



PATIENT

Ruby Hime

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

17 years

WEIGHT

6.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. McDonald

INVOICE

14530

DATE

8/9/22

PRESENTING CLINICAL SIGNS

ADR, Dehydrated, Chem/T4: Thyroid is normal, CBC: Marked anemia, PCV 21% (was 27% in June 2022), appears non-reg. Mod leukocytosis - PMN 18K - stress? Underlying infection?

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.43 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the caudal pole.

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 no evidence of splenic inflammatory or neoplastic criteria. The spleen measured 0.63 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Mild decreased parenchyma echogenicity with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Mild loss of portal vascular distinction was noted. No hepatic masses, nodules, or cysts were noted. The gallbladder was non-distended in size containing anechoic content with mild particulate luminal debris. The gallbladder walls were mildly prominent to mildly hyperechoic in appearance. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Very minor retained anechoic fluid was present in the gastric lumen with no evidence of obstruction or foreign material. The gastric body wall width measured 0.25 cm.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with no evidence of loss of intestinal wall layering or neoplastic criteria. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.32 cm width.

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

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Pancreas

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The pancreas exhibited overall normal size with areas of capsule asymmetry and nonhomogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Intermittent, mildly prominent nonhomogeneous to indistinctly nodular mesenteric lymph nodes were present. The mesenteric lymph nodes appeared to exhibit normal width: length ratio (<0.5). An example measured 1.6 cm x 0.7 cm. No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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- Nonspecific moderate chronic renal changes
- Mildly prominent to heterogeneous pancreas - age-related pancreatic changes, potential for mild chronic to chronic active pancreatitis possible
- Hepatic parenchymal remodeling exhibiting subjective mild parenchyma hypoechogenicity
- Mildly prominent to hyperechoic gallbladder walls, minor gallbladder debris - possible mild cholecystitis
- Overtly normal gastrointestinal tract
- Intermittent nonhomogeneous to nodular mesenteric lymph nodes - nonspecific, benign hyperplasia with potential for minor reactive lymphadenitis, neoplastic lymphadenopathy considered less likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade acute to acute on chronic hepatopathy i.e., cholangitis / cholangiohepatitis may be possible in light of the hepatobiliary presentation and elevated AST.

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Mild chronic to chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL, or if evidence of weight loss or gastrointestinal signs, a full GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult small intestinal disease and/or Triad Disease is suggested.

