



PATIENT PRESENTING CLINICAL SIGNS

Callie Manlin History: Weight loss, Diabetic Prozac, Convenia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17yr

WEIGHT

5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH Bath

REFERRING VET

Dr. Tan

INVOICE

11451ag

DATE

08/22/2022

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was 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 0.33 width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited subnormal size, symmetrical capsule contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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 0.41 cm in width at the level of the hilus.

Liver

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. Focal to intermittent parenchymal cysts containing anechoic fluid were present. 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 with mild non-dependent echogenic luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact yet prominent to thickened wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured up to 0.58 cm in width.



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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 0.25 cm in width. The jejunum wall measured 0.25 cm in width.

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

Pancreas

The pancreas was prominent in size exhibiting areas of minor capsule asymmetry and mildly non-homogeneous to hypoechoic parenchyma with pancreatic duct dilation.

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Free Abdomen

No peritoneal effusion was present.

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A focal, mildly prominent to enlarged gastric/pancreaticoduodenal node was present adjacent to the pylorus. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.53 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with scant pyelectasia
- Volume contracted spleen
- Hepatic parenchyma remodeling with intermittent cysts vs benign cystic biliary adenomas
- Gallbladder debris with mild non-obstructive proximal CBD dilation
- Chronic pancreatitis pattern
- Intact yet prominent to thickened gastric walls, normal small bowel-suspect gastritis, minor potential for early neoplastic criteria less likely
- Focal mildly prominent gastric/pancreaticoduodenal lymphadenopathy-subjectively benign, hyperplasia or reactive lymphadenitis suspected

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The CBD dilation finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess the pancreas and rule out occult small intestinal disease.

