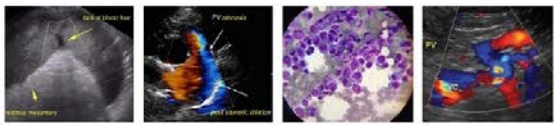
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tar Kovacevich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

25144

DATE

9/2/21

PRESENTING CLINICAL SIGNS

Vomiting(with lots of blood on Aug 22nd), weight loss. Previous ultrasounds done Oct 2020 and Jan 2021. Currently on Amlodipine, Baytril and Cerenia, just finishing Sulcrate.
Abnormal PE/Chem/CBC/UA Results: RBCs 6.9(7.1-11.5) Spec FPL 46.9(0-3.5). Urine specific grav - 1.016

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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.5 cm. The left kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt evidence of pathology. The right adrenal gland subjectively measured at 0.56 cm. The left adrenal gland measured 0.37 cm in 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 1.0 cm in width.

Liver

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.

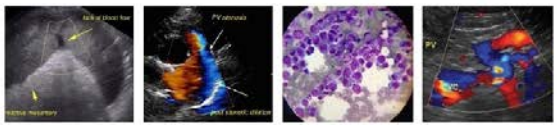
Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate echogenic to shadowing ingesta extending into the area of the pylorus without overt evidence of obstruction to pyloric outflow. Gastric body wall measured 0.26 cm. Pylorus wall measured 0.30 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic, non-shadowing digesta/chyme present. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.25 cm.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tar Kovacevich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

25144

DATE

9/2/21

Pancreas

The left pancreatic limb exhibited normal size and contour with mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum. A uniform, mildly hypoechoic nodular lesion in the area of the left pancreatic limb was present, measuring approximately 2.0 cm in diameter.

Free Abdomen

No evidence of significant lymphadenopathy. No evidence of peritoneal effusion. The omentum was of uniform echogenicity.

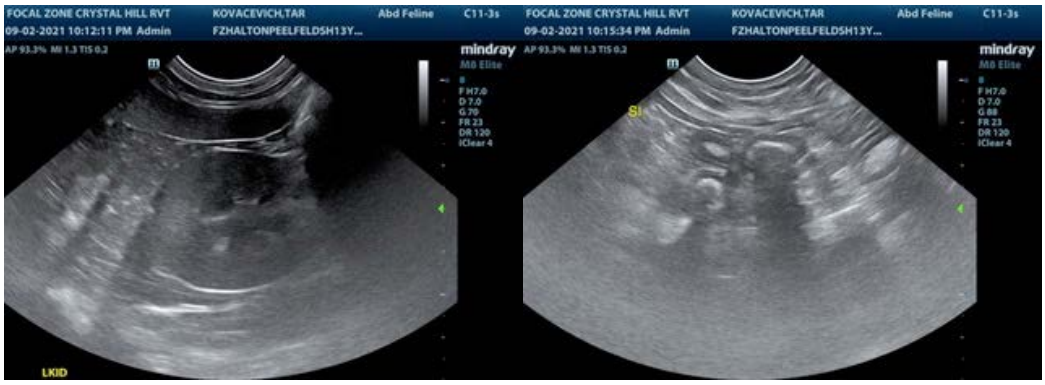
ULTRASONOGRAPHIC FINDINGS

- Static chronic renal changes
- Mildly hypoechoic pancreas with potential left pancreatic nodular lesion
- Echogenic to shadowing gastric ingesta – retained food versus possible hair, fabric or similar material.
- Sonographically unremarkable small bowel with segmental digesta/chyme

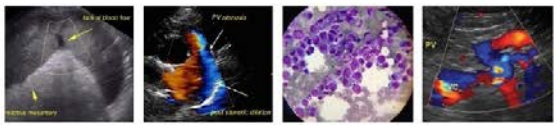
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential left pancreatic limb nodule was not overtly suggestive of neoplastic criteria with nodular hyperplasia possible. Additional considerations may include focal peripancreatic omental lymphadenopathy or less likely non-specific splenic nodule. Sonographic monitoring of this nodule for evidence of progression is recommended.

