



PATIENT

Charlie Kuestermeyer

PRESENTING CLINICAL SIGNS

History: Chief Concern: O reports that Charlie has had waxing and waning lethargy. When he is lethargic it seems very severe to the owner as Charlie will not move around at all, which is very unlike him. He has a hx of falling off furniture and that does cause some joint pain. Charie has a hx of FB (hairball) impaction that has had to be surgically removed and portions of intestine were removed (different hospital). Differential diagnosis: Chronic pancreatitis, mild hip dysplasia History and Physical Findings: Mentation: QAR BCS:5/9 Hydration status: 10-15% dehydrated MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 2/4 periodontal disease. LN are WNL. Abdomen palpates mildly tense, but no pain appreciated on palpation. No signs of lameness. Radiographic Abnormalities: Appreciated mild microhepatica, cranial abdomen appears hazy. Summary of Laboratory Abnormalities: Comp panel performed on 8/10/2022, amylase= 1469, ALT= 13, all other values WNL. Current Therapy and Medications: Gabapentin suspension 1.4ml BID

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 8 Months

WEIGHT

14 Pounds

INTERPRETED BY

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

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. Mild nondependent 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. Aortic trifurcation was normal.

Both kidneys were normal in size and margination with 1:3 cortex to medulla ratio. Both kidneys exhibited uniform hyperechoic cortex with enhanced corticomedullary border demarcation. No evidence of pyelectasia or evidence of left or right retroperitoneal inflammation. The left kidney measured 4.6 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm in width.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen revealed. mild enlargement with maintained finely textured homogeneous parenchyma, exhibiting normal parenchyma echogenicity and maintained symmetrical capsule contour. Splenic vascularity was normal. The spleen measured 1.2- 1.3 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

INVOICE

16902

DATE

8/19/22

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Valley Veterinary Clinic

REFERRING VET

Dr. Anna Lopez



PATIENT

Charlie Kuestermeyer 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.

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. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.20 cm. The ileocolic wall measured 0.23 cm.

BREED

DSH

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

SEX

Neutered Male

Pancreas

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.

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Free Abdomen

No omental masses or evidence of intraabdominal lymphadenopathy. Intermittent, scant pockets of perisplenic, perihepatic and periintestinal free fluid were noted adjacent to the caudolateral spleen and between intestinal loops.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14 Pounds

- Mild urinary bladder sediment
- Nonspecific bilateral increased renal cortex echogenicity with enhanced corticomedullary border demarcation
- Mild splenomegaly, exhibiting symmetrical contour and finely textured homogeneous parenchyma
- Sonographically unremarkable gastrointestinal tract/pancreas
- Intermittent, scant pockets of perisplenic, perihepatic and periintestinal free fluid

INTERPRETED BY

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BY

Loetitia Saint-Jacques, RVT
LVT

The cortex hyperechogenicity noted in both kidneys is nonspecific and may indicate normal patient variant. Potential for nonspecific nephritis, such as interstitial nephritis is possible. Urine culture and sensitivity on sterile urine sample is suggested if evidence of inflammatory cells.

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The mild splenomegaly may indicate incidental hyperplasia, hematopoiesis or incidental splenitis with neoplastic criteria considered unlikely. Assuming normal clotting status, screening splenic FNA, using a 25-gauge needle, is warranted for cytology, primarily to ensure only benign changes are present.

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The scant pockets of free fluid may potentially be physiologic, given the normal albumin levels. Continued monitoring, going forward, for evidence of progressive peritoneal free fluid is recommended.

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Low grade pancreatitis, which may present as sonographically normal, may be suspected, if evidence of cranial abdominal subxiphoid discomfort on palpation. Correlation with a Spec FPL may be considered if clinically indicated.

