



PATIENT

Lia Hoveland

SPECIES

Feline

BREED

Siamese

SEX

F/S

AGE

14 years

WEIGHT

3.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Sasa Karagic

INVOICE

14471

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Non-specific lower abdominal pain. Increased urea and creatinine. Otherwise, normal labs.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of dystrophic medullary mineral were noted. A solitary caudal cortical infarct was present in the right kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, thinly-walled intraparenchymal cyst was present in the caudate lobe containing anechoic fluid. The cyst measured 0.9 cm diameter. 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

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 width measured 0.24 cm.



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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 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

The pancreas exhibited variable prominent size with areas of capsule asymmetry. Hypoechoic to nonhomogeneous parenchyma was present with subtle evidence of peripancreatic reactive mesentery.

Free Abdomen

Focal to Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.4 cm diameter. No omental masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with pinpoint to focal dystrophic medullary mineral and right kidney cortical infarct
- Variably prominent asymmetrical to hypoechoic pancreas, minor evidence of peripancreatic reactive mesentery - suspect chronic active pancreatitis
- Solitary hepatic Intraparenchymal cyst - benign
- Intermittent benign / reactive incidental mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported abdominal pain in this patient is suspected to be associated with the pancreas if localized to the cranial abdomen / subxiphoid region. However, this is a nonspecific finding given the lack of reported clinical signs which may suggest pancreatitis. Correlation with a Spec fPL is warranted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Aside from the pancreas, largely geriatric abdomen without evidence of significant visceral pathology. Empirical therapy for CKD could be considered.



