



PATIENT

Punkin Nadeau

PRESENTING CLINICAL SIGNS

Vomiting and weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic.

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

Normal size and margination 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia and minor proximal bilateral ureter dilation was present. Right ureter dilation measured 0.16 cm in width. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

AGE

14

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

3.2kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

The right adrenal gland was mildly prominent in size with symmetrical capsule contour and nonmineralized parenchyma. The right adrenal gland measured 0.56 cm diameter.

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. 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

Dr. Belan

Liver

HOSPITAL NAME

Creature Comforts
VC

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.

REFERRING VET

Dr. Decker

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild anechoic fluid and mild non-shadowing chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.21 cm in width.

INVOICE

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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 duodenum wall measured 0.31 cm in width. The jejunum wall measured up to 0.25 cm in width.

DATE

08/16/2022

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



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Pancreas

Punkin Nadeau

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 was evident.

SPECIES

Free Abdomen

Feline

No peritoneal effusion was present.

BREED

Focal, mildly prominent to enlarged minor colic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Likely indicative of antigenic stimulation or minor hyperplasia.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Bilateral mild chronic renal changes with mild pyelectasia, minor bilateral ureter dilation
- Mild hypomotile stomach, overtly normal small bowel
- Sonographically unremarkable pancreas
- Mildly prominent right adrenal gland-non-specific

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14

The 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. Potential for pyelonephritis and associated mild proximal ureteritis cannot be excluded.

WEIGHT

3.2kg

The prominent right adrenal gland may indicate patient or age-related variant. Potential for emerging right adrenal pathology cannot be excluded although thought less likely. Monitoring of K levels as well as assessment of systemic BP could be considered.

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No overt evidence of GI mural pathology which may suggest underlying inflammatory/neoplastic criteria was observed. Structurally insignificant inflammatory bowel disease and/or low-grade pancreatitis both of which may present sonographically normal is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance or occult parasitism if the patient is indoor/outdoor could be contributing factors.

IMAGING PERFORMED BY

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Empirically as needed GI supportive care, hydrolyzed diet and empirical deworming pending additional diagnostics would be reasonable.

