



PATIENT

Monya Spencer

PRESENTING CLINICAL SIGNS

In and out the litter box and urinating small amount for a week , episode of coughing and sneezing a week ago. Last PE was over a year.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE - oligodontia , mydriatic OU , negative menace + PLR , alopecia dorsal tail base , pollakiuria/ hematuria , small soft urinary bladder. CBC/ Chem / T4 - unremarkable

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and contour. Generalized mild to variably prominent homogenous urinary bladder wall was present. The urinary bladder wall measured 0.36 cm. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment.

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild to moderate loss of corticomedullary was present. Pinpoint areas of medullary mineral were present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.1 cm in length.

AGE

16yr

WEIGHT

11.9lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Lara Cabugawan

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

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.

INVOICE

14530ag

DATE

08/08/2023



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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.

SPECIES

Pancreas

Feline

The left pancreatic limb was normal in size and contour with mild uniform hypoechoic parenchyma compared to the adjacent omental fat.

BREED

Free Abdomen

DSH

No omental masses or peritoneal effusion was present.

SEX

MN

Solitary to intermittent regional ventral abdominal enlarged lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.4 cm x 0.54 cm.

AGE

16yr

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern.
- Moderate chronic renal changes.
- Mildly hypoechoic left pancreas.
- Intermittent non-specific benign mesenteric lymphadenopathy.

WEIGHT

11.9lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. Suspect idiopathic/interstitial cystitis. Less likely to minor potential for emerging urinary bladder neoplasia.

IMAGING PERFORMED BY

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Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. Correlation with a spec fPL may be considered if clinically indicated. Suspect incidental mesenteric lymphatic hyperplasia or possible minor reactive lymphadenitis.

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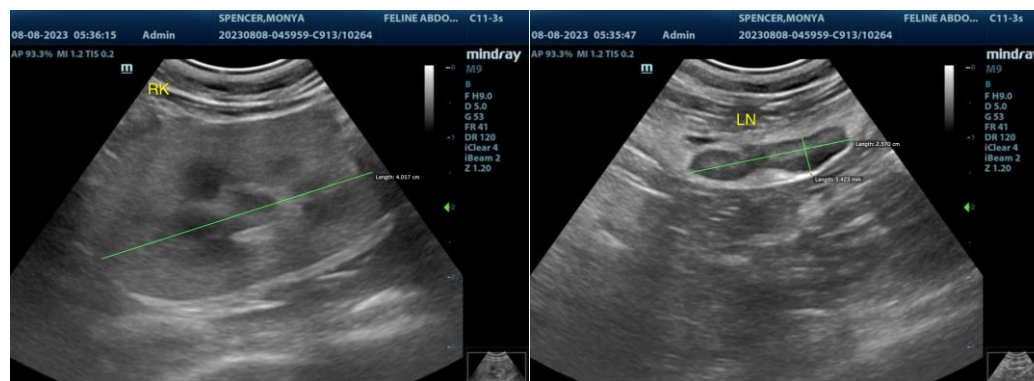
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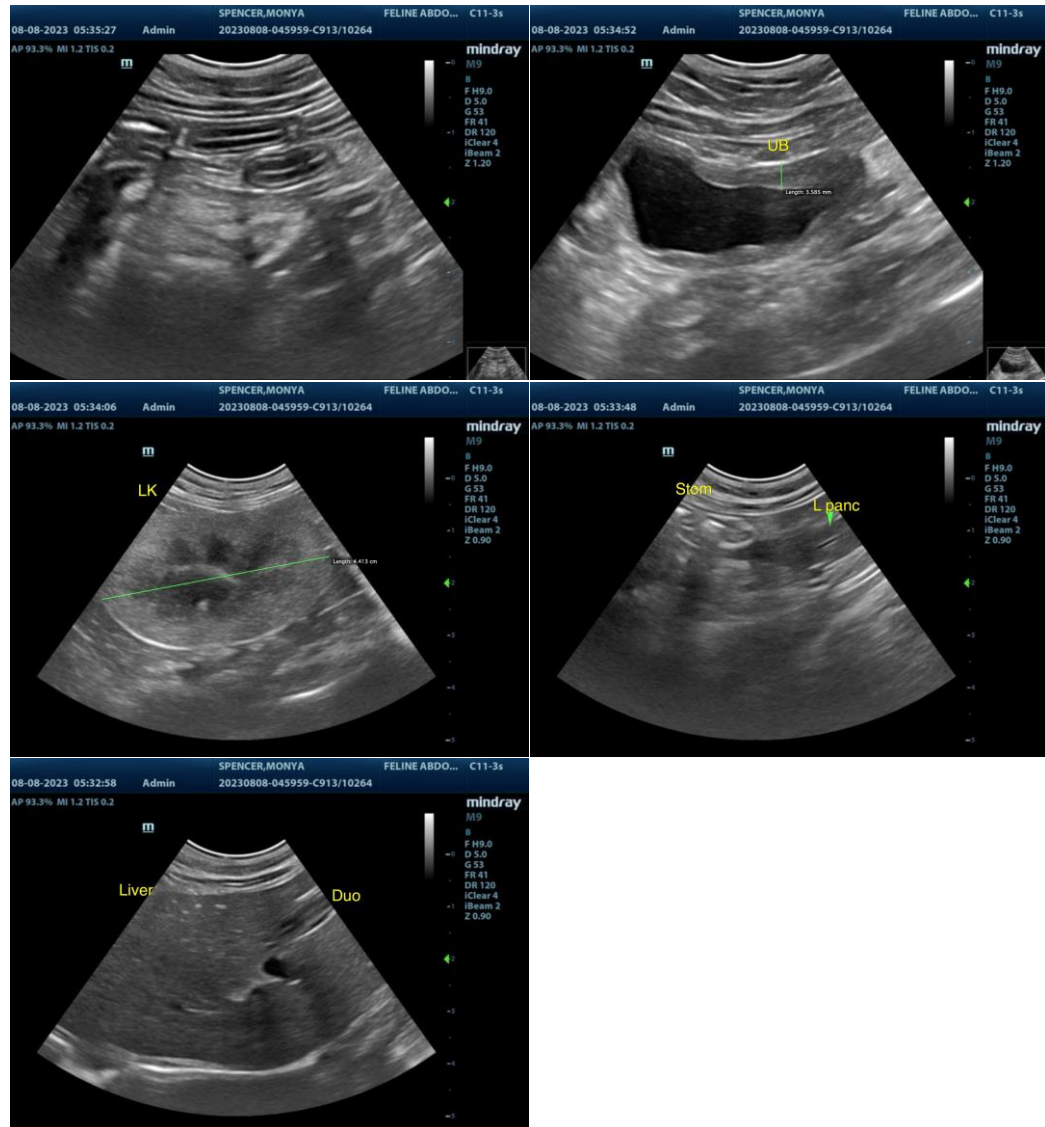
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com