



PATIENT

Melvin Walters

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years 3 Months

WEIGHT

9.38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Wayland

INVOICE

17408

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: C notes P is vomiting daily - vomiting food, foam, water, and loosing weight, febrile (104.1) on exam. C notes P has been vomiting throughout his life, but more recently. Behavior changes- not very affectionate and laying uncomfortably. 9/21/22 SQ fluids and cerenia given SQ, on 9/22 P was still not interested in food, concern that P was not improving for the weekend.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC 22.77 (3.5 - 20.7) NEU 19.92 (1.63 - 13.37) rest WNL; FeLV/FIV - Neg/Neg; Chemistry profile - Glucose 158 (70-150) rest WNL; Urinalysis - Color Yellow Clear, Dark yellow, Appearance Cloudy Specific gravity (refractometer)>1.073 1.02 - 1.04 Urobilinogen 4 mg/dL Protein 2+ pH 6.5 Ketones Negative Glucose 500 mg/dL Glucose (presence) in urine by test strip: 2+

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 nondependent particulate sediment was present, which may indicate cellular debris/Protein, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

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.

The right adrenal gland was not definitively visualized.

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. The spleen. Measured 0.91 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



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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present.

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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 small intestinal wall measured 0.22 cm. The duodenum wall measured 0.22 cm.

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

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Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

A solitary, mildly prominent to enlarged cranial abdominal lymph node (likely pancreaticoduodenal) was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.1 cm in diameter.

No omental masses or evidence of peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Mild nondependent urinary bladder sediment
- Bilateral nonspecific renal medullary rim sign
- Suspect mild pancreatitis
- Focal subjective benign/reactive, likely pancreaticoduodenal lymph node
- Minor retained pyloric fluid- suspect mild gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystocentesis for urine sample and collection with potential for culture and sensitivity, if evidence of inflammatory cells. Even though normal glucose, fructosamine level could be considered given the evidence of glucosuria. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, as well as a spec FPL or ideally, full GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assessment for occult small. Intestinal disease as a contributing factor to the GI signs and weight loss.

