



PATIENT PRESENTING CLINICAL SIGNS

Nala Nase Severe stomatitis, possible mass under tongue, abnormal CBC values. Medication: prednisolone, gabapentin, clindamycin. Labs: Hematocrit 17.3, Monocytosis, hyperglobulinemia 6.7

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 were noted. Aortic trifurcation was normal.

DSH

SEX Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Female

AGE **Adrenal Glands**

2019 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm.

WEIGHT The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

5.5

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) 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 0.63 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY Liver

Rebekah Jakum, CVT ARDMS/RVT 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.

HOSPITAL NAME

Stanglein VC The gallbladder was non-distended in size with anechoic content and variable echogenic nonorganized gallbladder lumen debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

REFERRING VET Gastrointestinal

Dr. Rothrock 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 measured 0.24 cm.

INVOICE 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 measured 0.2 cm – 0.24 cm.

23866

DATE
8.10.23



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

Nala Nase **Pancreas**

SPECIES The left pancreatic limb exhibited subtle prominent size with minor capsule asymmetry. Nonhomogenous parenchyma was noted. Minor left limb pancreatic duct dilation was noted.

Feline **Free Abdomen**

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DSH
- Normal bilateral kidneys- no evidence of renomegaly
- SEX**
- Sonographically unremarkable liver/spleen
- Female
- Moderate variably echogenic gallbladder sediment
 - Mildly prominent nonhomogenous left pancreas
- AGE**
- Structurally unremarkable gastrointestinal tract
- 2019

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT Overall, no sonographic evidence of significant visceral pathology, specifically, no evidence of intraabdominal neoplastic criteria or evidence of FIP. Potentially, current prednisolone use may be masking intraabdominal changes or pathology. Potential for mild pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if clinical signs suggestive of pancreatitis are present. The gallbladder sediment is of unclear clinical significance given no evidence of hepatic enzyme elevations yet at time may be associated with nonobstructive cholestasis or possible low grade hepatobiliary inflammation. A definitive cause of the anemia was not obvious. Further assessment may include CBC pathology review, infectious disease serology, and potentially protein electrophoresis if persistent or progressive hyperglobulinemia.

5.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

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REFERRING VET

Dr. Rothrock

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PATIENT

Nala Nase

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

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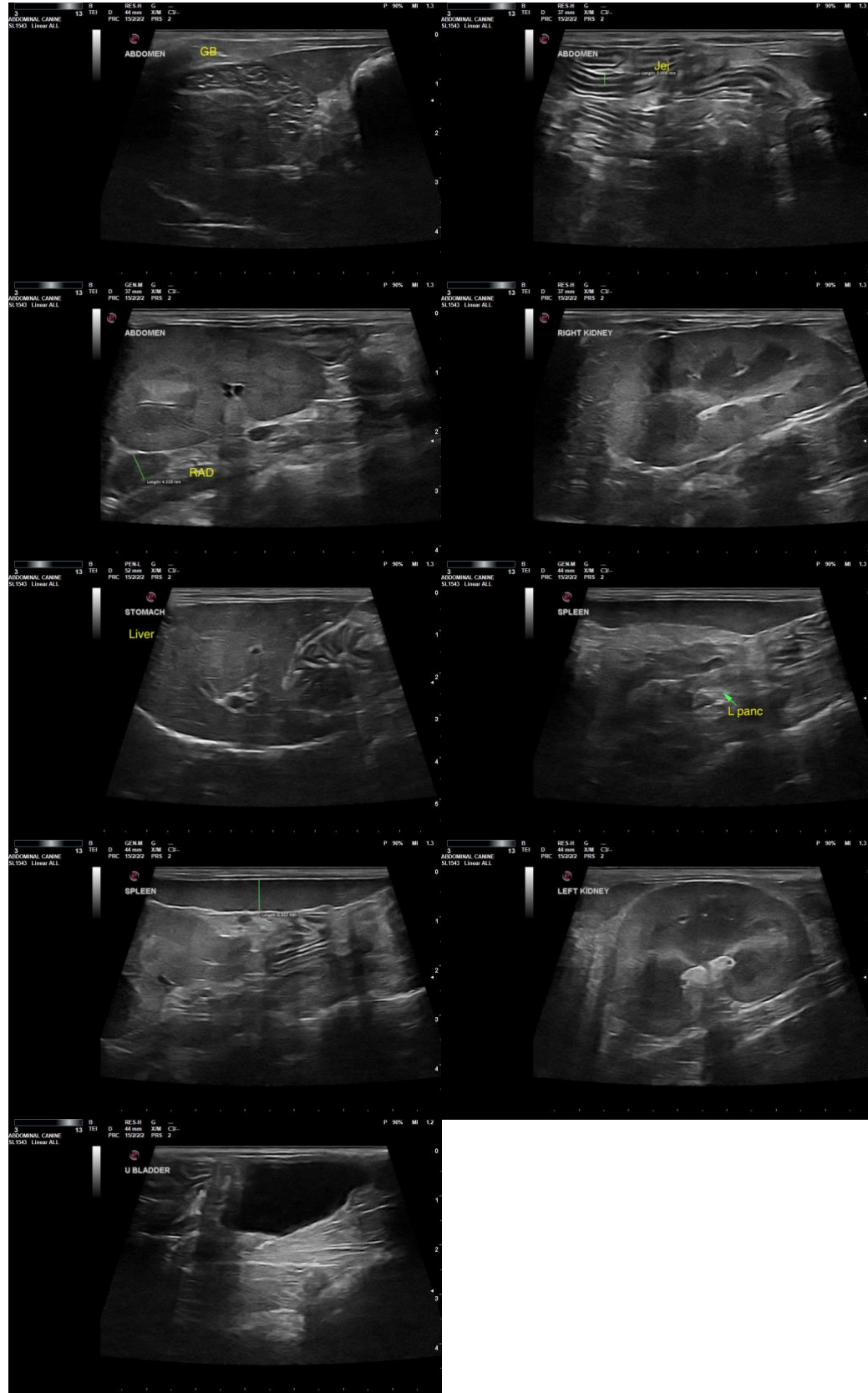
Dr. Rothrock

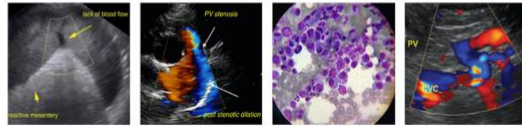
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PATIENT

Nala Nase

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Female

AGE

2019

WEIGHT

5.5

INTERPRETED BY

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(Canine and Feline)

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