



PATIENT

Rocky Gough

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 yrs

WEIGHT

12 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

Dr. Aziz

INVOICE

14965

DATE

9-23-22

PRESENTING CLINICAL SIGNS

not eating well, bloated abd pain, weight loss, diabetic
Abnormal PE/Chem/CBC/UA Results: Glucose 21.3, BUN 18.2, Total protein 99 with mild hyperglobulinemia, unremarkable liver parameters, Hematocrit 0.29

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mild to moderate loss of corticomedullary border demarcation was noted with mild nonuniform increased cortex echogenicity. No pyelectasia was noted in either kidney. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.20 cm width. The right adrenal gland measured 0.30 cm width.

Spleen

The spleen exhibited mild variable to asymmetrical enlargement primarily in the mid-spleen with mild associated asymmetrical medial capsule contour. Subtle generalized parenchyma heterogeneity with subjective mild reduced splenic parenchyma echogenicity was present with no definitive masses or modules. The spleen measured up to 1.2 cm width at the level of the hilus. Normal splenic vascularity was present.

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 size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained subjective mild luminal gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta / chyme was present.

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



PATIENT

Pancreas

Rocky Gough

Focal, mildly prominent hypoechoic parenchyma at the level of the pancreas base was present with mild regional hyperechoic peripancreatic omentum. The right pancreatic limb exhibited normal size and contour with isoechoic to mildly nonhomogeneous parenchyma with subjective minor pancreatic duct dilation.

SPECIES

Feline

Free Abdomen

BREED

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild variably enlarged to irregular spleen - hyperplasia, hematopoiesis, incidental splenitis, potential for neoplastic criteria cannot be excluded

MN

- Subjective mild pancreatitis pattern at pancreas base- potential for mixed pattern focal active to chronic pancreatitis

AGE

15 yrs

- Overtly normal gastrointestinal tract
- Mild chronic renal changes

WEIGHT

12 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening splenic FNA using a 25-gauge needle is warranted for further assessment, given the patient's weight loss and presence of hyperglobulinemia. Spec fPL or ideally, a full GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further assessment of the pancreas, as well as assessment for occult gastrointestinal disease as a contributing factor to the weight loss. Empirically, as-needed GI and therapy for suspect pancreatitis would be reasonable.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

