



PATIENT

Prickles Loewen

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

16

WEIGHT

7.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Lebouldus

INVOICE

14209

DATE

7/5/22

PRESENTING CLINICAL SIGNS

Lossing weight poor appetite vomiting and painful right cranial abdomen
Abnormal PE/Chem/CBC/UA Results: BUN Creat mild elevation Amylase mild elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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. Areas of mild asymmetrical renal margination were present in both the left and right kidneys with concurrent areas of hyperechoic cortex echogenicity, consistent with cortical infarcts cranial and caudal pole of the right kidney. Mild left kidney pyelectasia was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged measuring up to 1.3 cm width at the level of the hilus. Mild asymmetrical medial capsule contour was noted with generalized, primarily maintained finely textured homogeneous parenchyma and intermittent, nondisruptive well-demarcated, uniform hyperechoic splenic nodules. An example measured 0.29 cm. No splenic masses were noted.

Liver/ Gallbladder

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 normal to mildly subnormal in size containing anechoic content with very minor luminal debris. The common bile duct was 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 0.25 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 jejunum wall width measured 0.21 cm. The ileocolic wall width measured 0.31 cm.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal free fluid were present.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes with minor left kidney pyelectasia and right kidney cortical infarcts
- Mild nonspecific splenomegaly with intermittent nondisruptive hyperechoic nodules - nodules suggestive of benign myelolipomas
- Overtly normal gastrointestinal tract
- Heterogeneous pancreas - age-related / patient variant, minor remodeling owing to previous inflammation, potential for low-grade to chronic pancreatitis possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

IMAGING PERFORMED BY

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The reported discomfort or possible pain noted in the right cranial abdomen may correlate with low-grade to chronic pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further assessment and rule-out of potential structurally insignificant gastrointestinal disease.

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Assuming normal clotting status, screening splenic FNA for cytology pending GI panel results could be considered primarily to ensure only benign changes are present in light of the patient's weight loss. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs.

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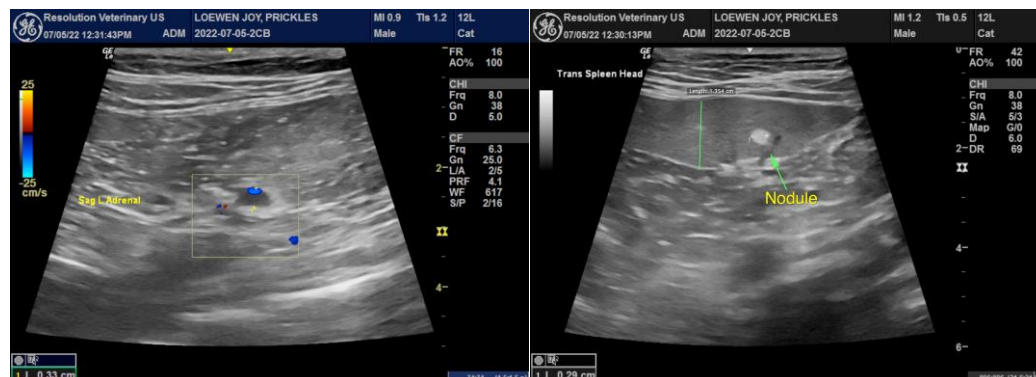
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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