



PATIENT PRESENTING CLINICAL SIGNS

Mountain Yardley History: lethargic, weight loss, very dull, vomiting daily

SPECIES ABNORMAL Laboratory Findings IDEXX SDMA a 16 Creatinine 1.1mg/dL BUN 51 mg/dL Phosphorus 6.9mg/dL TCO2 (Bicarbonate) 30 mmol/L Current Medications cerenia

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

12.44 Pounds

Both kidneys were normal in size with maintained symmetrical renal margination and 1:3 cortex to medulla ratio. Normal medullary volume was noted. Mild indistinct left and right corticomedullary border demarcation was noted. Discrete pinpoint hyperechoic cortical and medullary foci were noted, which may indicate pinpoint areas of corticomedullary microinfarction, fibrosis or emerging mineralization. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape, measuring 0.33 cm.

No overt pathology in the area of the right adrenal gland.

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

Sara Hansen

Liver

HOSPITAL NAME

Alpine AH

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.

REFERRING VET

Dr. Mills

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

23855

Gastrointestinal

The stomach presented overtly normal wall layering. The lumen of the stomach contained a moderate amount of variably echogenic nonshadowing ingesta and mild lumen gas. No evidence of mechanical pyloric outflow obstruction.

DATE

8/9/23

The small intestine presented generalized intact wall layering with maintained normal wall layer detail. The generalized intestine contained hyperechoic mildly shadowing ingesta and lumen gas, along with



PATIENT	concurrent segments of empty small intestine. Within a mid to caudal abdominal intestinal loop, a small strongly shadowing nonobstructive echo was visualized, measuring approximately 0.8 cm in diameter.
Mountain Yardley	
SPECIES	
Feline	Strongly shadowing ingesta or fecal matter was present in the cranial abdomen, consistent with probable colon location, caudal to the stomach. The colon wall was overtly normal.
BREED	
DSH	Pancreas The pancreas exhibited mild prominent size with mild capsule asymmetry. Nonhomogenous, mildly hypoechoic parenchyma was noted with left limb pancreatic duct dilation.
SEX	
Neutered Male	Free Abdomen No evidence of significant omental lymphadenopathy. No omental masses or peritoneal effusion.
AGE	
1.5 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Normal renal size/margination with mild indistinct corticomedullary border demarcation-nonspecific. • Structurally normal gastrointestinal tract with gastric and segmental intestinal ingesta, focal small shadowing nonobstructive intestinal echo. • Probable, strongly shadowing echo/fecal matter proximal to transverse colon. • Left limb chronic active pancreatitis pattern. • Mild gallbladder sediment
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Although not definitive, concern for passing or passed nonobstructive foreign material within the proximal to transverse colon and focally within the small intestine, without overt evidence of obstructive pattern, yet with possible concurrent gastric or intestinal ileus. Correlation with most recent meal ingestion is recommended. Concurrent or primary intestinal disease given the gastrointestinal signs and weight loss is certainly possible.
Sara Hansen	
HOSPITAL NAME	Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs to assess for nonstructural intestinal disease and occult intrathoracic pathology as a contributing factor. Full urinary work up to include urinalysis, screening culture and sensitivity, and baseline UPC level, if clinically indicated, is suggested. Hospitalization with 24hr IV fluid protocol with as needed gastrointestinal support and sonographic reassessment of the gastrointestinal tract following documented 12hr NPO would be reasonable.
Alpine AH	
REFERRING VET	
Dr. Mills	
INVOICE	
23855	Although rare in cats, and pending additional clinical assessment/diagnostics, Addisons disease may be a potential unlikely differential diagnosis given the mild azotemia without evidence of significant renal pathology and vague clinical signs.
DATE	
8/9/23	



