



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Penny Sebastyn
SPECIES
 Feline
BREED
 DSH
SEX
 FS
AGE
 9yr
WEIGHT
 8.73lb

Inappetance x 1 week. Complete anorexia prior to presentation, single episode of vomiting. On exam, Grade II/VI heart murmur; grade III dental disease, possible abdominal mass caudally (vs stool - not able to compress). Started Abx, antiemetic, appetite stimulant and pain meds. BW showed elevated creatinine 2.9 (BUN WNL). Seen 4 days later for continued anorexia and possible increased RR - lungs sounded fine, had gained 0.25 lbs, whole cat rads - lungs clear, possible small intestinal thickening. On Clavamox, Cerenia, Gabapentin, Mitrazipine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Both kidneys were subnormal in size with areas of asymmetrical margination and variable cortex hypertrophy. Focal areas of hyperechoic cortical parenchyma consistent with infarcts were present in both kidneys. Potential for pinpoint areas of medullary mineral were present. No evidence of pelvic dilation. The left kidney measured 2.95 cm in length. The right kidney measured 2.7 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.41 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

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 divided into two compartments containing anechoic luminal content and minor echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Potential for minor prominent wall layering in the area of the pylorus was present. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 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 in width. The jejunum wall measured 0.22 cm in width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson Animal Hospital

REFERRING VET

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Normal visible colon wall layers were present with apparent formed feces exhibiting distal acoustic shadowing in lumen.

Pancreas

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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.

BREED

DSH

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Bilateral subnormal kidney size exhibiting chronic degenerative changes and cortical infarcts
- Overtly normal GI tract, possible minor pyloric gastritis
- Sonographically unremarkable pancreas

AGE

9yr

Secondary

- Bilobed gallbladder-normal variant in a cat

WEIGHT

8.73lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than minor pyloric gastritis, no evidence of GI mural pathology was present in this study including no evidence of neoplastic criteria. Generalized GI inflammation or low-grade pancreatitis cannot be definitively excluded yet no overt evidence of generalized GI disease or pancreatic pathology was present.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of systemic BP and renal parameters is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. As needed GI support is recommended.

