



PATIENT

Bradie Garcia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

10.3

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Hanah Fearing

INVOICE

14261

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Mom said this morning (6/30) she started to vomit a lot, and she has not been eating great the past 2 days. Mom thinks that we are urinating normal and she said that her stool today was a little soft serve. She changed her food a month ago from raw food to purina. No coughing or sneezing and we are not on any medications On 7/7: Bradie is here today for possibly Radiographs or an ultrasound, mom said she vomited up food with a hairball. She is currently only eating liquids and not solid foods. She is not really drinking well and has not pooped in the past couple of days. She is currently on no medications. Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: mild azotemia (SDMA = 18, creat = 2.6, BUN = 34) slightly higher than last check in 9/2021; otherwise NSF T4: gray zone (2.9) UA: pending - bladder too small

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. 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. No evidence of pyelectasia or retroperitoneal inflammation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 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 0.41 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 0.65 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.



PATIENT

Gastrointestinal

Bradie Garcia

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas and no overt evidence of gastric distention with retained ingesta, fluid, foreign material or hairball density. The gastric body wall width measured 0.25 cm.

SPECIES

Feline

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 0.27 cm.

BREED

DSH

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

SEX

FS

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.

AGE

13 years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

WEIGHT

10.3

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Mild chronic renal changes
- Overtly normal gastrointestinal tract

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Largely mild geriatric abdomen without evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology.

Dr. Hannah Fearing

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

HOSPITAL NAME

Lanier Animal
Hospital

Potential for gastroenteritis, dietary Intolerance / food hypersensitivity, structurally insignificant inflammatory bowel episode, or chronic enteropathy, and low-grade pancreatitis both of which may present as sonographically normal could be possible.

REFERRING VET

Dr. Hanah Fearing

Correlation with azotemia with pending urinalysis i.e., prerenal vs. renal azotemia suggested. Hospitalization with correction of any potential dehydration, reassessment of liver enzymes, and as-needed gastrointestinal support which may include hydrolyzed diet trial, prophylactic deworming and hairball therapy if clinically indicated, would be reasonable. If evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested.

INVOICE

14261

DATE

7/7/22



PATIENT

Bradie Garcia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Hanah Fearing

INVOICE

14261

DATE

7/7/22





PATIENT

Bradie Garcia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

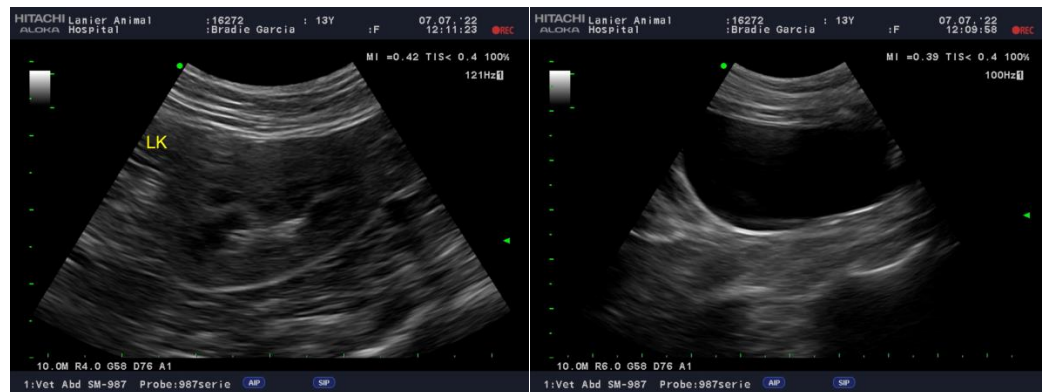
Dr. Hanah Fearing

INVOICE

14261

DATE

7/7/22



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