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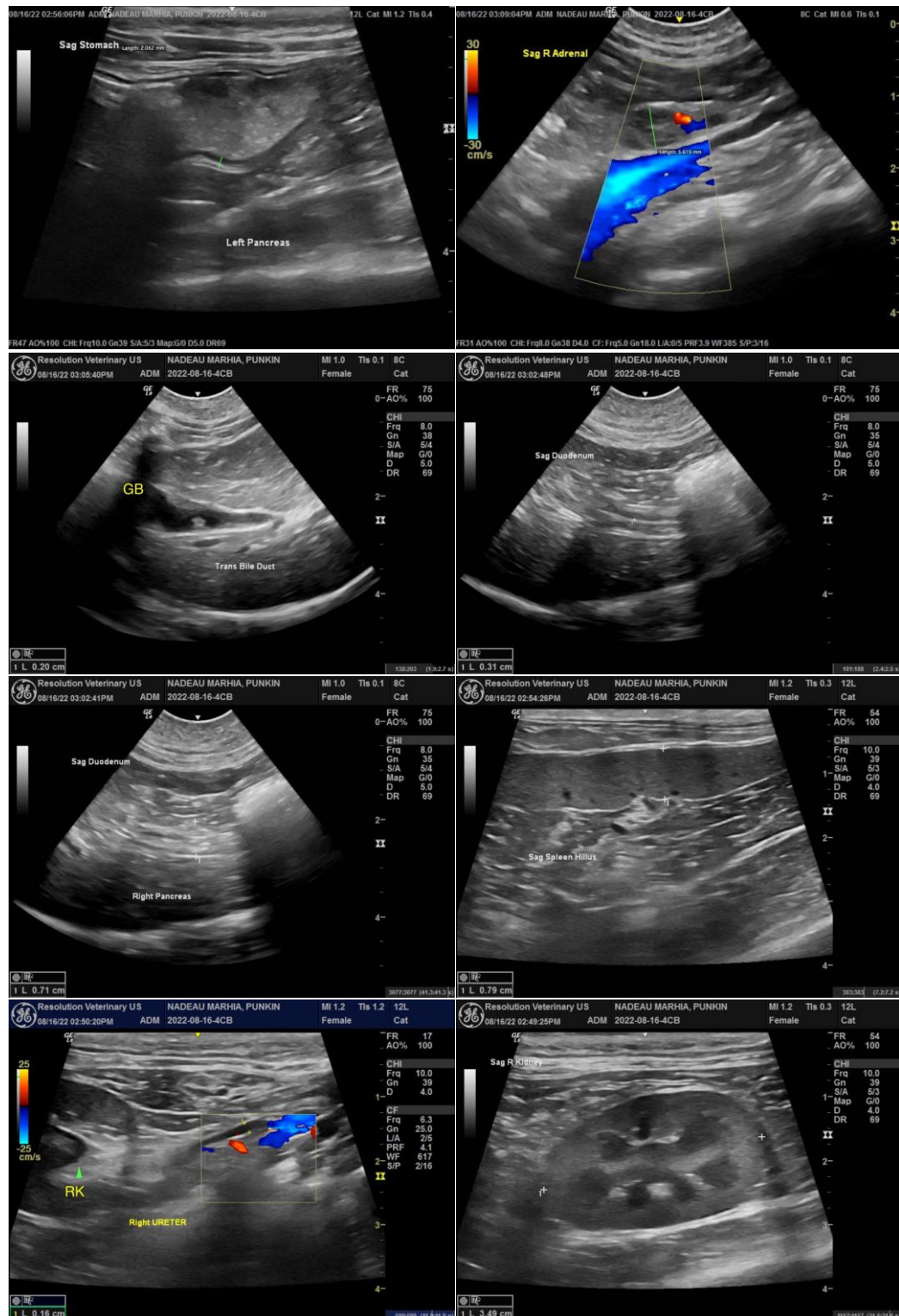
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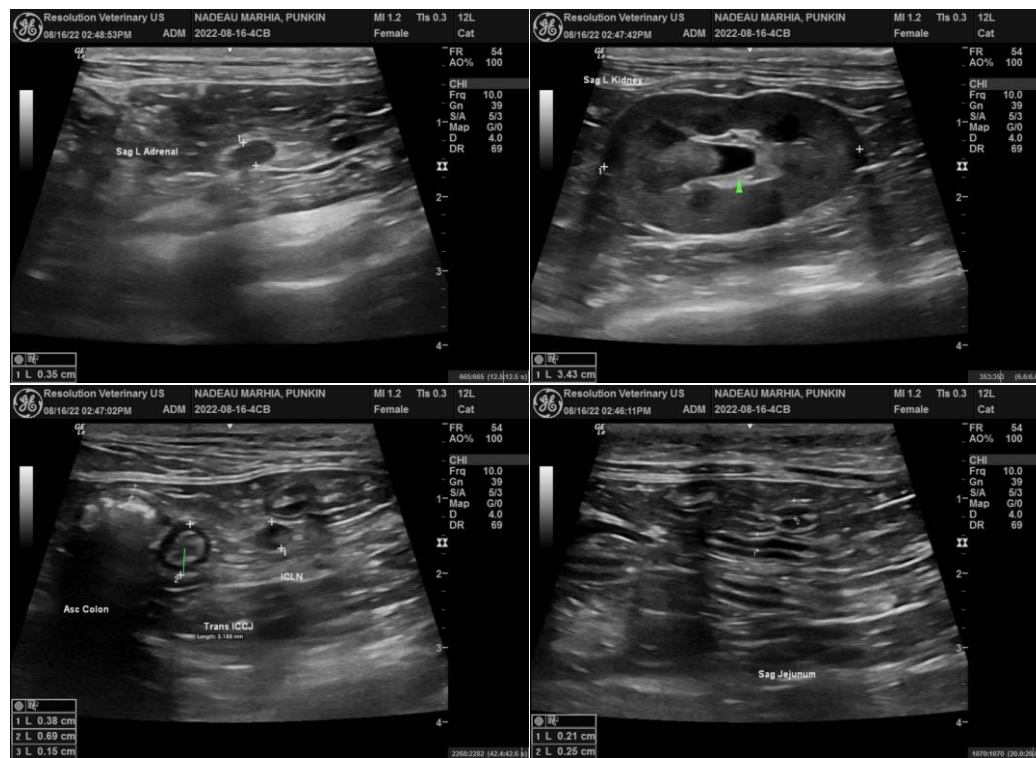
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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