



PATIENT

Sweetie Schulz

PRESENTING CLINICAL SIGNS

History: Earlier this month during routine PE a heart murmur was noted; grd III/VI. eating less. No vomiting - possibly diarrhea/soft stools not sure if it was her. Lethargic U/A not performed.
Medications: Solensia Q monthly

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Thin, borderline dehydration, heart murmur Bloodwork revealed a stress hyperglycemia, stress lymphopenia and a mild hypokalemia with a normal TT4. Borderline USG (1.028) with hematuria (sampling suspected) and a mild glucosuria

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

18

Normal size and 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral dystrophic medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

3.48kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.88 length x 0.45 cm caudal pole width. The right adrenal gland was mildly prominent in size exhibiting nonhomogeneous indistinct nodular parenchyma and asymmetrical contour measuring 1.2 cm in length x 0.51 caudal pole width.

Spleen

IMAGING PERFORMED BY

Dr. Westcott

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. The spleen measured 0.68 cm in width at the level of the hilus.

HOSPITAL NAME

Dr. Westcott

Liver

REFERRING VET

Dr. Westcott

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.

INVOICE

11299ag

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic debris. Potential for bilobed gallbladder possible yet not definitive which is a normal variant in a cat. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.25 cm in width.

DATE

08/08/2022



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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. The gastric body wall measured 0.25 cm in width.

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The small intestine presented intact yet mild prominent wall layering owing to a propensity for prominent muscularis layer yet without evidence of significant mural hypertrophy or loss of intestinal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.23 cm in width. The ileocolic wall measured 0.26 cm in width.

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

SEX

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Pancreas

The left limb of the pancreas exhibited mildly prominent size with mild nonhomogeneous hypoechoic parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

3.48kg

Focal to intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). A lymph node measured 0.39 cm diameter.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Intact yet mild prominent small intestine walls
- Prominent to mildly hypoechoic left pancreas
- Mild irregular right adrenal gland
- Non obstructive proximal common bile duct dilation
- Bilateral chronic renal changes
- Minor urinary bladder sediment

IMAGING PERFORMED BY

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant the small intestine exhibited subtle mural changes which may suggest underlying inflammatory enteropathy/IBD. Potential for low grade chronic to chronic active pancreatitis possible and may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Age related adrenal change is suspected without evidence of neoplastic criteria however continued monitoring of potassium level is suggested with potential sonographic reassessment of the adrenal glands if persistent/progressive hypokalemia.

