

PATIENT	PRESENTING CLINICAL SIGNS
Princess Hickson	Not eating. Was seen at Emerg on the weekend and started on Clavaseptin for suspected UTI. Also noted suspicious area on right lateral abdomen, loss of detail.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Elevated BUN, Sodium and SDMA.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	
FS	No evidence of medial Iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation and sublumbar space.
AGE	
15 yrs	Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length.
WEIGHT	
12 lbs.	Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Uniform hyperechoic cortical echogenicity with increased corticomedullary border demarcation was present. Mild pyelectasia was noted in the right kidney. The right kidney measured 3.5 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left and right adrenal glands were not overt visualized owing to regional increased peri-adrenal omental artifact.
IMAGING PERFORMED BY	Spleen
Crystal Hill	The spleen was not definitively visualized potentially owing to volume contraction.
HOSPITAL NAME	Liver/ Gallbladder
Preston AC	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, variably sized, nonhomogeneous to cystic intraparenchymal nodules. An example measured 2.8 cm in diameter. The gallbladder was non-distended in size with subtle to minor gallbladder wall edema. The gallbladder contained primarily anechoic content with mild echogenic, nonorganized, luminal gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.17 cm diameter. No evidence of post hepatic obstructive criteria was noted.
REFERRING VET	
Dr. Coghlan	
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14910	
DATE	
9-20-22	



PATIENT	<i>Gastrointestinal</i>
Princess Hickson	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, retained nonshadowing ingesta / chyme with no evidence of mechanical pyloric outflow obstruction. The gastric body wall width measured 0.20 cm.
SPECIES	
Feline	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The small intestinal wall width measured 0.22 cm.
BREED	
DSH	Normal visible colon wall layers were present with semi-formed to soft fecal matter.
SEX	<i>Pancreas</i>
FS	The pancreas exhibited mild prominent size with indistinct borders, mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent hyperechoic peripancreatic omentum.
AGE	<i>Free Abdomen</i>
15 yrs	Generalized hyperechoic mesentery was present primarily around the pancreas, bilateral kidneys, and mid abdomen with concurrent intermittent mildly prominent to hypoechoic mesenteric lymph nodes and minor volume peritoneal free fluid.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
12 lbs.	<ul style="list-style-type: none"> • Left kidney moderate chronic renal changes • Right kidney nonspecific nephritis pattern with mild pyelectasia • Nonspecific yet suspect benign nonhomogeneous to cystic liver nodules - sonographically suggestive of cystic biliary adenomas • Probable pancreatitis • Gastroenteritis pattern with mild to moderate gastric hypomotility • Peritonitis to potential retroperitonitis pattern with intermittent mildly prominent mesenteric lymphadenopathy
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
IMAGING PERFORMED BY	Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas, as well as a Spec fPL is suggested.
Crystal Hill	Potential for emerging right kidney neoplastic criteria and / or possible intraabdominal neoplasia such as carcinomatosis, lymphomatosis, or similar may be a possibility in this patient. Ideally, peritoneal effusion analysis, cytology +/- C/S if evidence of inflammatory cells is recommended for further assessment.
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PATIENT

Princess Hickson

Empirically, as-needed renal and gastrointestinal support with therapy for pancreatitis and assessment of clinical response with further monitoring would be reasonable. Recheck sonogram is recommended if evidence of persistent/progressive azotemia, inappetence, or evidence of increasing intraabdominal to retroperitoneal free fluid is noted. An overall guarded prognosis is indicated.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 yrs

WEIGHT

12 lbs.

INTERPRETED BY

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DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

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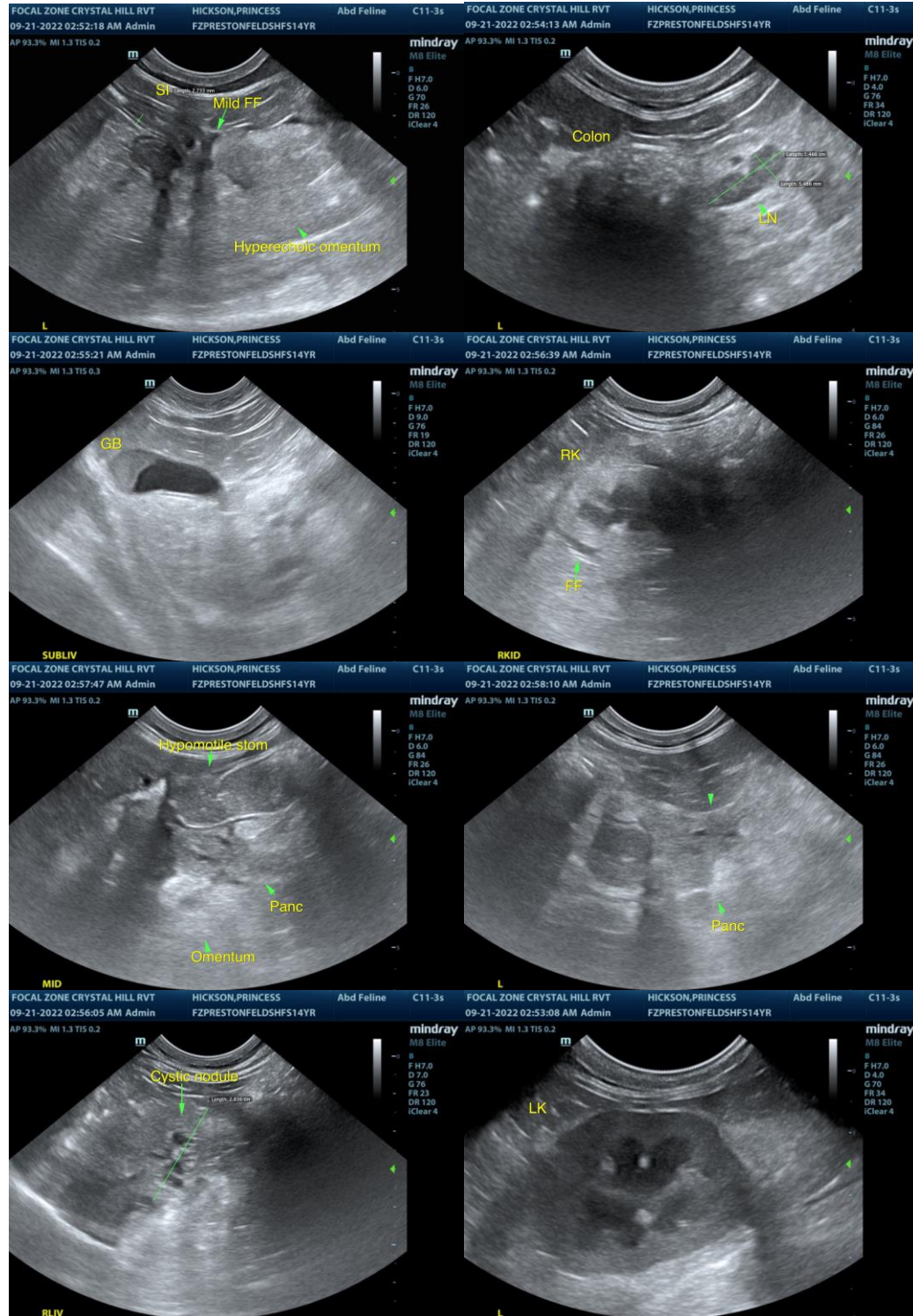
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PATIENT

Princess Hickson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 yrs

WEIGHT

12 lbs.



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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