



PATIENT

Freyja Gingras

SPECIES

Feline

BREED

DSH

SEX

Female Spay

AGE

12

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight AH

REFERRING VET

Dr. Gavin

INVOICE

14541

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Restless and anorexic very fractious . Short term GA for scan
Abnormal PE/Chem/CBC/UA Results: Mild anemia and low USG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic fluid was present in the urinary bladder. Full evaluation of the urinary bladder walls was prohibited owing to lack of urine distention. No obvious evidence of urinary bladder mural pathology was noted. No sediment or calculi were noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size compared to the right and normal feline renal size, measuring 2.2 cm in length. Marked loss of corticomedullary border demarcation was present with asymmetrical renal margination. Evidence of left kidney cortical Infarction was present. Minor proximal left ureter dilation was present without evidence of ureteral obstruction.

Normal size and mild asymmetrical renal margination were present in the right kidney with potential for cortical microinfarction. 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 right kidney measured 4.0 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 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. 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. The spleen measured 0.93 cm width at the level of the hilus.

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. 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.



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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 gastric body wall width measured 0.23 cm.

The small intestine presented intact yet generalized prominent wall layering owing to generalized propensity for prominent muscularis layer. No evidence of intestinal masses or loss of intestinal wall layering was noted. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.32 cm width. The ileocolic wall measured 0.46 cm width.

Normal visible colon wall layers were present with subjective formed fecal matter in lumen.

Pancreas

The pancreas was normal in size with areas of capsule asymmetry exhibiting generalized heterogeneous to mildly hypoechoic left pancreatic parenchyma.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Left kidney chronic degenerative changes with subnormal size and cortical infarcts
- Right kidney mild chronic renal changes with suspect minor cortical infarcts
- Intact yet generalized prominent small bowel walls
- Heterogeneous to hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The small intestine exhibited mild to subtle mural changes which, although potential for patient variant, may suggest inflammatory enteropathy or IBD. However, given the lack of additional GI signs such as diarrhea or weight loss, this finding is nonspecific. Potential for low-grade chronic to chronic active pancreatitis is also possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as assessment for evidence of cranial abdominal or subxiphoid discomfort in palpation in the area of the pancreas.

Full CBC/Chemistry Panel, urinalysis and T4 level are suggested if not recently done.