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The proximal CBD finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction were present.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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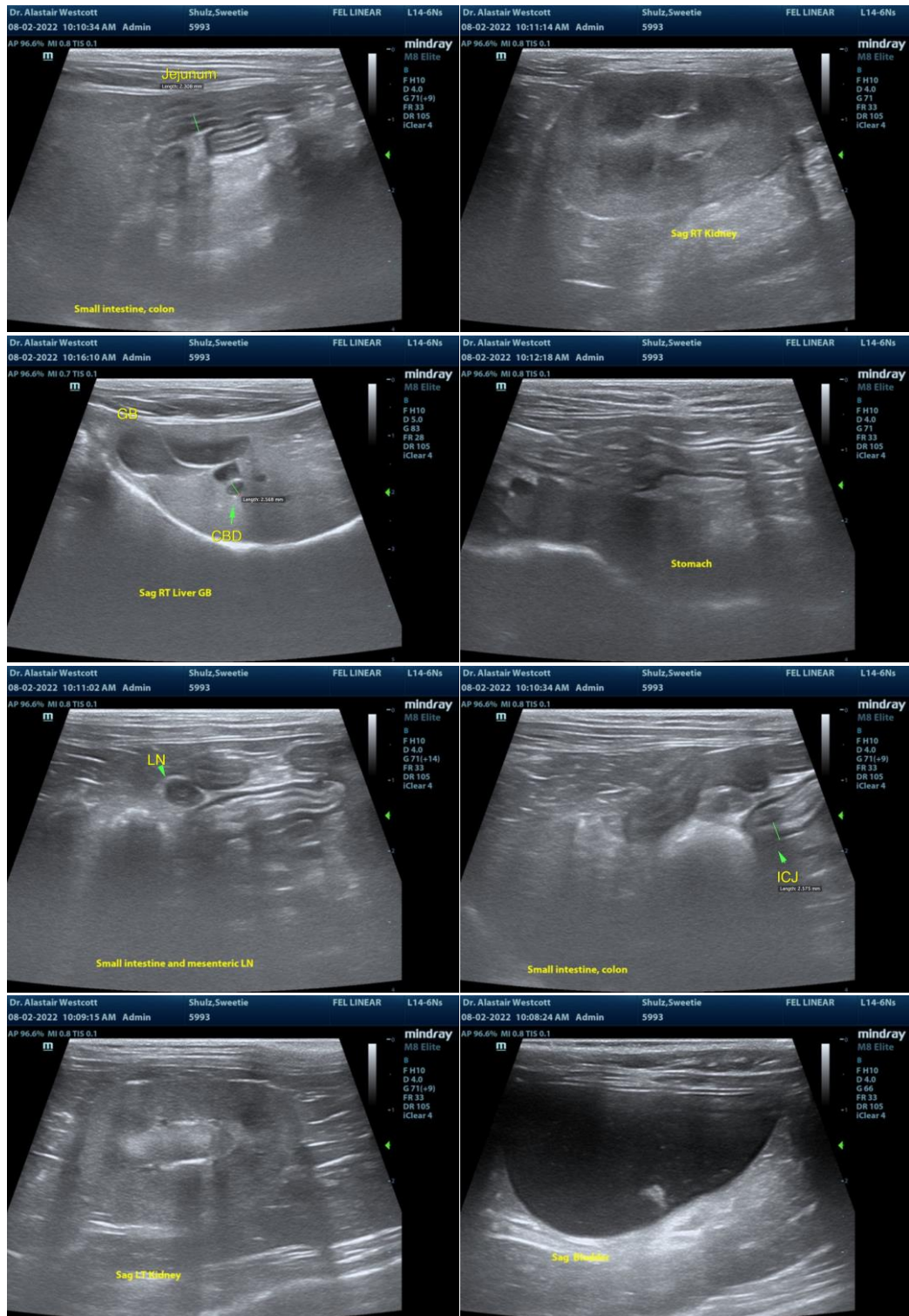
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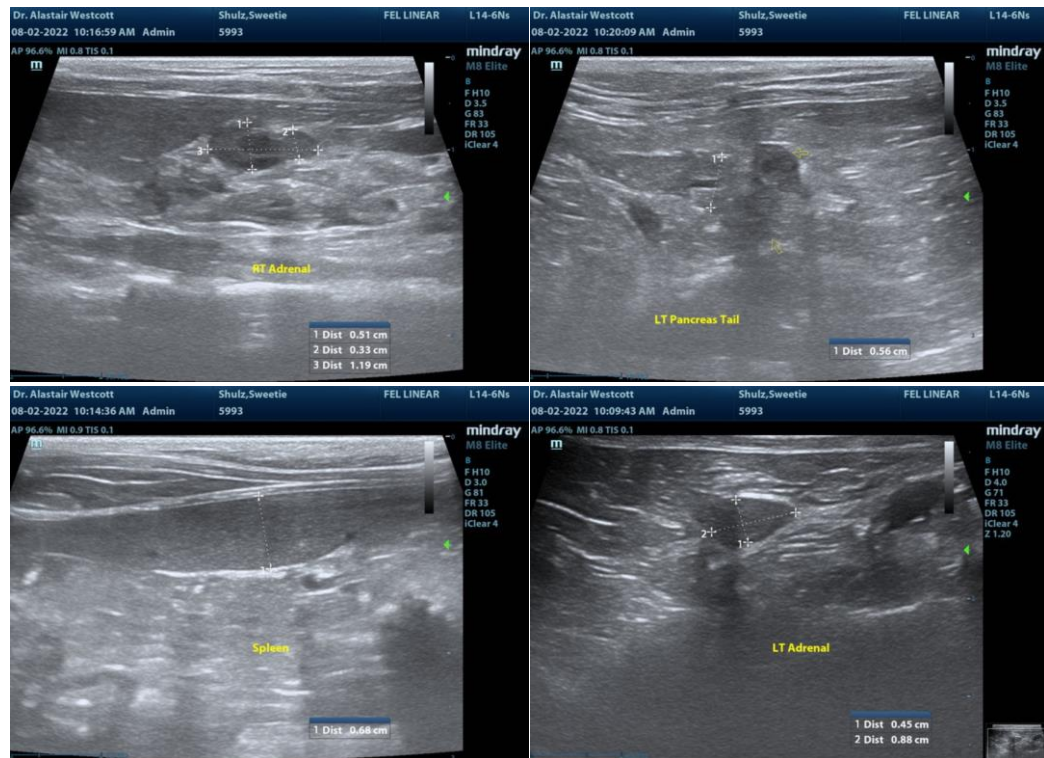
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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