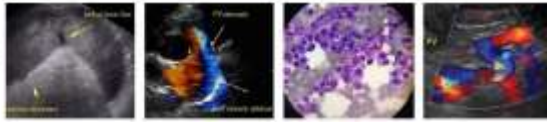




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tazer Neill	Low HCT, concern for possible splenic bleed Abnormal PE/Chem/CBC/UA Results: Please see attached BW
<b>SPECIES</b>	WBC 6.0, hematocrit 20, BUN 20.5, Creatinine 212, Calcium 3.0
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was 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.
DLH	
<b>SEX</b>	
MN	The area of the residual prostate appeared normal and free of pathology.
	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	The left kidney was normal in size and margination. Mild to moderate loss of corticomedullary border demarcation with dystrophic medullary mineralization. The left kidney measured 4.6 cm in length. The right kidney was subnormal in size compared to the left kidney. Mild asymmetric margination, moderate loss of corticomedullary border demarcation with dystrophic medullary mineralization, and mild pyelectasia was present in the right kidney. The right kidney measured 3.8 cm in length.
13 Years	
<b>WEIGHT</b>	
17 lbs	<i>Adrenal Glands</i>
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	No overt pathology in the area of the right adrenal gland.
	<i>Spleen</i>
<b>IMAGING PERFORMED BY</b>	The spleen exhibited subjective mid to caudal enlargement with mild asymmetrical contour yet without evidence of parenchymal escape or distinct masses. Folding of the caudal spleen was present. The mid to caudal spleen measured 1.5 cm width. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	
Westoak Animal Hospital	
<b>REFERRING VET</b>	<i>Liver</i>
Fisher	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.
<b>INVOICE</b>	
47191	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>DATE</b>	<i>Gastrointestinal</i>
8-30-21	



**PATIENT**  
Tazer Neill  
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, non-shadowing retained ingesta and chyme without signs of obstruction or foreign material. The gastric body wall measured 0.22 cm width.

**SPECIES**  
Feline  
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 jejunum wall measured 0.23 cm width.

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

**BREED**  
*Pancreas*

DLH  
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.

**SEX**  
*Free Abdomen*

MN  
No evidence of intraabdominal masses, lymphadenopathy, or perisplenic/peritoneal free fluid was present.

**AGE**  
13 Years  
**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes with medullary dystrophic mineralization and right kidney pyelectasia.
- Splenomegaly with nonhomogeneous parenchyma and caudal folding.

**WEIGHT**  
17 lbs  
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**  
R. McKenzie Daniel,  
DVM, DABVP  
The pyelectasia in the right kidney 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.

**IMAGING PERFORMED BY**  
Kelly Reshny, RVT  
The overall appearance of the spleen exhibited subjective static changes compared to the previous study without overt evidence of progression or distinct splenic masses. No evidence of splenic bleeding. Potential considerations may include previously discussed etiologies such as hyperplasia, hematopoiesis, incidental splenitis, while the possibility of splenic neoplasia, although considered less likely given the essential static presentation of the spleen, cannot be excluded.

**HOSPITAL NAME**  
Westoak Animal  
Hospital  
Assuming normal clotting status, splenic FNA using a 25 gauge needle could be considered if not done, given the mild hypercalcemia.

Recheck retroviral status and CBC pathology could be considered.

**REFERRING VET**  
Fisher

**INVOICE**  
47191

**DATE**  
8-30-21



**PATIENT**

Tazer Neill

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 Years

**WEIGHT**

17 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Westoak Animal  
Hospital

