



PATIENT PRESENTING CLINICAL SIGNS

Ollie Ward Chronic loose stools. No meds.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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 were noted.

BREED

DLH

The area of the aortic trifurcation was free of pathology.

SEX

Neutered Male

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 4.7 cm. The left kidney measured 4.7 cm.

AGE

12 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm in width.

WEIGHT

14 Pounds

The right adrenal gland was mildly prominent in size, which is non-specific and likely a normal patient variant without evidence of neoplastic criteria. The right adrenal gland measured 0.56 cm in width.

INTERPRETED BY

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

Spleen

The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Crystal Hill

Liver

HOSPITAL NAME

Wilson Mobile VS

The liver was subjectively normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Wilson

Gastrointestinal

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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. Gastric body wall measured 0.26 cm.

DATE

8/23/21

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic non-shadowing digesta was present. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.20 cm.

Ileocolic wall measured 0.36 cm. Normal visible colon wall layers were present with subjective semiformal to soft feces and luminal gas.



PATIENT *Pancreas*

Ollie Ward 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.

SPECIES *Free Abdomen*

Feline Mildly prominent to subtly hypoechoic colic lymph nodes were present. Example of colic lymph node measured 0.47 cm in width. Subtle reactive mesentery noted around the ileocolic junction associated minor colic lymphadenopathy. No effusion.

BREED **ULTRASONOGRAPHIC FINDINGS**

DLH

SEX

Neutered Male

AGE

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WEIGHT

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- Bilateral chronic interstitial nephrosis renal pattern – chronic renal changes with potential for interstitial nephritis possible
- Echogenic liver
- Sonographically unremarkable gastrointestinal tract with segmental small intestinal digesta
- Sonographically unremarkable colon with semiformed to soft feces
- Minor colic lymphadenopathy – subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging recommended to include urinalysis, urine culture and sensitivity +/- urine protein/creatinine ratio is evidence of proteinuria.

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DABVP (Canine and
Feline)

The overall liver was non-specific with considerations including patient variant, vacuolar hepatic changes, cholangiohepatitis, lipidosis, with hepatic neoplasia considered an unlikely differential diagnosis. Correlation with hepatic enzyme elevation is suggested.

IMAGING PERFORMED BY

Crystal Hill

Dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), inflammatory enterocolic process without evidence of mural changes or other enterocolonopathy possible. Further assessment may include fresh fecal analysis to assess for parasitic ova/giardia. GI panel recommended to include PLI, TLI, cobalamin and folate, especially if evidence of weight loss +/- diarrhea PCR panel. Empirically, dietary therapy (hydrolyzed diet or higher fiber diet), appropriate antibiotic trial, broad-spectrum deworming may be considered with assessment of clinical response.

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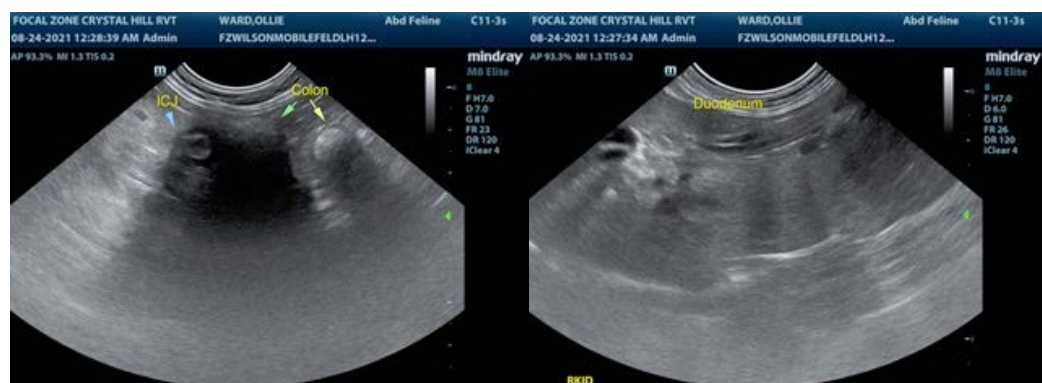
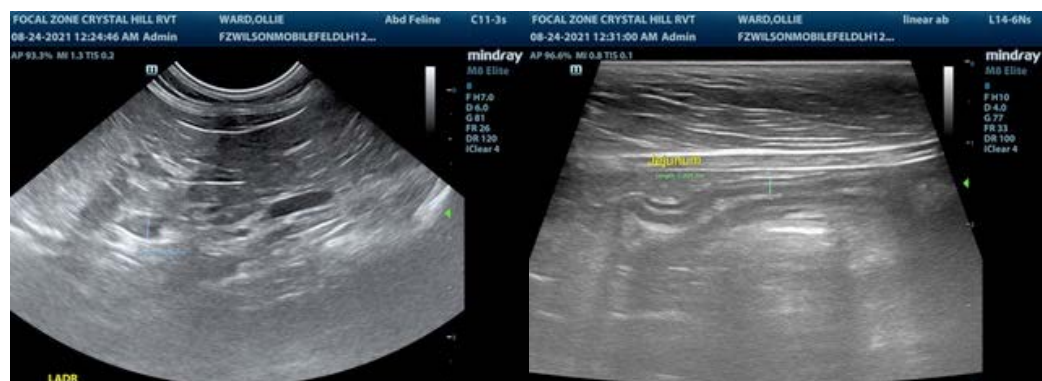
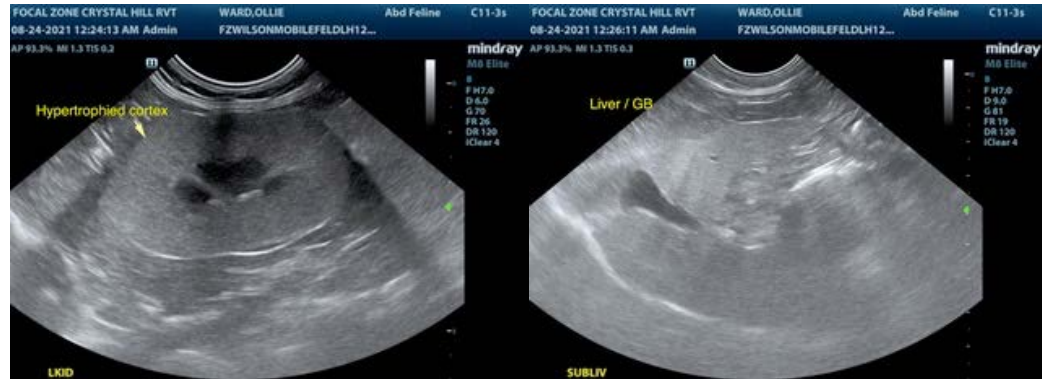
Dr. Wilson

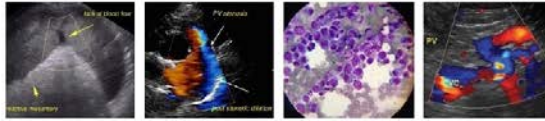
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PATIENT

Ollie Ward

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.

SPECIES

Feline

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.

BREED

DLH

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info@SonoPath.com

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