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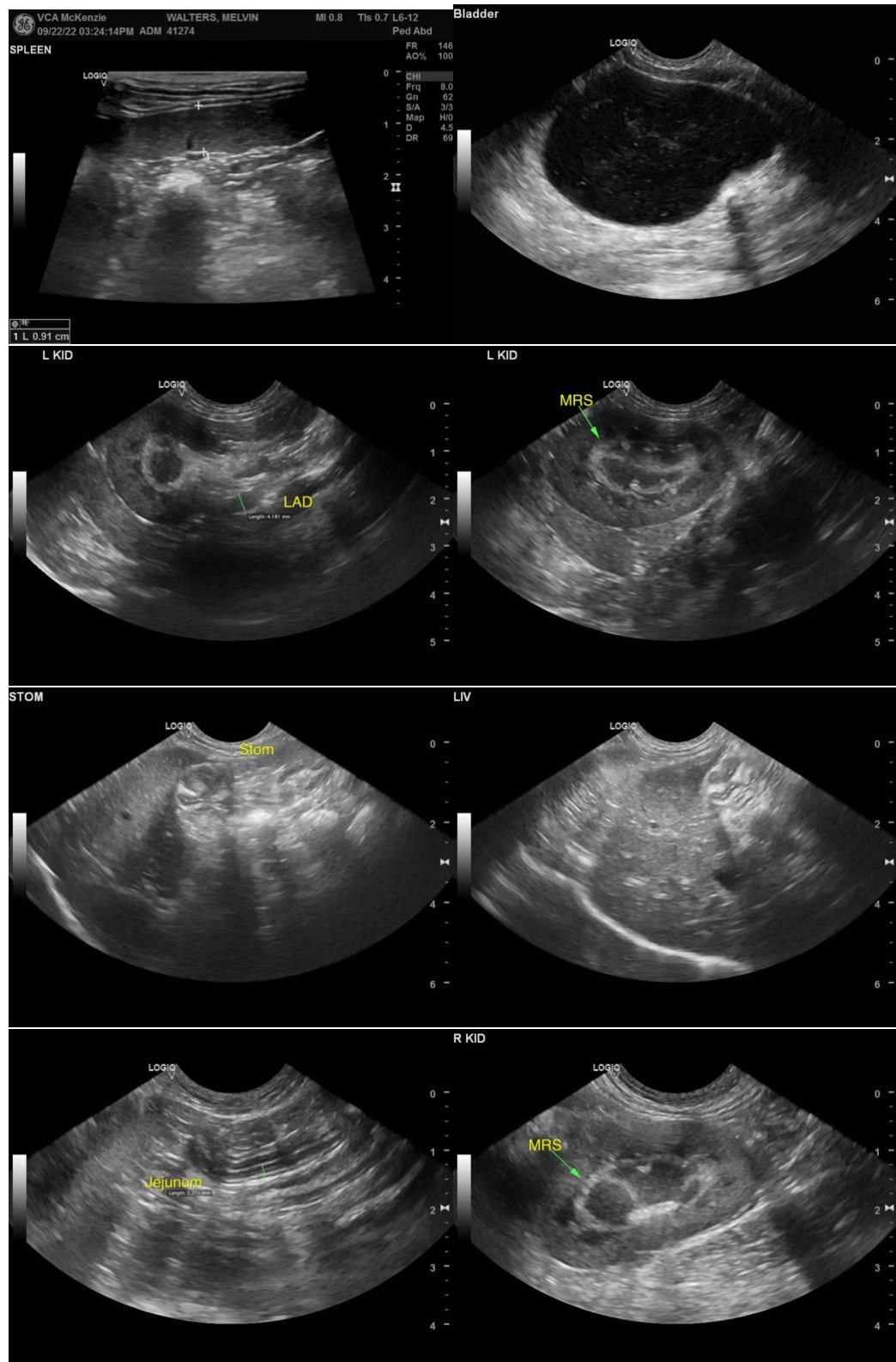
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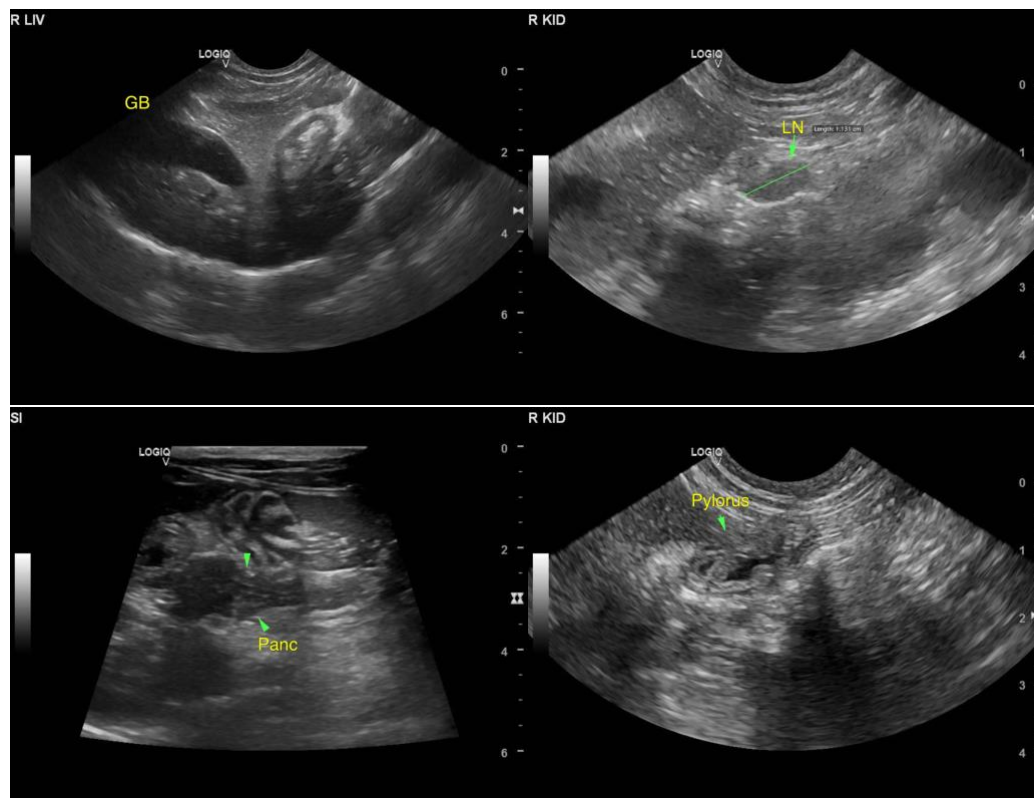
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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