

**PATIENT**

Vlad Marquez

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

9.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

12245

DATE

9/15/21

PRESENTING CLINICAL SIGNS

Not eating, weak, hiding, drinking a lot of water Lost 2lbs in about a week, both companion cats in house were euthanized

Abnormal PE/Chem/CBC/UA Results: Dehydrated, icteric serum TP 9.2, Glob6.2, TBIL 1.5, WBC 80.94, Neu 77.39 Peripheral blood smear path report: Marked leukocytosis, moderate to marked Neutrophilia, Moderate to marked left shift and toxic changes, Mild lymphopenia, antigenic stimulation. Leukogram consistent with marked active inflammation.

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. Primarily anechoic urine was present in the lumen. Mild, particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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.

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 overall size with subjective mild prominent gallbladder walls and anechoic content without evidence of sediment or calculi. The common bile duct exhibited mid to proximal variable dilation potentially extending caudally towards the duodenum. The common bile duct dilation measured up to 0.51 cm. Anechoic content was present in the common bile duct without evidence of mucoduct or calculi.

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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 0.25 cm.

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. The jejunum wall width measured 0.21 cm. The duodenum wall width measured 0.22 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of intraabdominal lymphadenopathy, effusion or masses was present.

Transdiaphragmatic view of the caudal thorax revealed pleural effusion.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Suspect potential mild cholecystitis / cholangitis
- Mild age-related kidneys
- Pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of gallbladder distention, potential for emerging post hepatic obstruction is considered less likely, yet cannot be definitively ruled out. Continued monitoring of total bilirubin levels and for evidence of increasing cholestasis is warranted. Aside from the nonspecific common bile duct distention, no overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs and CBC abnormalities.

Pleurocentesis for effusion analysis cytology +/- C/S if evidence of Inflammatory cells is recommended. Correlation with three view chest radiographs and / or thoracic sonogram and echocardiogram is recommended.



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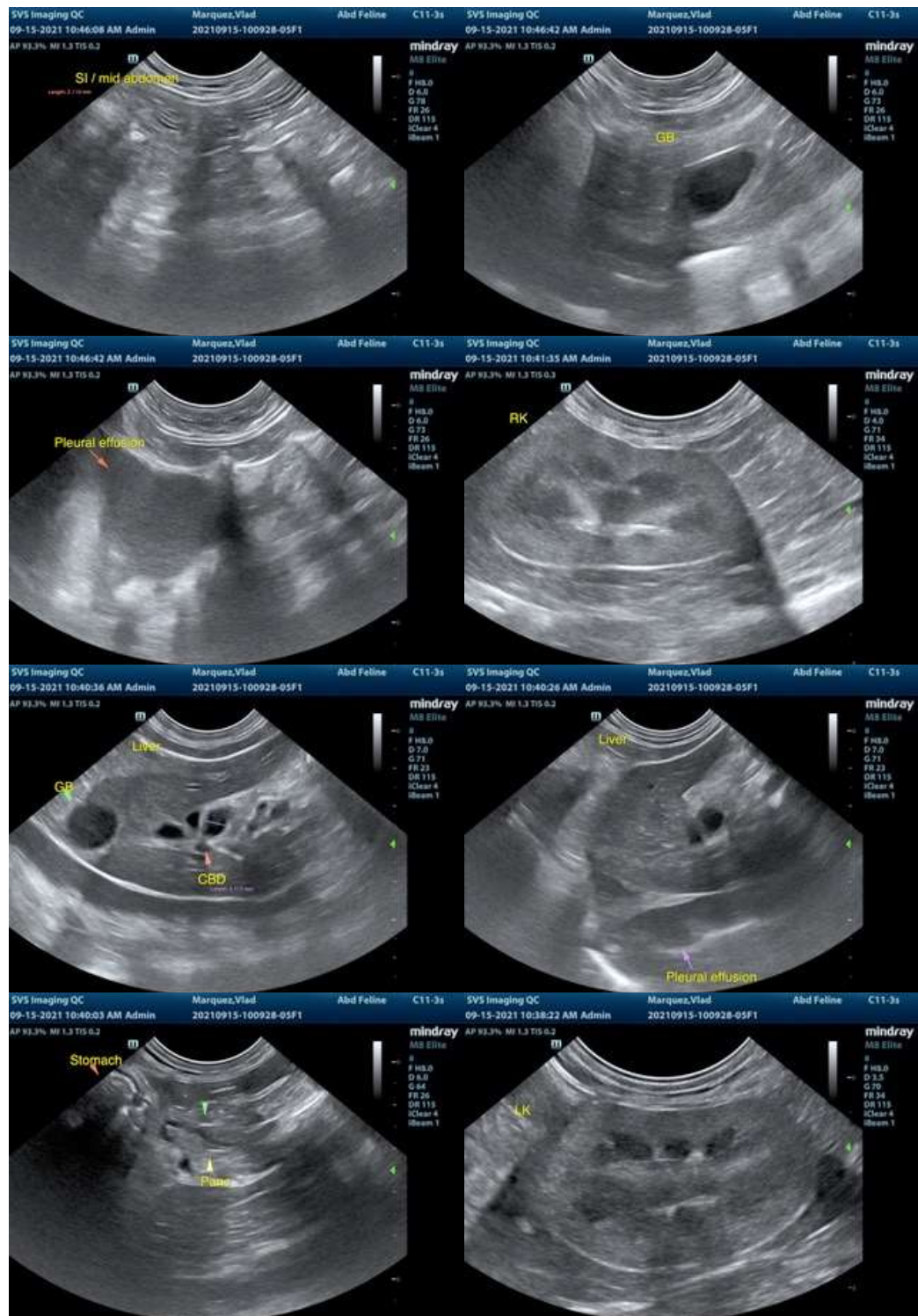
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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