



PATIENT	PRESENTING CLINICAL SIGNS
Angel Pitt	FeLV pos indoor only chronic occasional wheezing chronic eye discharge, will go away on its own not usually a vomiter/hairball but last month or so has v a few times/week clear fluid e/d fine, no d o would like senior bw p growled/hissed when palpated, needed cat bag for nail trim, blood draw
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: 759999 - TOTAL HEALTH PLUS 1113 - CHEM 27 w/ SDMA GLUCOSE 83 72 - 175 mg/dL SDMA 14 0 - 14 ug/dL SDMA is within the reference interval and creatinine is increased: can be due to artifact (hemolysis), fluctuations around the upper reference interval in well managed and stable kidney disease, post-prandial effects, or heavily muscled animals. Results will likely align with trended testing. Recommended next step: evaluation of other renal function tests and complete urinalysis. CREATININE 2.7 0.9 - 2.3 mg/dL HIGH BUN 38 16 - 37 mg/dL HIGH BUN/CREATININE RATIO 14.1 PHOSPHORUS 5.5 2.9 - 6.3 mg/dL CALCIUM 9.3 8.2 - 11.2 mg/dL SODIUM 149 147 - 157 mmol/L POTASSIUM 4.7 3.7 - 5.2 mmol/L CHLORIDE 112 114 - 126 mmol/L LOW NA/K RATIO 32 29 - 42 TCO2 (BICARBONATE) 22 12 - 22 mmol/L ANION GAP 20 12 - 25 mmol/L TOTAL PROTEIN 7.9 6.3 - 8.8 g/dL ALBUMIN 2.7 2.6 - 3.9 g/dL GLOBULIN 5.2 3.0 - 5.9 g/dL ALB/GLOB RATIO 0.5 0.5 - 1.2 ALT 91 27 - 158 U/L AST 43 16 - 67 U/L ALP 19 12 - 59 U/L GGT 2 0 - 6 U/L TOTAL BILIRUBIN 0.1 0.0 - 0.3 mg/dL BILIRUBIN UNCONJUGATED 0.0 0.0 - 0.2 mg/dL BILIRUBIN CONJUGATED <0.1 0.0 - 0.2 mg/dL CHOLESTEROL 152 91 - 305 mg/dL AMYLASE 1534 623 - 2239 U/L LIPASE 15 0 - 45 U/L Please note: the canine and feline reference intervals for lipase have been updated effective May 26, 2020 to reflect current IDEXX testing. CREATINE KINASE 76 64 - 440 U/L HEMOLYSIS INDEX N Index of N, 1+, 2+ exhibits no significant effect on chemistry values. LIPEMIA INDEX 1+ Index of N, 1+, 2+ exhibits no significant effect on chemistry values. 804 - T4 T4 2.4 0.8 - 4.7 ug/dL Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Older cats with consistent clinical signs and high normal (2.3-4.7) T4 may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be further assessed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment for hyperthyroidism, T4 results will generally fall within the lower end of the reference interval. However, high normal T4 may be appropriate if concurrent kidney disease is present. 375 - IDEXX CBC WBC 11.7 3.9 - 19.0 K/uL RBC 8.54 7.12 - 11.46 M/uL HGB 14.4 10.3 - 16.2 g/dL HCT 41.6 28.2 - 52.7 % MCV 49 39 - 56 fL MCH 16.9 12.6 - 16.5 pg HIGH MCHC 34.6 28.5 - 37.8 g/dL % RETICULOCYTE 0.1 % RETICULOCYTE 9 3 - 50 K/uL RETIC HGB 18.3 13.2 - 20.8 pg % NEUTROPHIL 37.1 % % LYMPHOCYTE 59.9 % % MONOCYTE 2.7 % % EOSINOPHIL 0.1 % % BASOPHIL 0.2 % PLATELET ADEQUATE 155 - 641 K/uL PLATELET COMMENTS Scanning of the blood film revealed adequate platelet numbers. Due to clumping, the automated platelet number cannot be accurately determined. REMARKS Slide reviewed microscopically. NEUTROPHIL 4341 2620 - 15170 /uL LYMPHOCYTE 7008 850 - 5850 /uL HIGH MONOCYTE 316 40 - 530 /uL EOSINOPHIL 12 90 - 2180 /uL LOW BASOPHIL 23 0 - 100 /uL AUTOMATED CBC
BREED	
DLH	
SEX	
Spayed Female	
AGE	
10 years	
WEIGHT	
10.25	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jenna Walsh	
HOSPITAL NAME	
Oregon Mobile Pet Care	
REFERRING VET	
Dr. Wendy Koppel	
INVOICE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
12142	Urinary System
DATE	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The
9/1/21	



PATIENT	ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Angel Pitt	The area of the aortic trifurcation was free of pathology.
SPECIES	
Feline	Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the area of the left kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.
BREED	
DLH	
SEX	Adrenal Glands
Spayed Female	The left adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The left adrenal gland measured 0.30 cm. The right adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The right adrenal gland measured 0.55 cm.
AGE	Spleen
10 years	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 0.72 cm in width.
WEIGHT	Liver/ Gallbladder
10.25	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic 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.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Generalized variable moderate gastric wall thickening most notable in the subjective area of the gastric antrum and pylorus with loss of gastric wall detail was present. The thickened gastric walls exhibited decreased echogenicity and mild asymmetrical luminal surface contour. Intact thickened wall layering was noted in the area of the gastric fundus and body. Gastric wall width measured 0.64 cm. Pylorus wall width measured 0.72 cm. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material, consistent with suspect metabolic or paralytic gastric stasis.
IMAGING PERFORMED BY	
Jenna Walsh	
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12142	
DATE	
9/1/21	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.