PATIENT

Mountain Yardley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

12.44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine AH

REFERRING VET

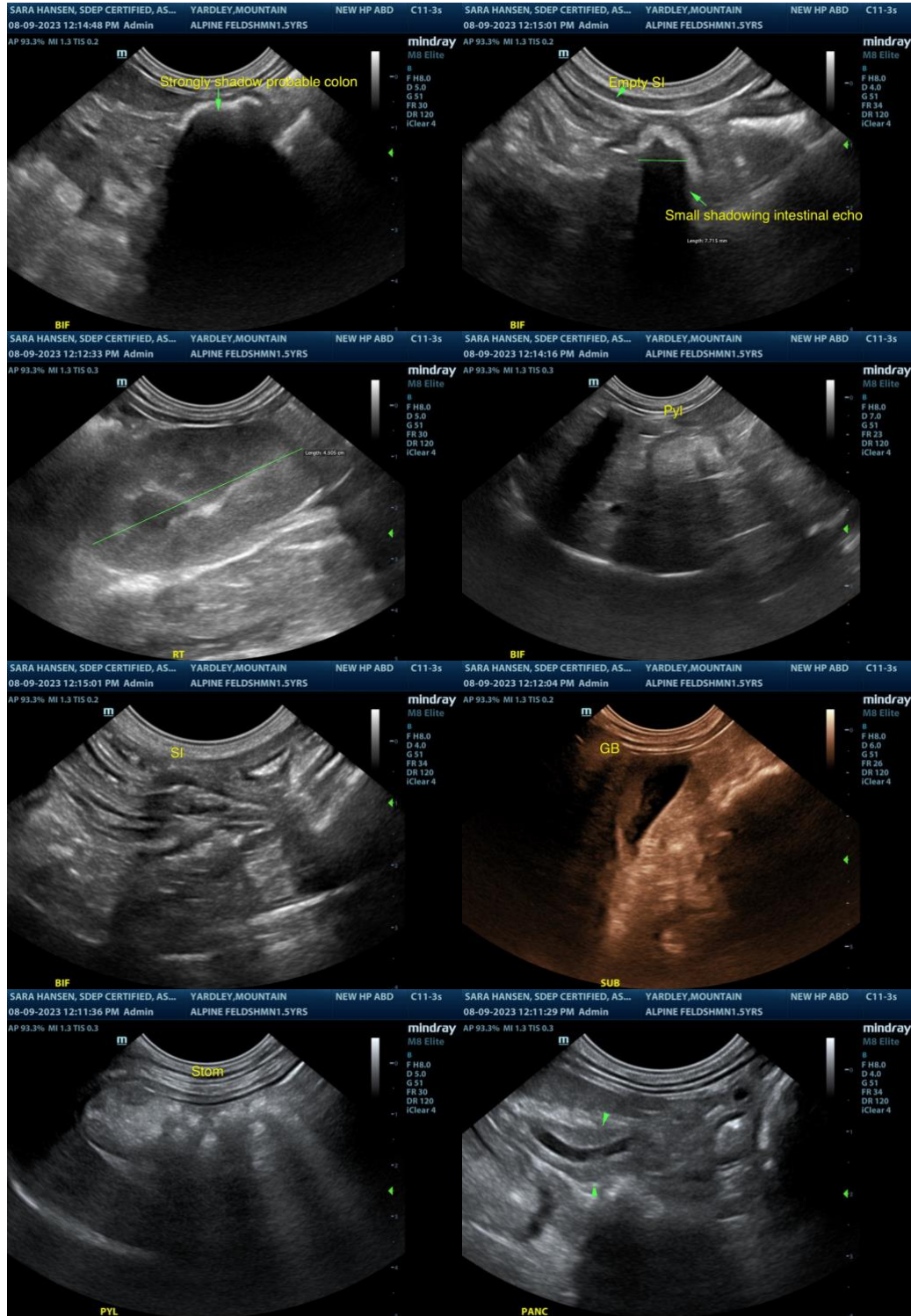
Dr. Mills

INVOICE

23855

DATE

8/9/23





PATIENT

Mountain Yardley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

12.44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine AH

REFERRING VET

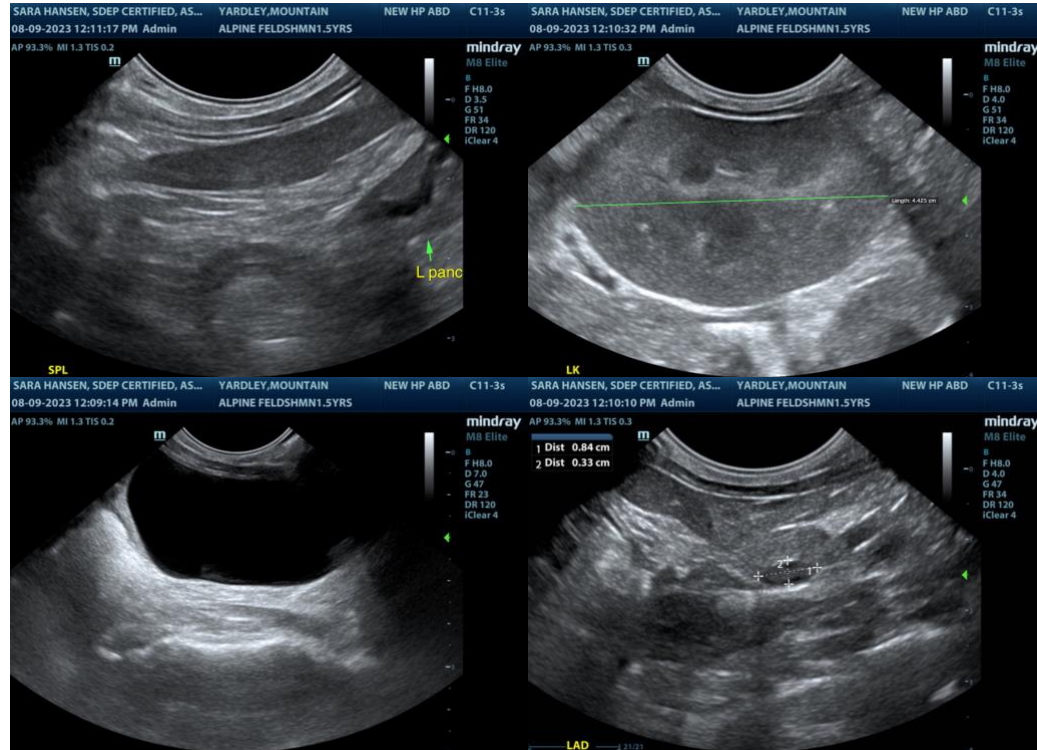
Dr. Mills

INVOICE

23855

DATE

8/9/23



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.

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