



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Antoine Sterling
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 12 Years
WEIGHT 14.46

History of mild HCM diagnosed 2/2020; presented with poor appetite/lethargy 7/29/21 with some renal changes noted: started SQF therapy. Presented several times over the next 2 weeks with intermittent low grade fever, anorexia - both would resolve for a short time with SQF, Cerenia and then recur. Current Medications Cerenia, Convenia, Mirataz
Abnormal PE/Chem/CBC/UA Results: Laboratory Findings Altered lab work values: Creatinine 2.8, AST 60; mild neutrophilia (12.8)

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. Primarily anechoic urine was present in the lumen. Particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 subtly hypertrophied, yet primarily maintained 1:3 cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor pyelectasia noted in the right kidney. The left kidney measured 4.7 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm in width. The left adrenal gland measured 0.40 cm in width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. 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 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Fogarty

INVOICE

24757

DATE

8/17/21



PATIENT *Gastrointestinal*

Antoine Sterling 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. Gastric body wall measured 0.30 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. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.23 cm.

BREED

DSH

Ileocolic wall measured 0.30 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Neutered Male

Pancreas

The pancreas exhibited normal size and overall contour with subtle hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

AGE

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Free Abdomen

Multiple variably sized colic lymph nodes were present. Example measured 1.2 cm diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle regional peri ileocolic reactive mesentery was present. No effusion.

WEIGHT

14.46

ULTRASONOGRAPHIC FINDINGS

- Minor particulate urinary bladder sediment
- Bilateral chronic renal changes with increased cortical echogenicity and minor right kidney pyelectasia.
- Subtly hypoechoic pancreas – non-specific, potential for low-grade chronic active inflammation possible if elevated spec fPL or evidence of cranial abdominal or subxiphoid discomfort.
- Possible inflammatory enteropathy
- Variably prominent colic lymph nodes – lymphoid hyperplasia or reactive lymphadenitis suspected, potential for emerging neoplastic lymphadenopathy thought less likely but cannot be excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). The kidneys may indicate chronic renal changes, although potential for non-specific nephritis such as interstitial nephritis may be possible. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended +/- UPC.

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GI panel to include PLI, TLI, cobalamin and folate may be considered given the anorexia, or if evidence of weight loss. Sonographic monitoring of the colic lymph nodes +/- ultrasound guided FNA for lymphatic cytology +/- culture and sensitivity is recommended. Recheck retroviral testing could be considered if clinically indicated.

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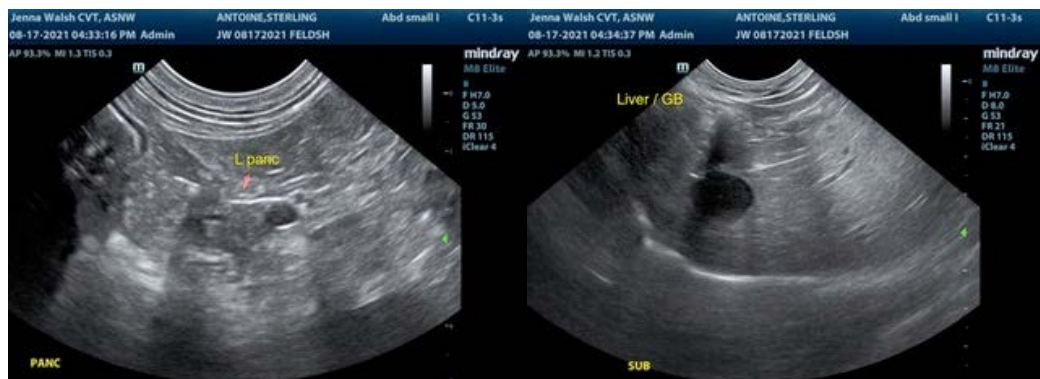
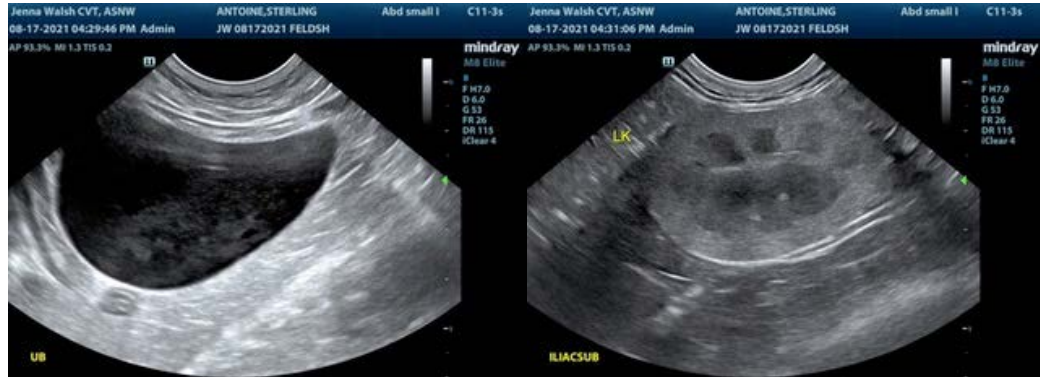
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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