**REFERRING VET**

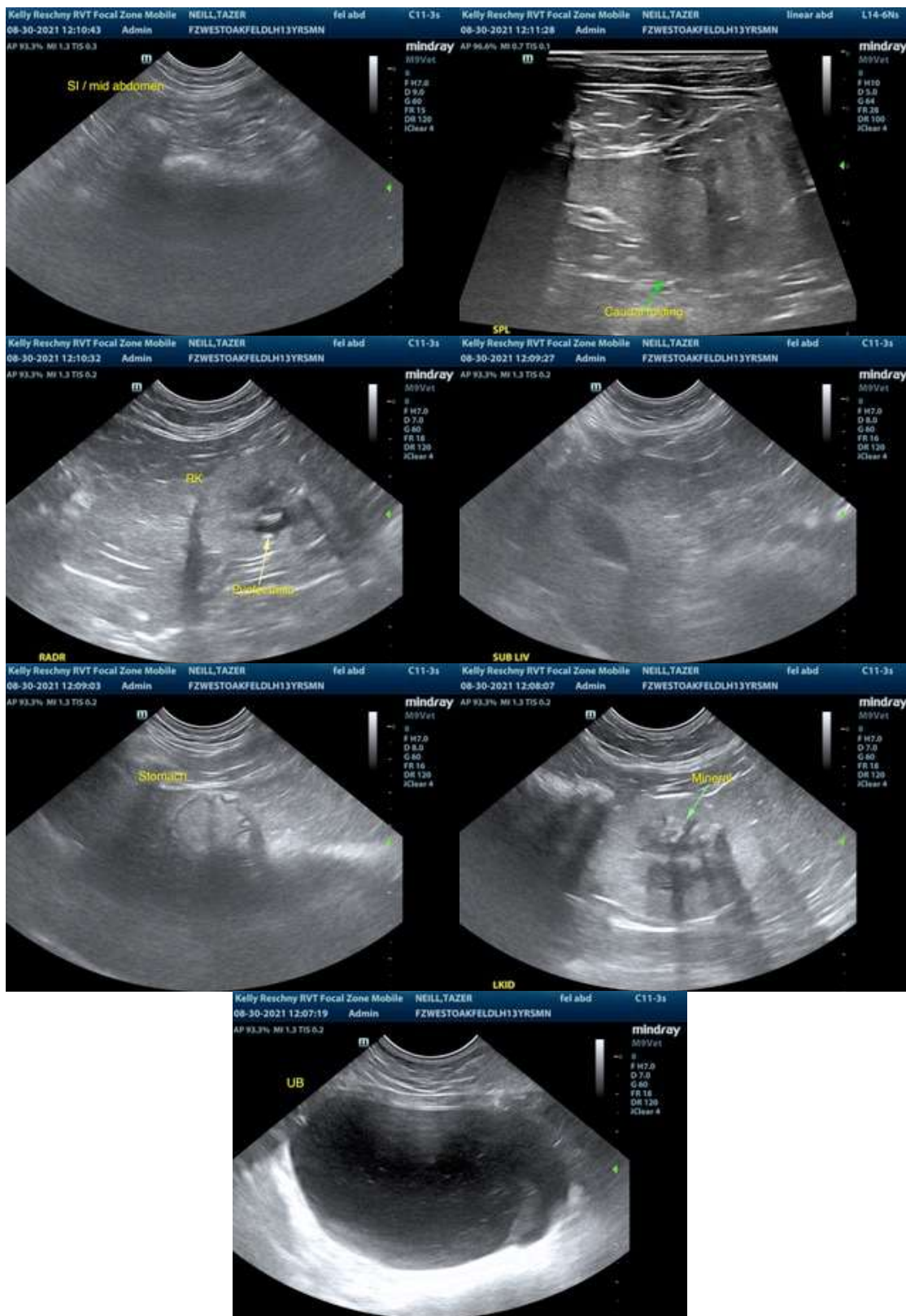
Fisher

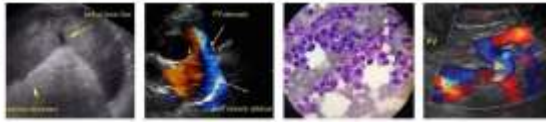
**INVOICE**

47191

**DATE**

8-30-21





**PATIENT**

Tazer Neill

**SPECIES**

Feline

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.

**BREED**

DLH

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.

**SEX**

MN

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)

**AGE**

13 Years

**WEIGHT**

17 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Westoak Animal  
Hospital

**REFERRING VET**

Fisher

**INVOICE**

47191

**DATE**

8-30-21