PATIENT

Pancreas

Angel Pitt

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SPECIES

Feline

Free Abdomen

BREED

DLH

Several mildly prominent isoechoic to hypoechoic gastric and pancreaticoduodenal lymph nodes were present. Generalized mild perigastric reactive mesentery was noted.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Generalized thickened stomach most notable in the subjective antrum / pylorus with loss of distinct wall detail and associated metabolic / paralytic ileus - strongly suggestive of gastric neoplasia i.e., lymphoma or other, potential for severe gastritis possible
- Associated gastric and pancreaticoduodenal lymphadenopathy - hyperplasia, reactive lymphadenitis, or early metastatic lymphadenopathy possible
- Bilateral chronic renal changes with mild left kidney pyelectasia

AGE

10 years

WEIGHT

10.25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Gastric mural biopsies are required for a definitive diagnosis with potential for oncology consultation and chemotherapeutic intervention if suspected neoplastic process is confirmed. Pending gastric biopsies or if biopsies are not possible, gastroprotectant protocol with potential empirical therapy for helicobacter and as-needed antiemetics would be appropriate. Recheck sonogram is suggested to assess for progressive gastric wall thickening and/or lymphadenopathy.

**IMAGING
PERFORMED BY**

Jenna Walsh

The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

HOSPITAL NAME

Oregon Mobile Pet
Care

REFERRING VET

Dr. Wendy Koppel

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9/1/21





PATIENT

Angel Pitt

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 years

WEIGHT

10.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

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REFERRING VET

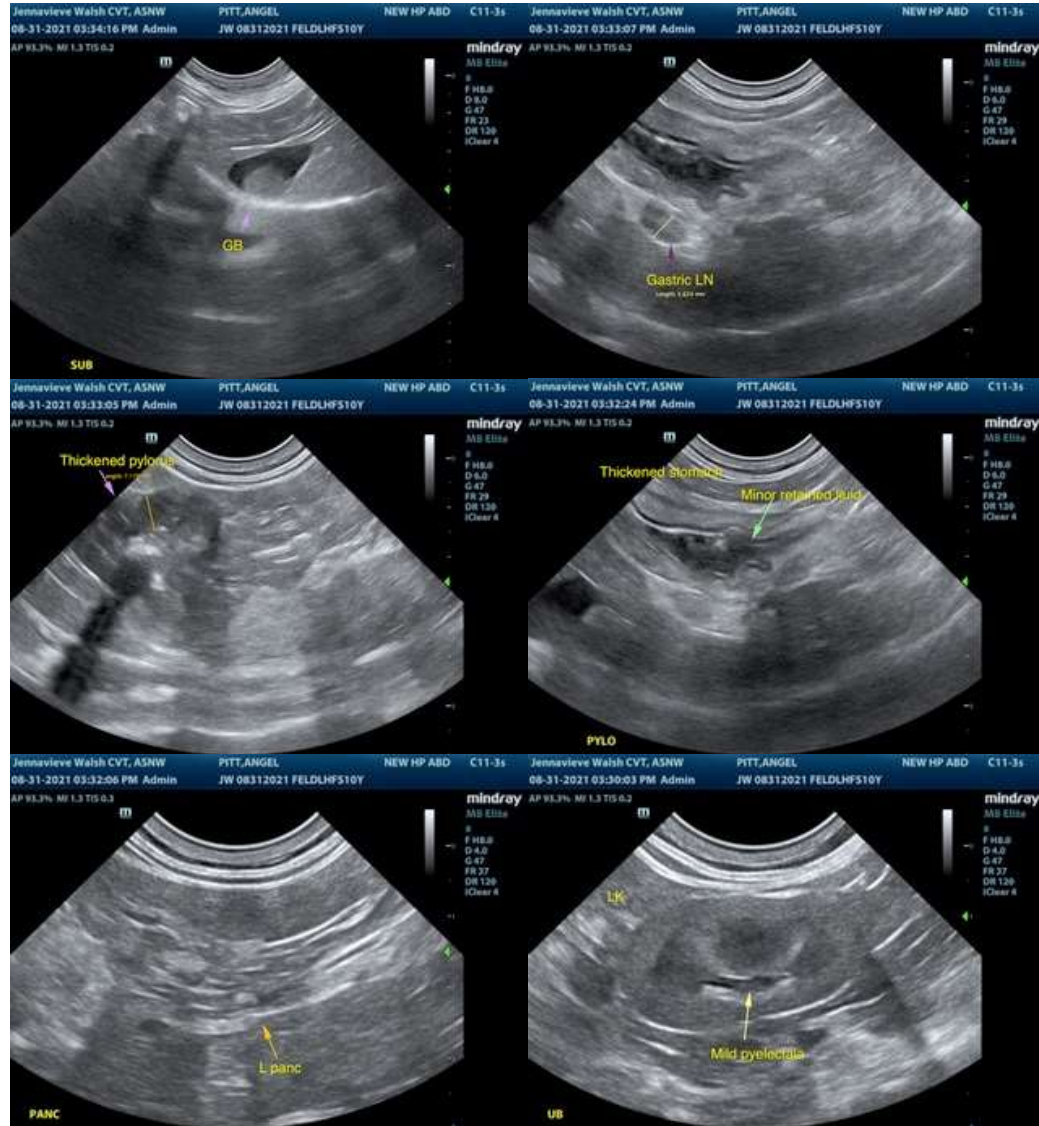
Dr. Wendy Koppel

INVOICE

12142

DATE

9/1/21



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