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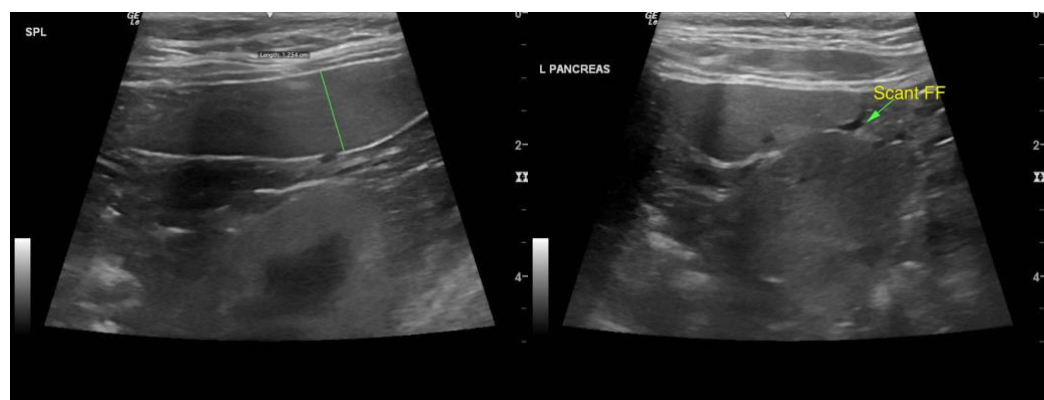
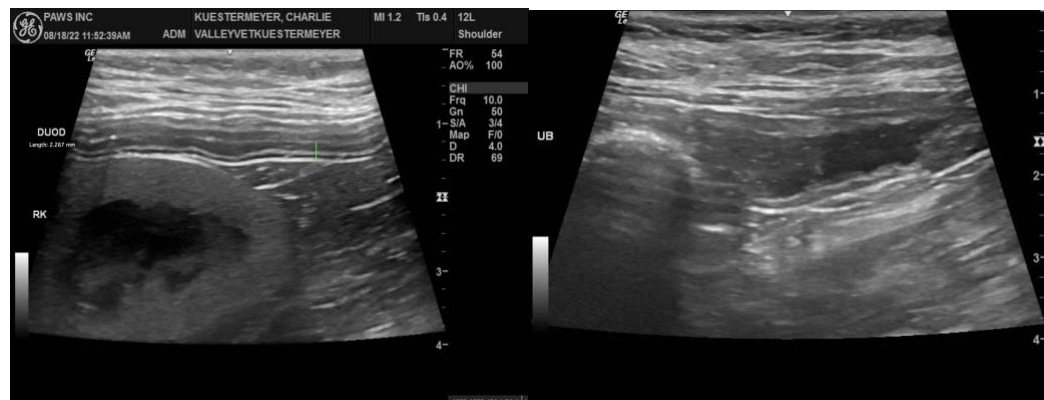
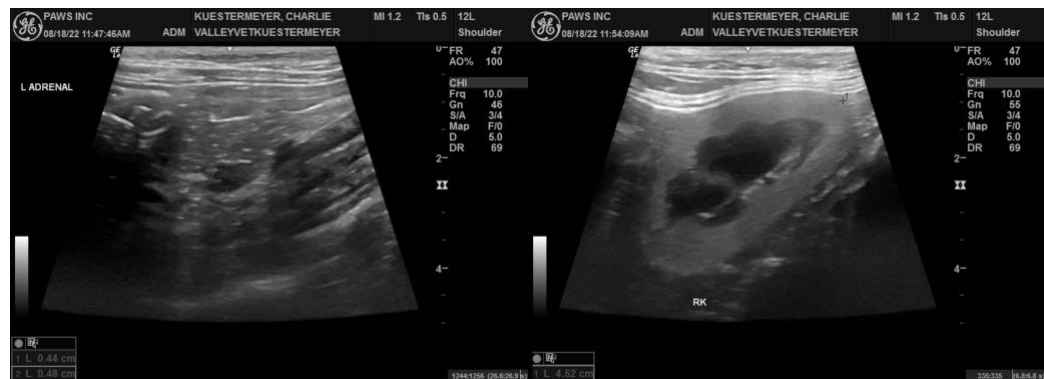
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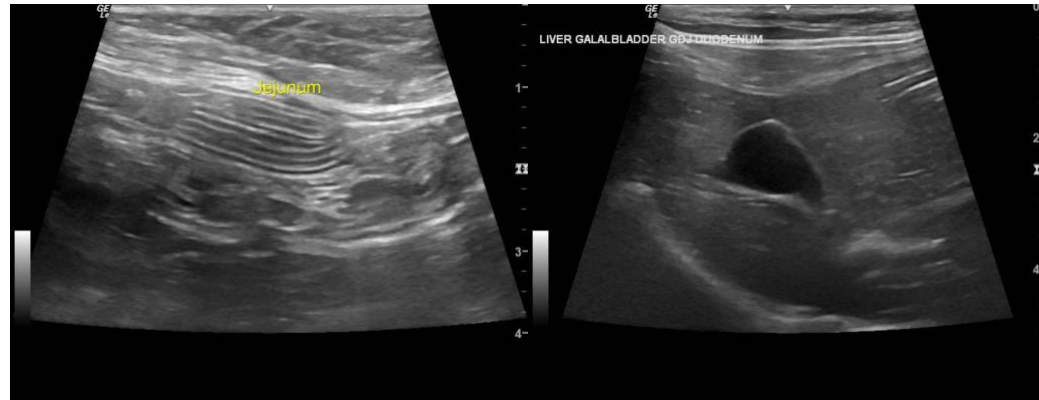
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

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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