A fructosamine level is recommended if not recently done. For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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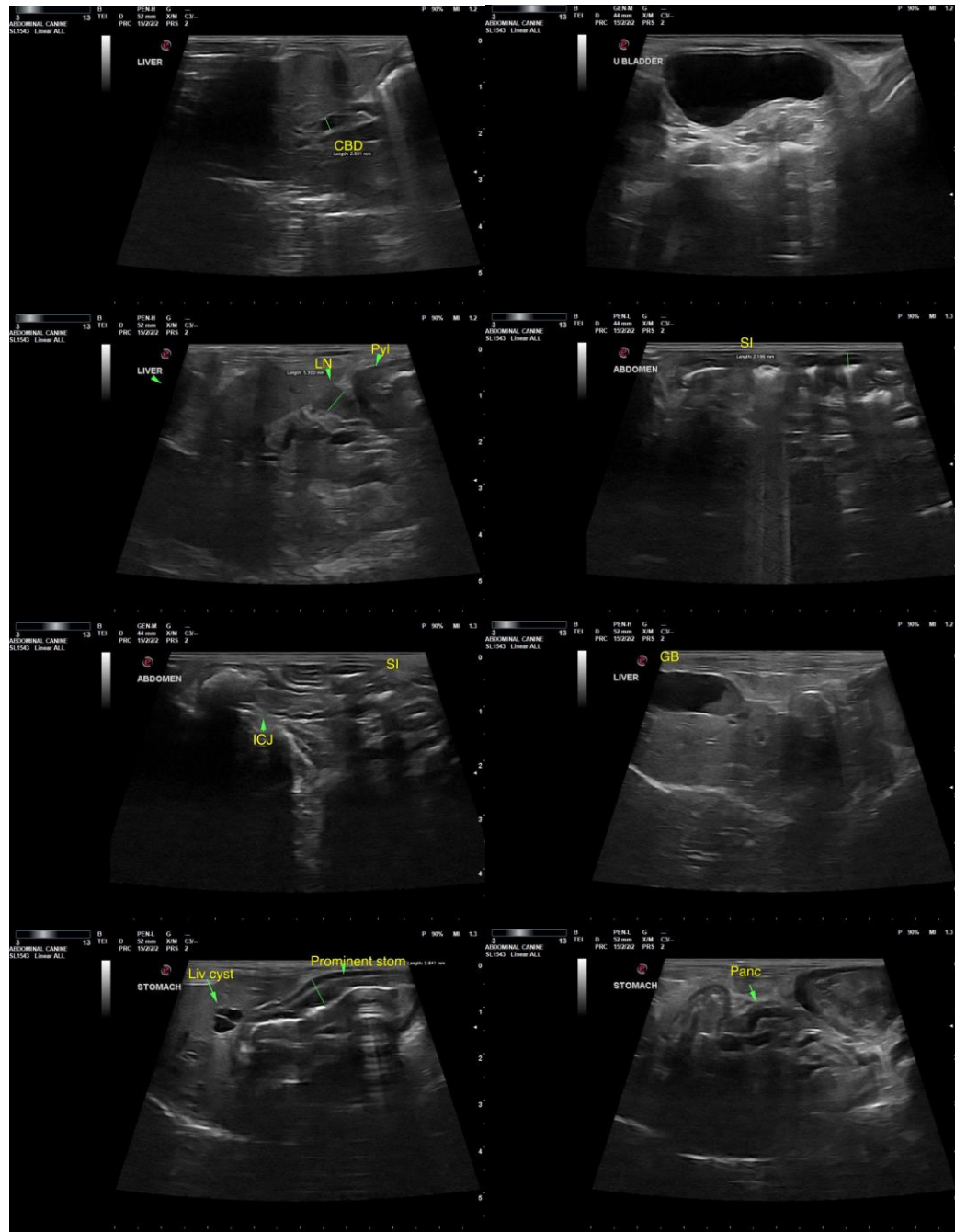
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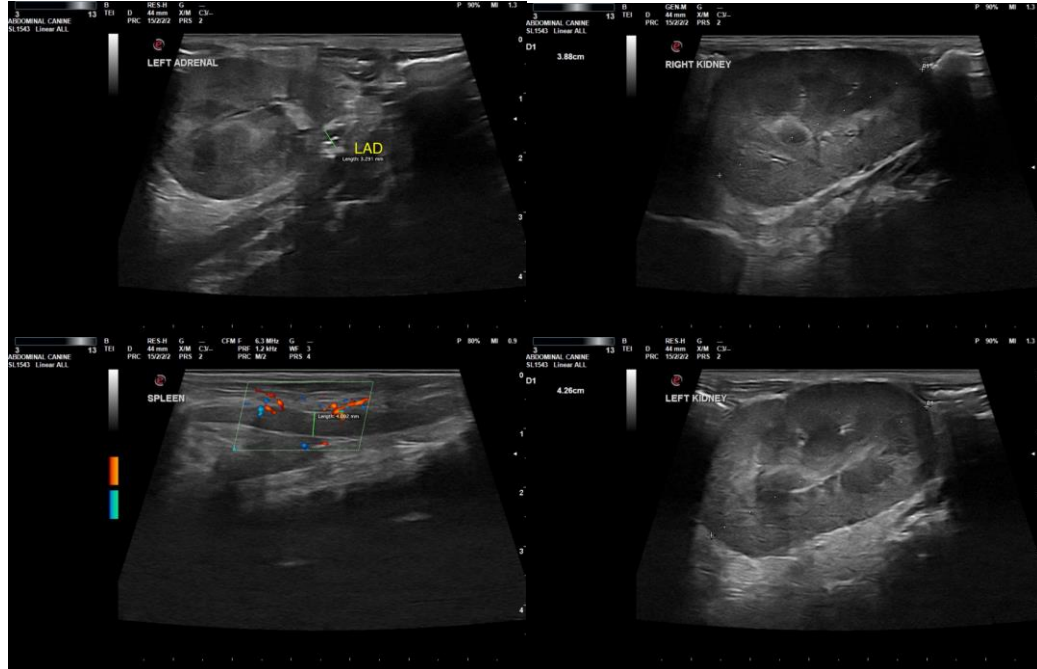
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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