



PATIENT

Licorice Mottern

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

14657

DATE

8/23/22

PRESENTING CLINICAL SIGNS

azotemia, DKA. on cerenia, unasyn insulin

Abnormal PE/Chem/CBC/UA Results: BUN 103, Crea 4.5, phos 0.7, tbil 1.9

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.

Both kidneys were mildly enlarged in size yet maintained a 1:3 cortex/medulla ratio. Mild loss of corticomedullary border demarcation was noted. Mild to moderate pyelectasia was present in the left kidney. No evidence of left ureter dilation. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 cm in length. No evidence of left or right retroperitoneal inflammation or free fluid was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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. No evidence of adrenomegaly or adrenal tumors was noted.

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 presented mildly enlarged 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 minorly distended in size with no evidence of post hepatic obstructive criteria. The gallbladder contained primarily anechoic content with mild non-dependent, mildly echogenic luminal gallbladder debris. 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.



PATIENT	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.
Licorice Mottern	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
Feline	The pancreas was normal in size with mild hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.
BREED	
DSH	<i>Free Abdomen</i>
SEX	No overt lymphadenopathy or peritoneal effusion was present.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Bilateral nephropathy with mild to moderate left kidney pyelectasia Mild hepatomegaly exhibiting parenchyma hyperechogenicity - probable diabetic hepatopathy, potential for lipidosis, inflammatory hepatopathy, or less likely infiltrative neoplasia Mild gallbladder debris - likely consistent with nonobstructive cholestasis Suspect low-grade pancreatitis
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12 lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urine C/S on a sterile urine sample is recommended, especially if evidence of glucose urea and given the left kidney pyelectasia. The left kidney pyelectasia may be owing IV fluid therapy, pelvic scarring, or early chronic renal changes, while potential for pyelonephritis cannot be excluded. Ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology.
IMAGING PERFORMED BY	Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL is recommended.
Diane McFadden	
HOSPITAL NAME	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/ .
Newton VH	
REFERRING VET	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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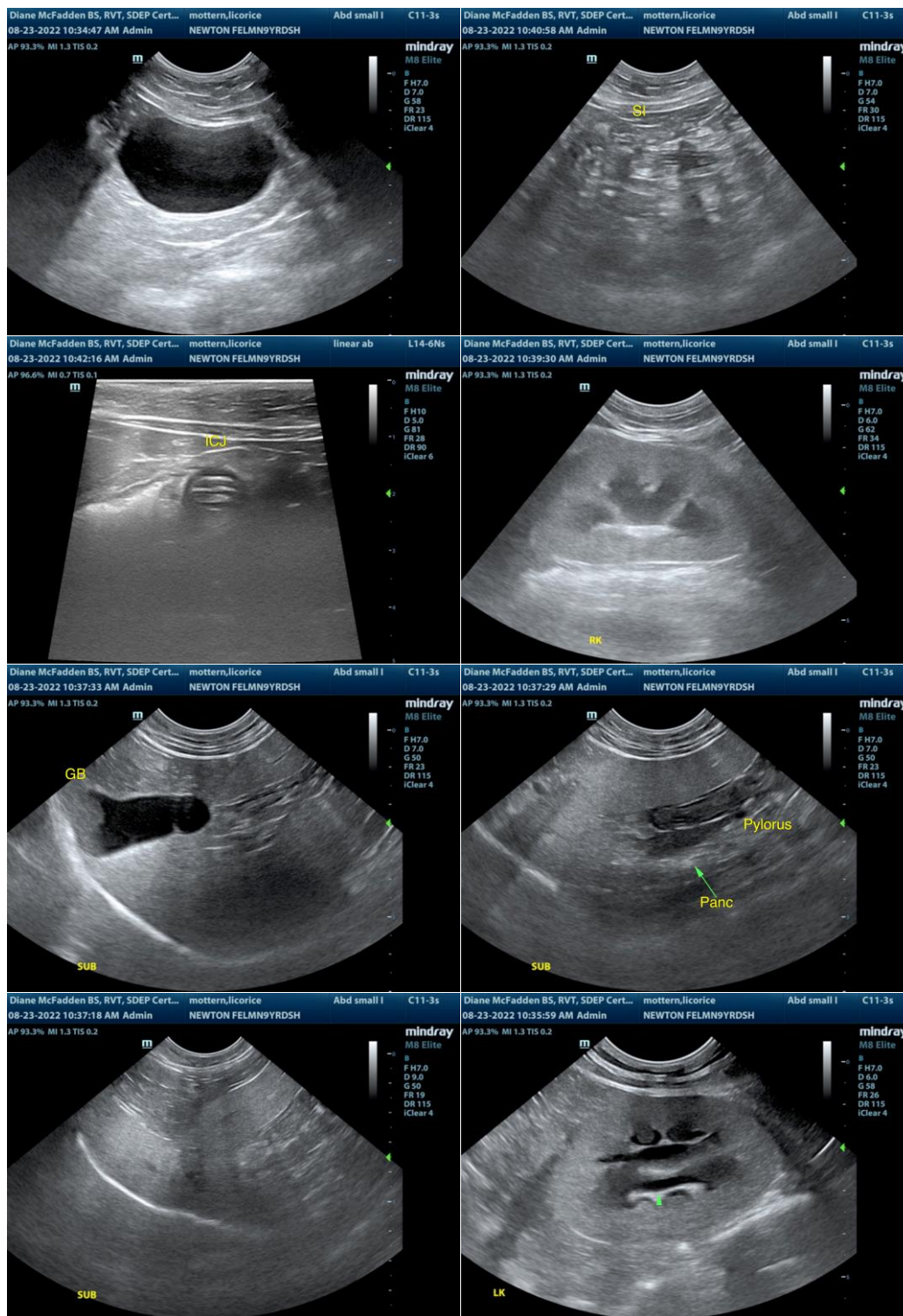
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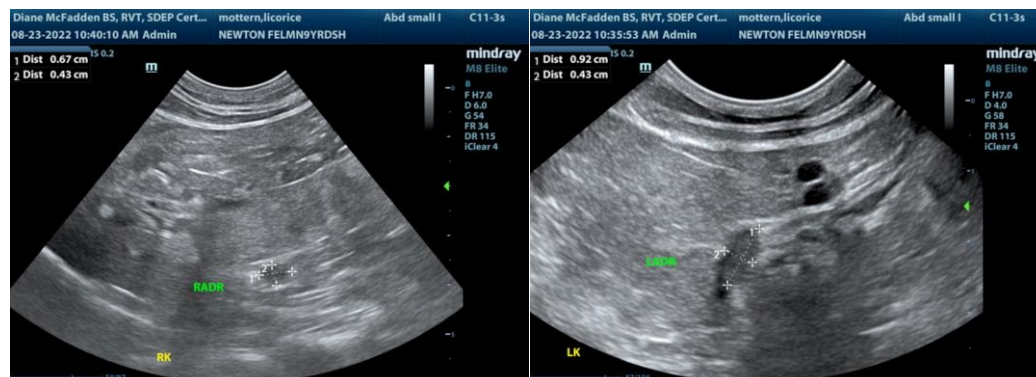
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com