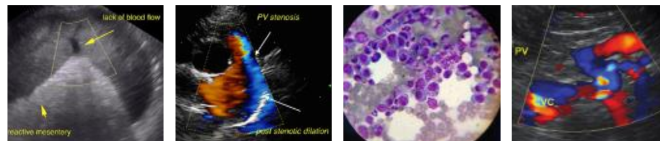
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Shamus Boland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

14657ag

DATE

08/18/2023

PRESENTING CLINICAL SIGNS

She came in back in march, owner started feeding her chicken and owner found out it is a lot of protein and could cause extra urination, still uses the litterbox normally no changes in deification, she does vomit and her vomit occasionally is solid and sometimes even looks like feces, vomiting changed since last visit, happens about once every other day but that is just an estimate, sometimes she vomits twice a day sometimes she skips days and doesn't vomit, she had hills urinary food but it upsets her stomach so they started blending chicken in to the hills, urinary problems of going more frequently has been going on for about 2 weeks, no diarrhea, no daily meds, she has had a history of bladder stones, roughly summer of 2019 she had surgery to have them removed owner said, she is stressed and shedding a lot.

Abnormal PE/Chem/CBC/UA Results: 03/25/2023 cbc: lymphocytes 0.486 chem: BUN 13, TP 5.6, Alb 2.4, ALT 17 UA: USG 1.018 UPC 0.1 T4 1.3 pro BNP 95

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 suspect focally adhered ventral luminal surface mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor left kidney pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

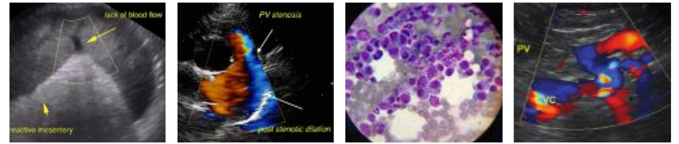
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.53 width and the right adrenal gland measured 0.54 width.

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 0.74 cm in 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shamus Boland

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
11yr

WEIGHT
8.4

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

IMAGING PERFORMED BY
Dr. Hannah Fearing

HOSPITAL NAME
Lanier Animal Hospital

REFERRING VET
Dr. Hannah Fearing

INVOICE
14657ag

DATE
08/18/2023

non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized non-mineralized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact borderline prominent wall layering with a normal wall layer ratio. A focal area of thickened gastric wall exhibiting indistinct wall layer detail was present in the ventral fundus to gastric body measuring 0.74 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.30 cm in width.

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 0.30 cm width. The jejunum wall measured 0.24 cm width.

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

Pancreas

The pancreas was normal in size and contour with mild non-homogenous hypoechoic parenchyma.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Transdiaphragmatic view of the caudal thorax revealed moderate volume pleural effusion.

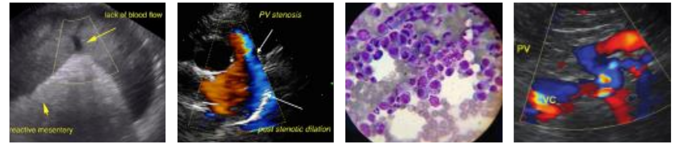
ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with focally adhered ventral lumen mineral.
- Non-specific chronic renal changes with minor left kidney pyelectasia.
- Empty stomach with focally thickened ventral gastric wall-focal gastritis or other inflammatory etiology, potential for focal emerging neoplasia.
- Overtly normal small bowel.
- Possible low grade pancreatitis.
- Mild gallbladder sediment.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Thoracocenteses for effusion analysis cytology +/- C/S if evidence of inflammatory cells is recommended for further assessment. A spec fPL is suggested for correlation with pancreatic presentation. Gastric wall biopsy is likely required for a definitive diagnosis.

Sonographic monitoring of the stomach for evidence of progressive thickened wall with initial recheck in 3-4 weeks would be a more conservative approach. As needed GI support which may include as needed antiemetics and gastroprotectants +/- dietary therapy is suggested.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Shamus Boland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

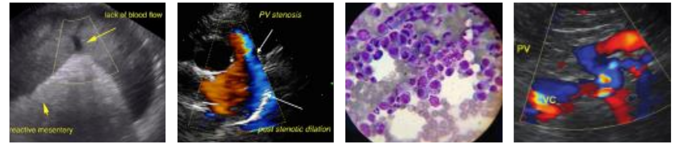
Dr. Hannah Fearing

INVOICE

14657ag

DATE

08/18/2023



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shamus Boland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

14657ag

DATE

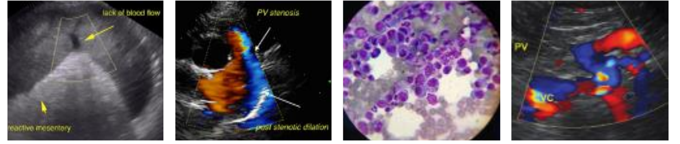
08/18/2023

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Shamus Boland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

14657ag

DATE
08/18/2023