IMAGING

PERFORMED BY

Kelly Reschny

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

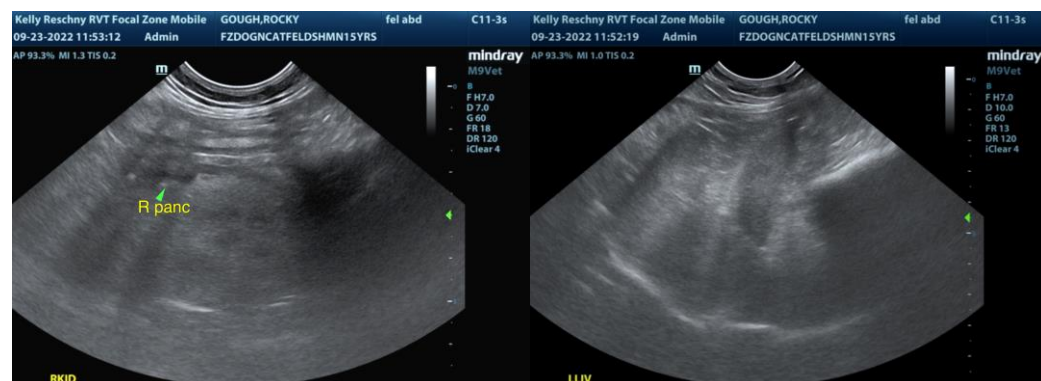
Dr. Aziz

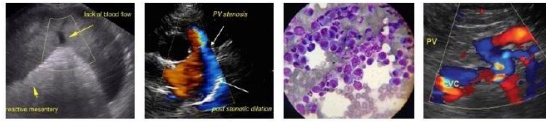
INVOICE

14965

DATE

9-23-22





PATIENT

Rocky Gough

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 yrs

WEIGHT

12 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

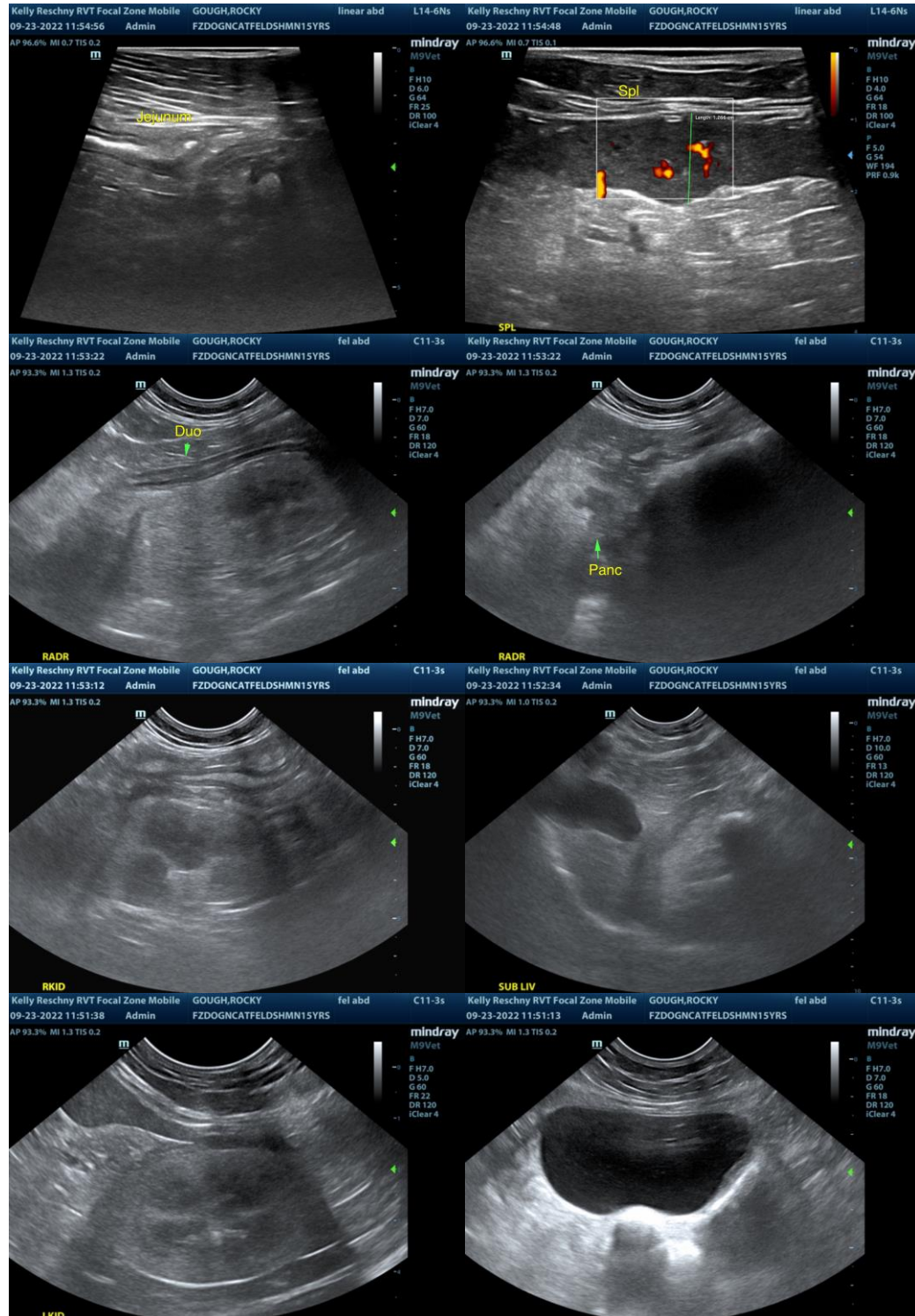
Dr. Aziz

INVOICE

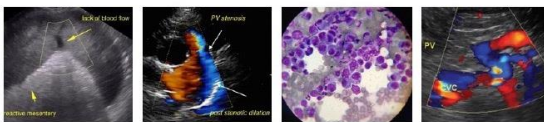
14965

DATE

9-23-22



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.



PATIENT

Rocky Gough

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.

SPECIES

Feline

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

DSH

SEX

MN

AGE

15 yrs

WEIGHT

12 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

REFERRING VET

Dr. Aziz

INVOICE

14965

DATE

9-23-22