Concurrently, either radiographic or sonographic monitoring for evidence of normal gastric emptying recommended. Hair ball therapy is suggested if clinically indicated. As-needed gastroprotectants suggested. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tar Kovacevich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Halton Peel AH

REFERRING VET

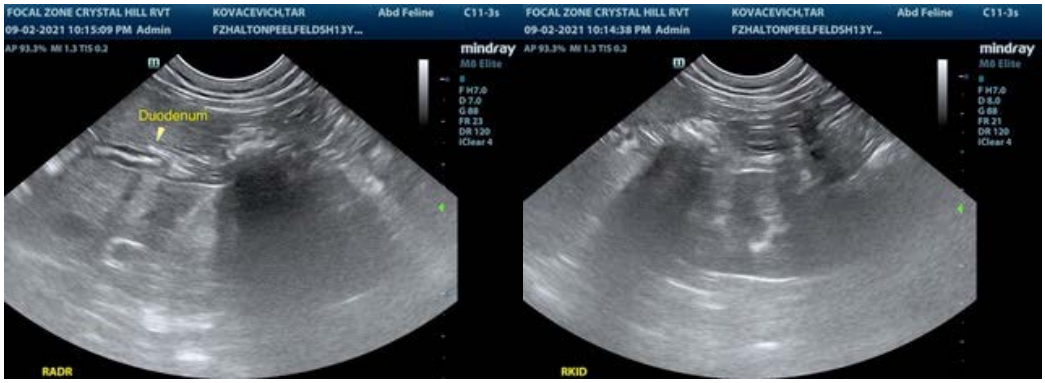
Dr. Walters

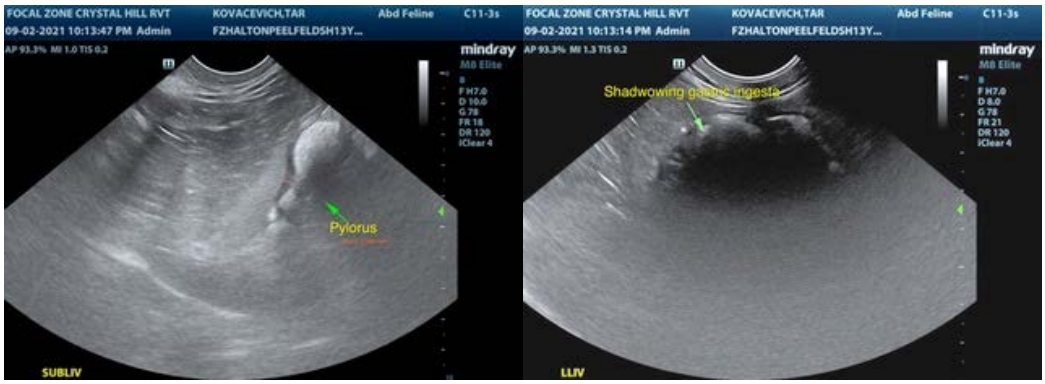
INVOICE

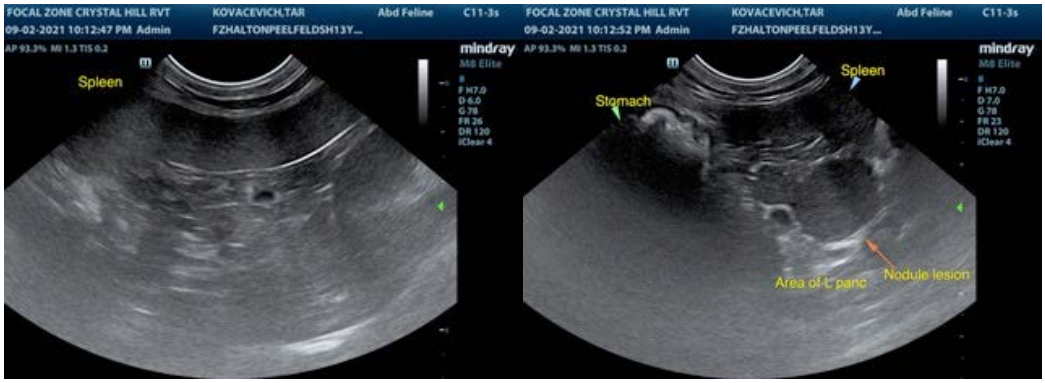
25144

DATE

9/2/21







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