additional diagnostics a hydrolyzed diet trial with as needed GI support and monitoring of body weight would be reasonable.

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Three view chest radiographs could be considered if not recently done to rule out thoracic or esophageal pathology as a contributing factor.

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

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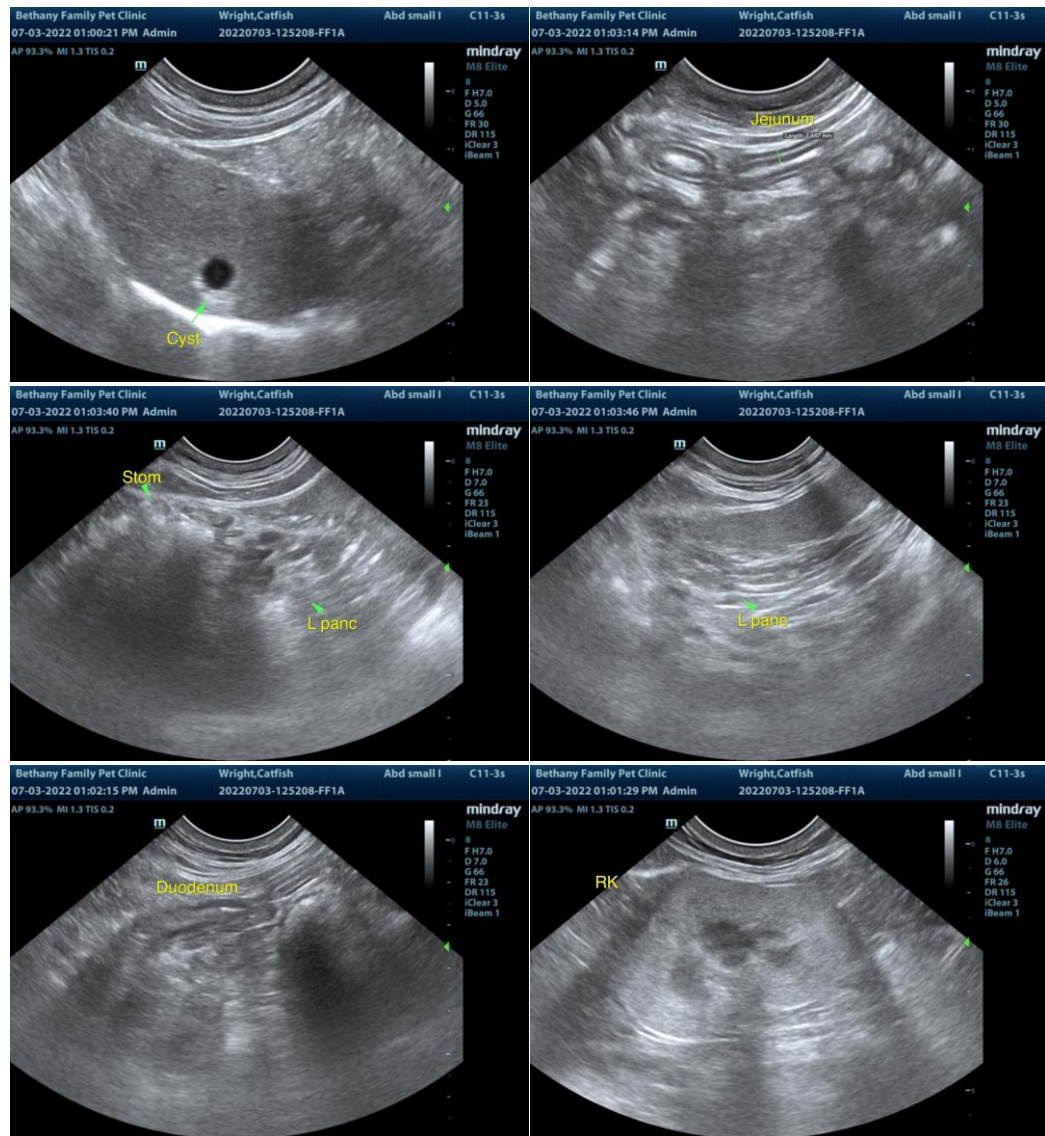
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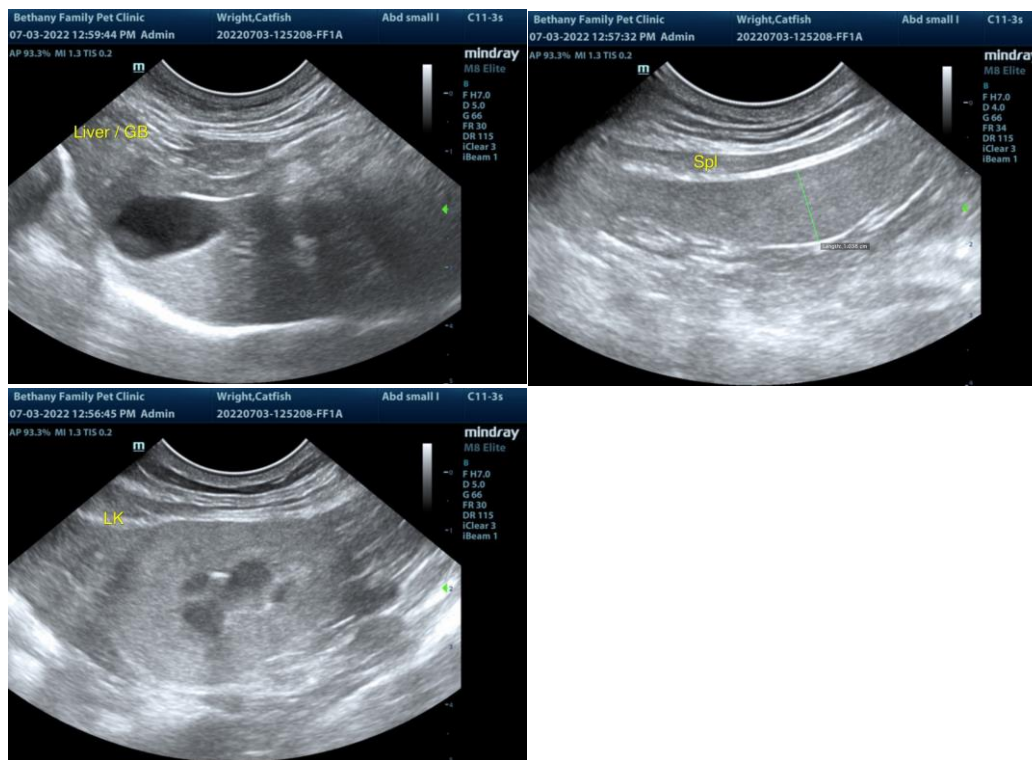
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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