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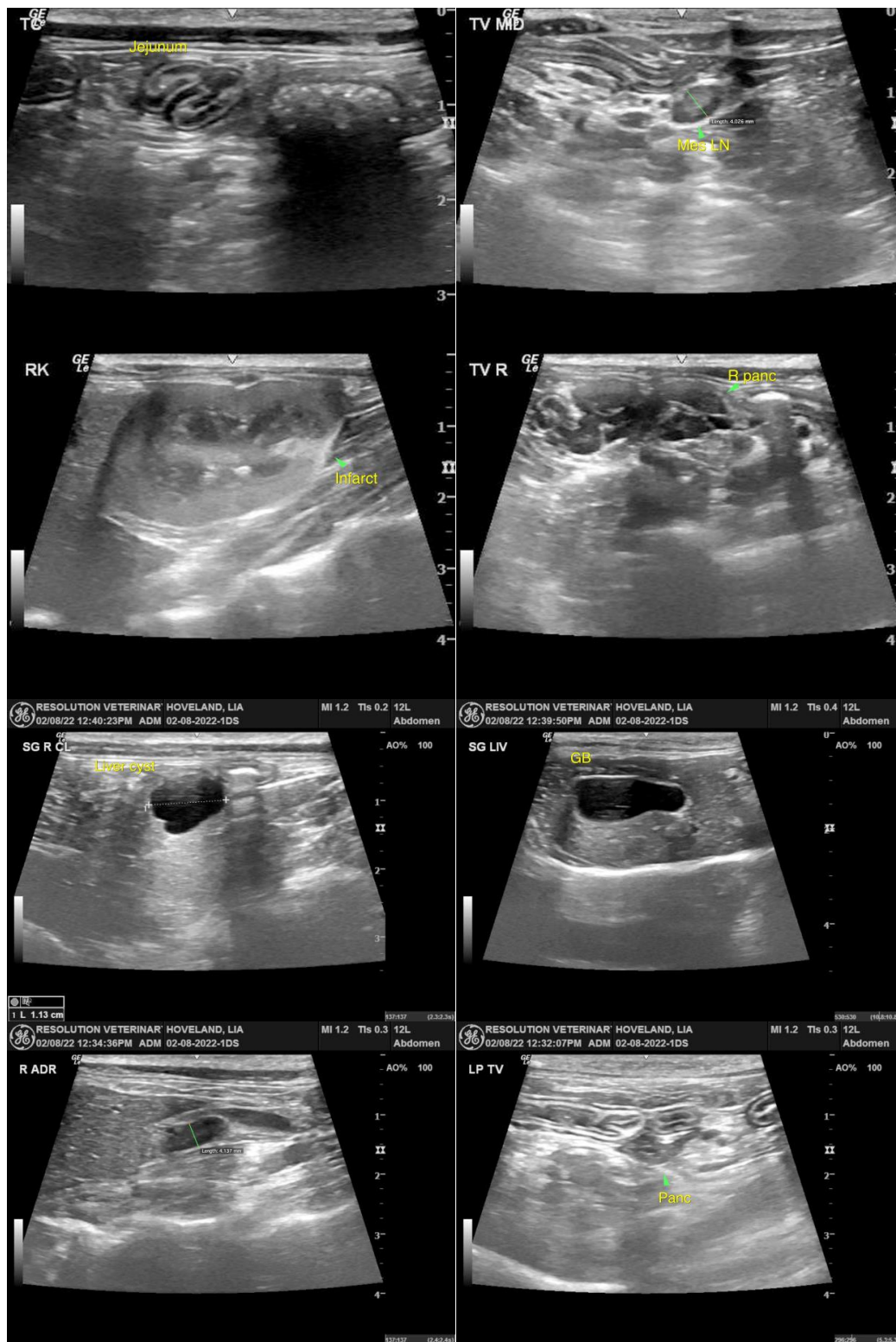
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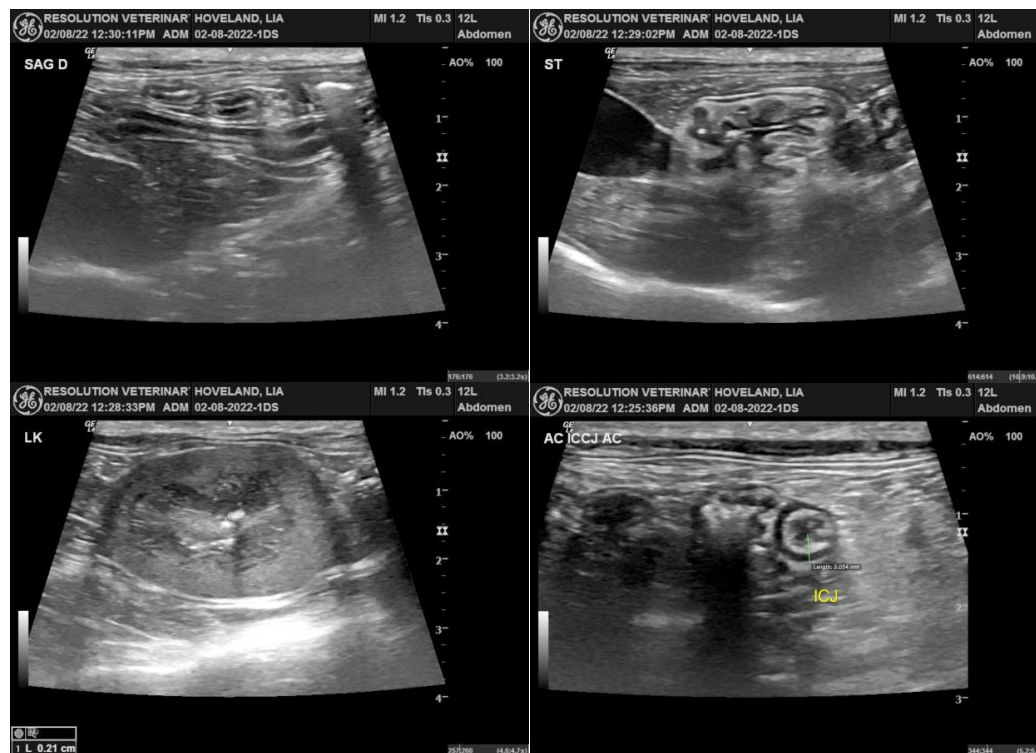
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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