

**PATIENT**

Ophelia Bickford

**SPECIES**

Feline

**BREED**

14.7 lbs.

**SEX**

DMH

**AGE**

15 yr

**WEIGHT**

14.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland

**REFERRING VET**

Dr. Bugarovich

**INVOICE**

14753

**DATE**

8/26/22

**PRESENTING CLINICAL SIGNS**

vomiting bile around 2AM multiple times weekly -jerking movements of the head when pet is eating/drinking -tremors and focal seizures in exam room -thoracic limbs: choppy gait, limited ROM RF -pelvic limbs: pain with movement -decreased app -1lb wt loss since July and 3lb wt loss since Feb  
Abnormal PE/Chem/CBC/UA Results: labs will be emailed Current Medications gabapentin, cerenia, ursodial, apoquel, meloxicam, miralax, mirtazapine

**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. Primarily anechoic urine was present in the lumen with dependent to mildly nondependent, mildly congealed sediment present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney was mildly subnormal in size measuring 2.9 cm in length.

**Adrenal Glands**

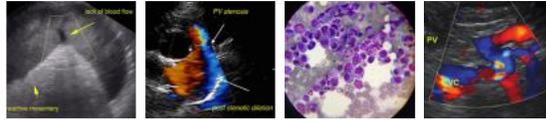
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

**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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild to moderate



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mildly congealed echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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**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 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.

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

**Pancreas**

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 were evident.

**Free Abdomen**

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mild primarily dependent urinary bladder sediment - cellular debris / protein, crystalline debris, mucus, or lipid possible
- Bilateral chronic renal changes with mild subnormal right kidney size
- Minor hepatic parenchymal remodeling
- Gallbladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of significant abdominal visceral pathology.

Urine C/S on a sterile urine sample is recommended if evidence of inflammatory cells. Additional renal staging may include UPC level if no evidence of Inflammatory urinary bladder sediment.

The presence of gallbladder debris is nonspecific yet at times may be associated with hepatobiliary inflammation i.e., cholangiohepatitis. If not recently done, assessment of hepatic enzyme levels is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Pending additional assessment, as-needed GI support would be reasonable.

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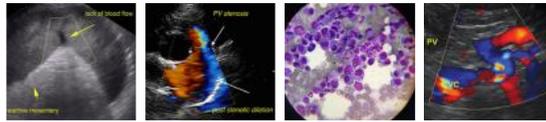
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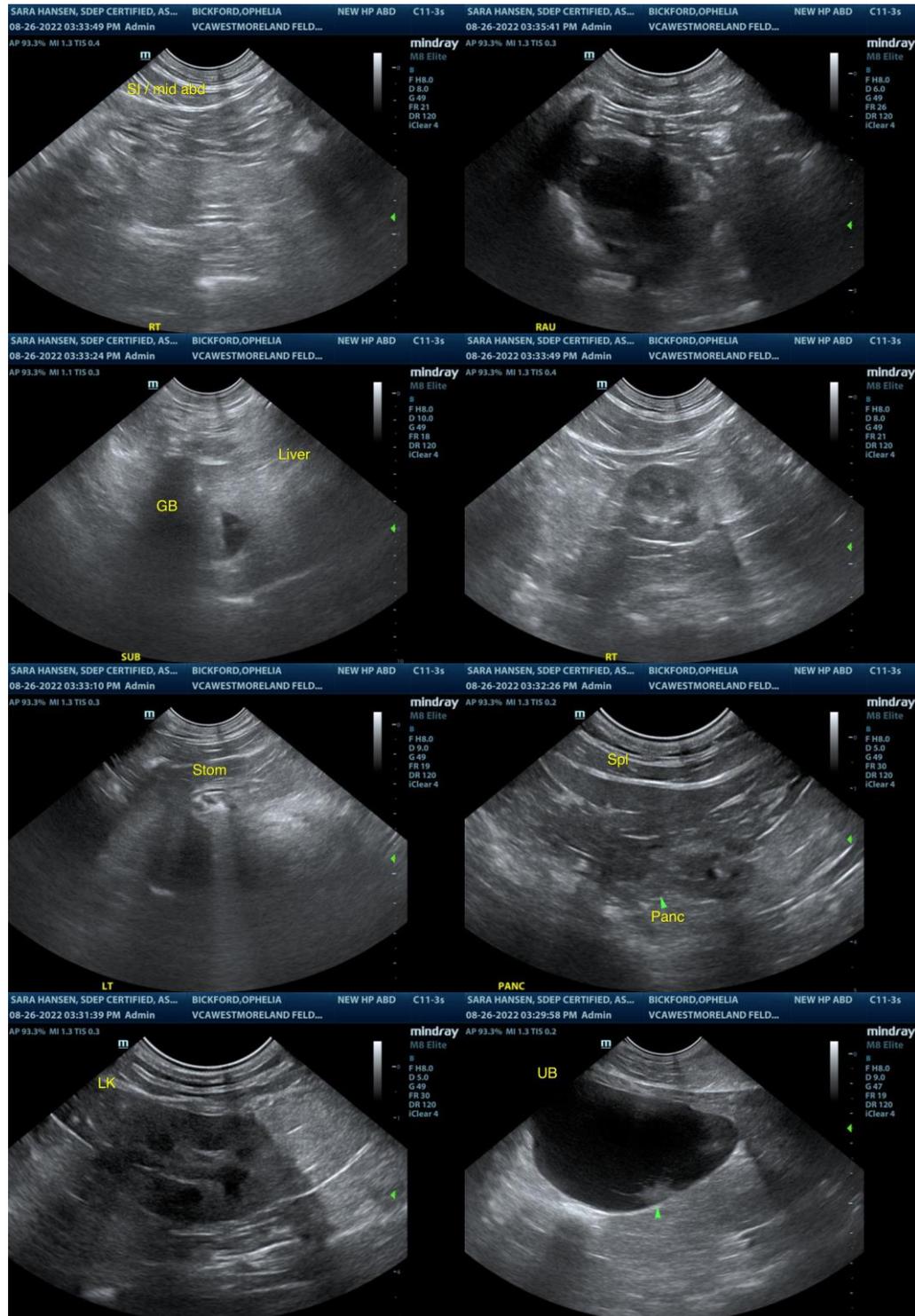
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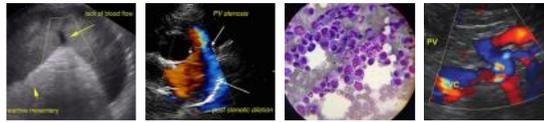
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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