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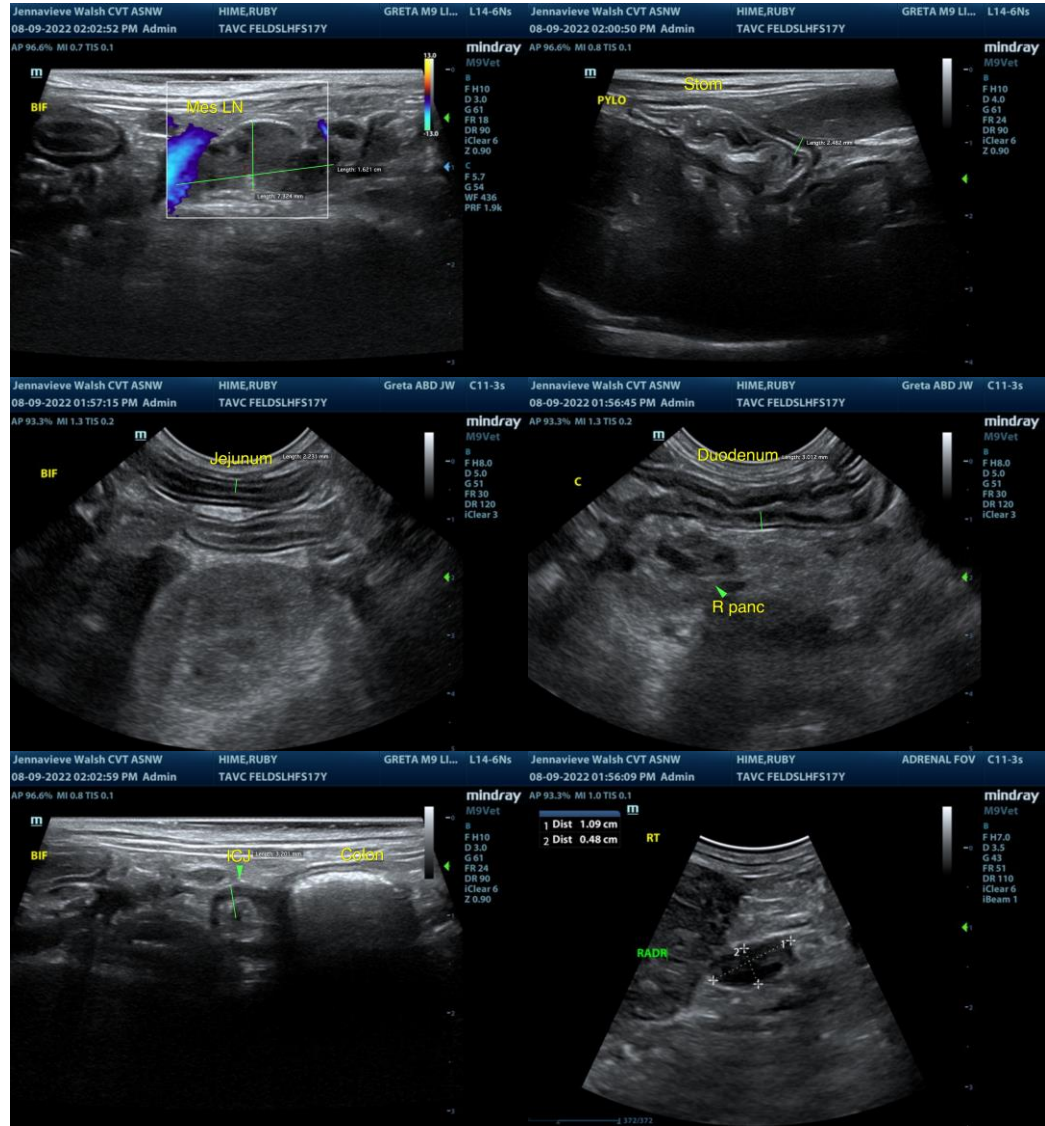
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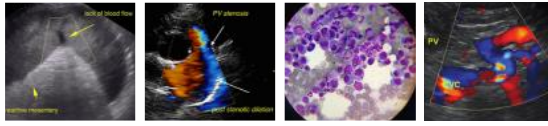
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Overall, no sonographic evidence of obvious neoplastic or infectious intraabdominal criteria was noted. CBC pathology review +/- recheck retroviral status is warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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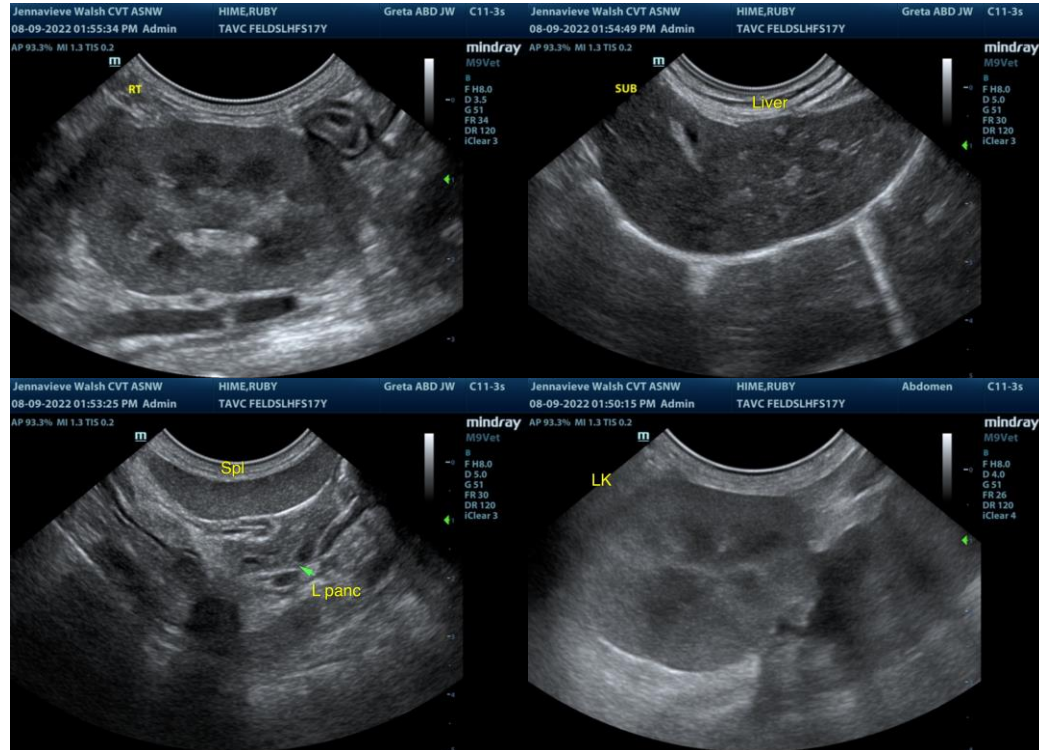
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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