IMAGING PERFORMED BY

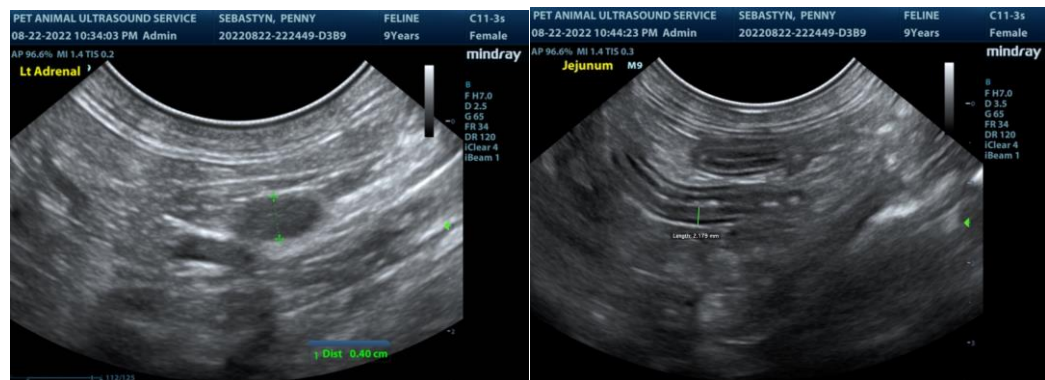
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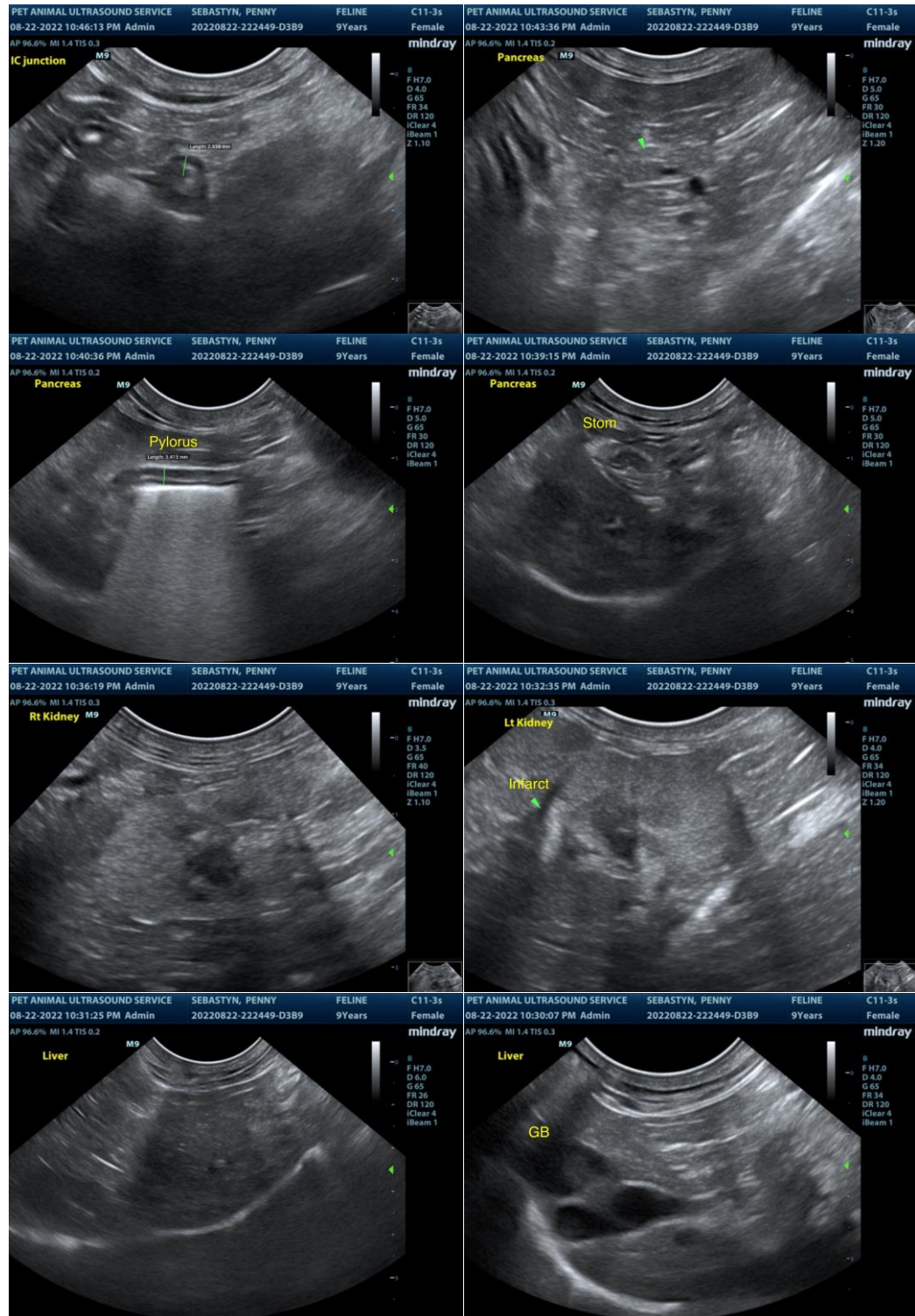
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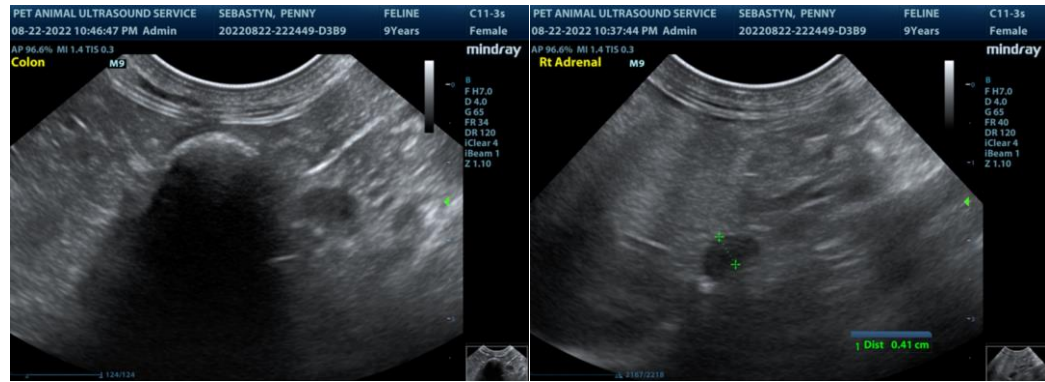
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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