



PATIENT

Martin Maguire

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

8 years

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

14858

DATE

8/17/23

PRESENTING CLINICAL SIGNS

Colleague wrote history: Patient seen at ER 8/5 for decreased energy/appetite and diarrhea where cbc, chemistry, u/a nsf, SQF/cerenia administered with gabapentin/mirtazapine tgh, recheck with KJ 8/7 as px still displaying clinical signs as above as well as hiding. -weight loss (<2lbs), subtly tense abdomen (nervous guy), O notes px does well on gabapentin ie. first 4-5 hours post 50mg (O hesitant to give more for "personal reasons") then declines and O prefers to give medication every 10-12 hours

Abnormal PE/Chem/CBC/UA Results: repeating CBC chem T4 pending TLI/folate/ cobalamin fPL was normal

The submitted study contained 20 videos and 2 still images for review.

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. Minor, non-dependent, particulate 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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 0.8 cm width.

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.



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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. There was no evidence of retained ingesta or fluid. The gastric body wall width measured 0.25 cm.

The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio. There was no overt evidence of an intestinal obstructive pattern. The visualized small intestine measured 0.23 cm wall width.

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

Pancreas

No overt evidence of pancreatic pathology i.e., inflammation, neoplastic criteria, was noted.

Free Abdomen

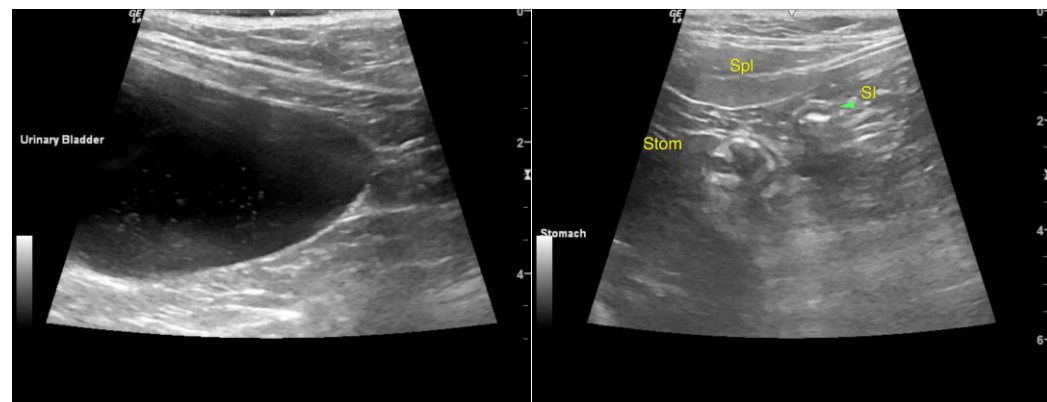
No overtly visualized or significant omental lymphadenopathy or evidence of peritoneal effusion was present.

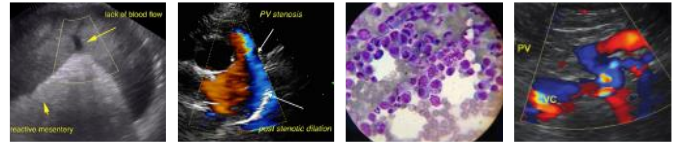
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Overtly normal visualized stomach and small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of visceral pathology as an obvious cause of the patient's clinical signs. Correlation with pending GI panel, as well as CBC/Chemistry panel and ideally UA +/- C/S if evidence of inflammatory sediment, is recommended. If not done, three view chest radiographs are suggested to rule out occult intrathoracic pathology as a contributing factor.





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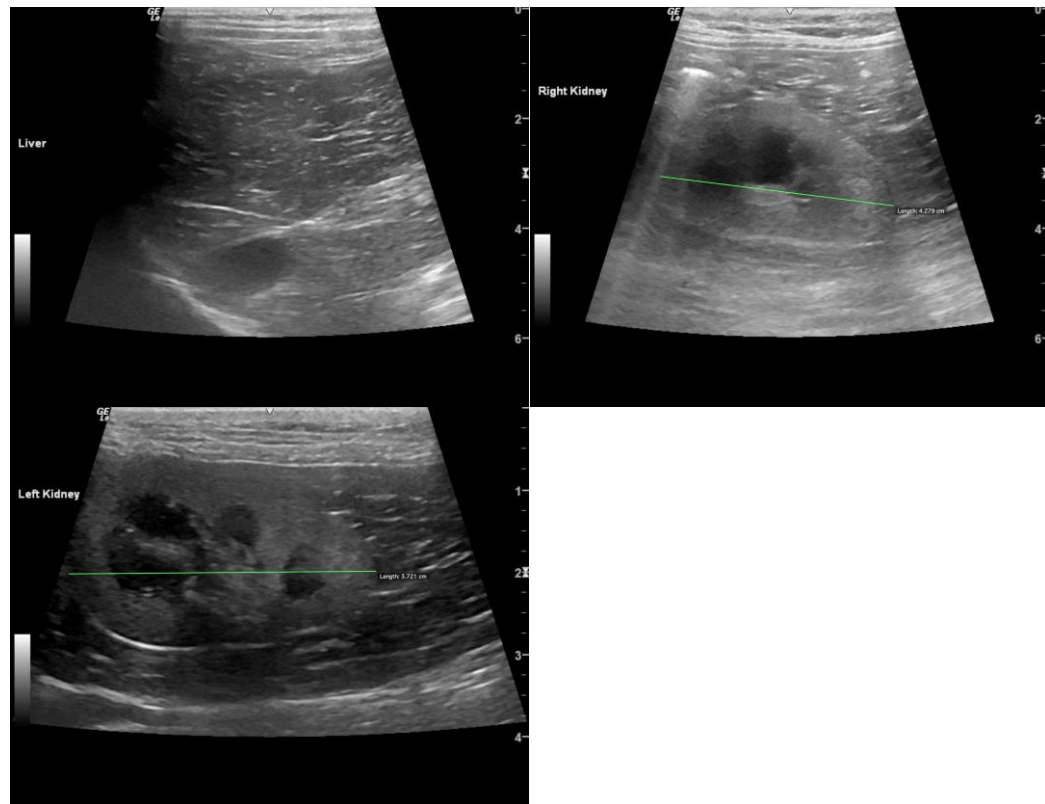
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com