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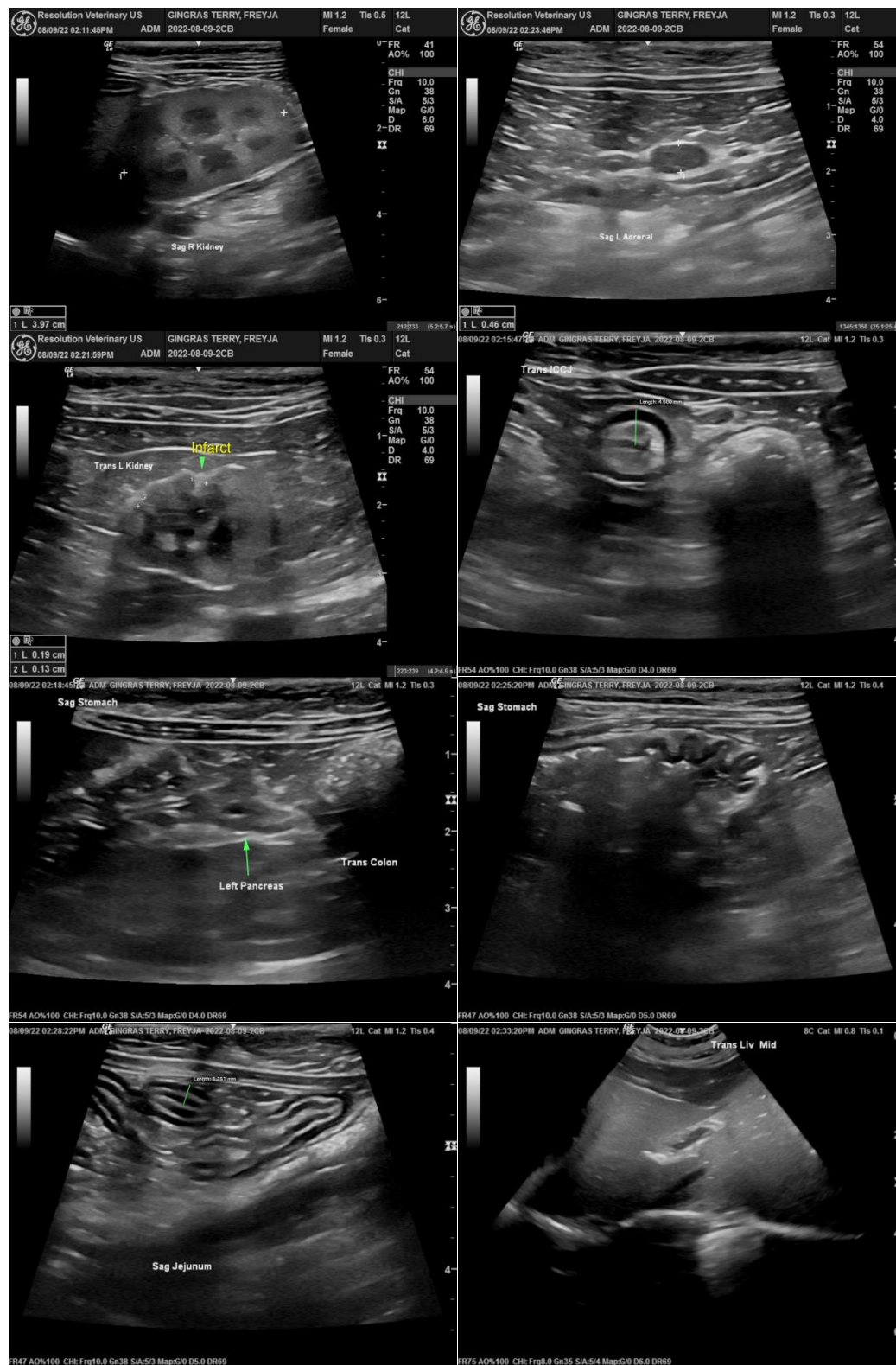
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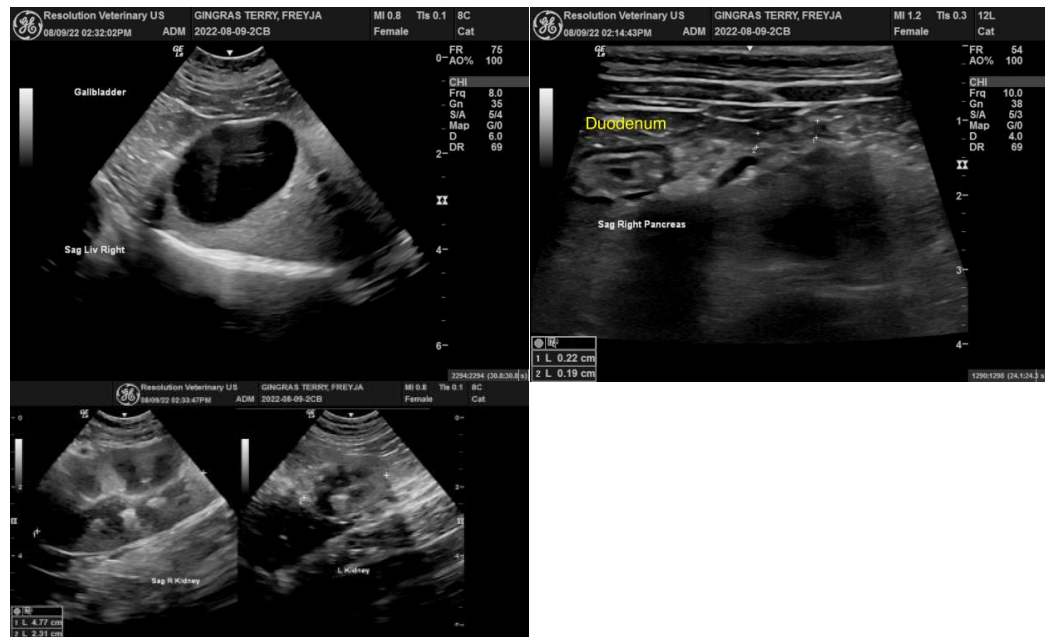
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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