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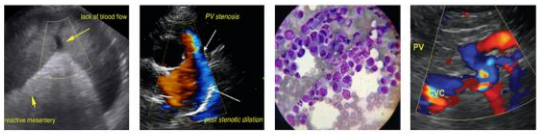

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Grumpy Arias

SPECIES

Feline

BREED

Himalayan

SEX

M

AGE

2020

WEIGHT

8.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

NA

INVOICE

14467

DATE

8/2/22

PRESENTING CLINICAL SIGNS

t 103.6, increased calcium, hct

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 overtly normal thickness and tone. Primarily anechoic urine was present in the lumen. Primarily dependent to mildly non-dependent, variably echogenic to pinpoint hyperechoic 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 urinary bladder changes were noted.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm 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 0.73 cm width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

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. No evidence of hepatic neoplastic criteria was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting progressive to mildly strong distal acoustic shadowing. The gastric body wall width measured 0.24 cm.

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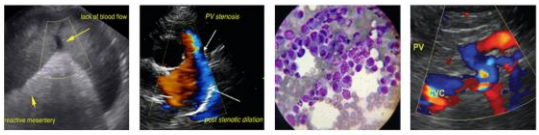

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta / chyme and pockets of luminal gas were present. The small intestinal wall width measured 0.20 cm.

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

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

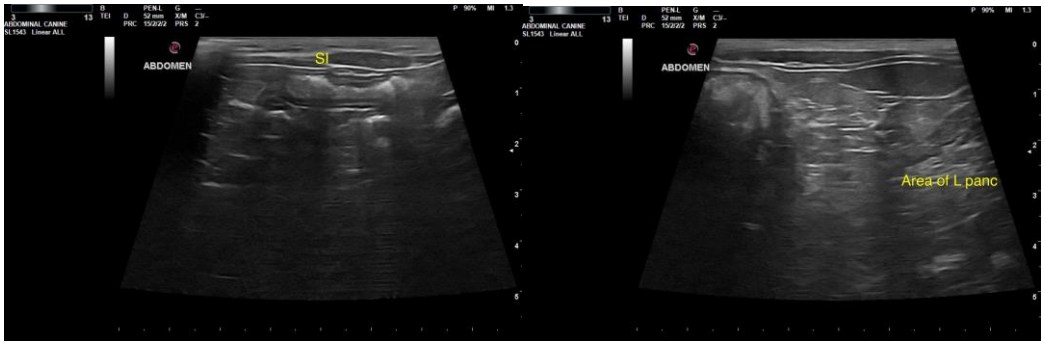
- Moderate shadowing gastric and segmental small intestinal ingesta
- Dependent to nondependent urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as the definitive cause of hypercalcemia or fever. The presence of moderate shadowing gastric and segmental small intestinal ingesta Is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO some degree of gastric or gastrointestinal hypomotility or nonobstructive stasis with potential for gastric hairball density or similar could be possible.

Hypercalcemia panel to include Ionized calcium, PTH and PTHrP, and recheck retroviral status is warranted. Radiographic monitoring of gastric emptying during 12-14 hour fast is suggested if documented NPO.

The urinary bladder sediment may Indicate cellular debris/protein, crystalline debris, mucus, or lipid. Urinalysis +/- C/S if evidence of inflammatory cells is recommended. Three-view chest radiographs are suggested If not done.



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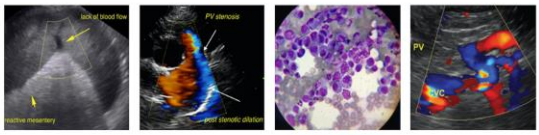

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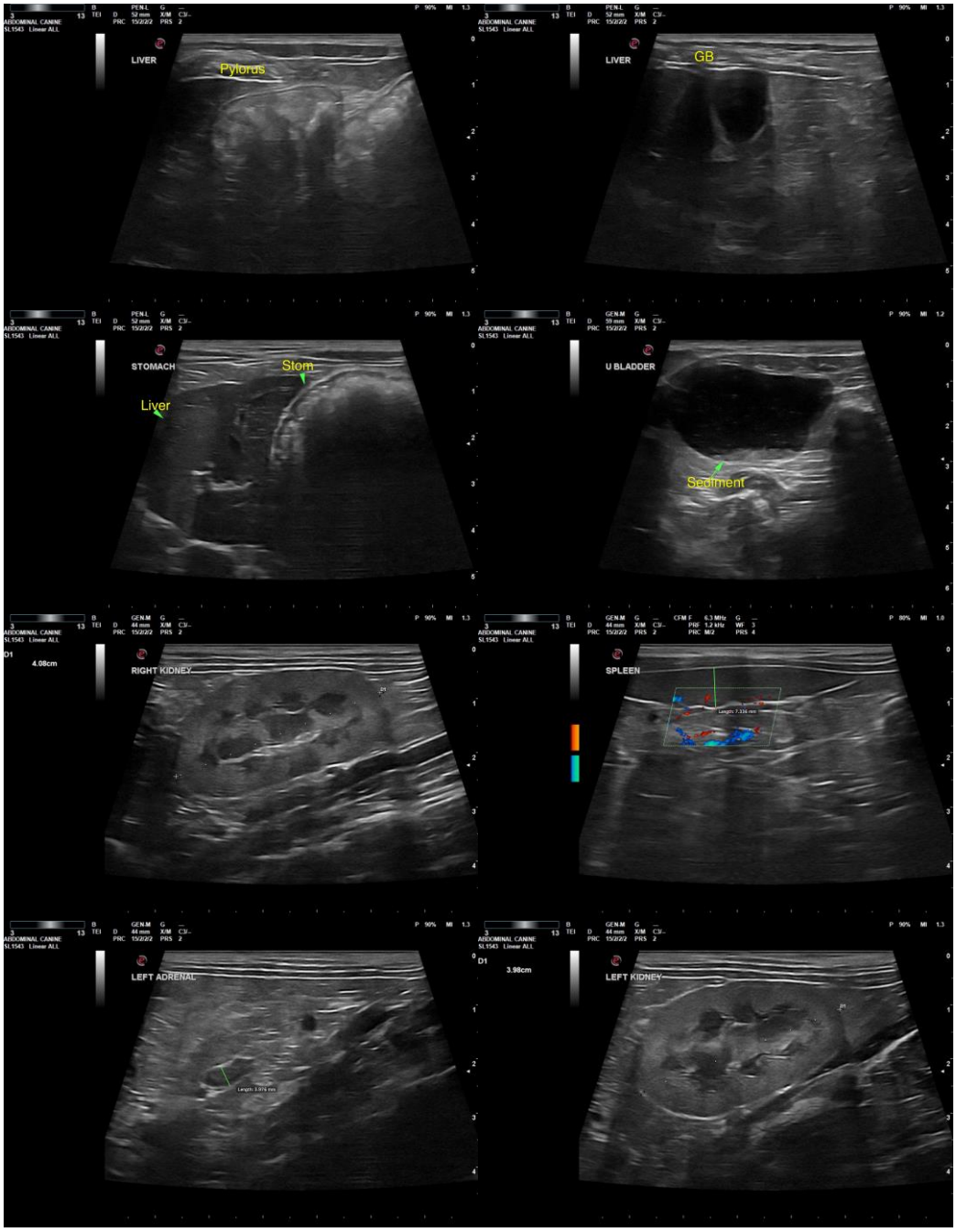

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com