



PATIENT PRESENTING CLINICAL SIGNS

Chloe Saxon Chronic Diarrhea. Grade II-III/ VI heart murmur. Arthritis. Forti Fiora. Gabapentin 50 mg SID-BID, Hills K/D Diet

SPECIES Abnormal PE/Chem/CBC/UA Results: Pres PSL 29, Plt. cnt. 106, Neut 81, Lymph 9, Abs neat 8424, Abs. Lymph 936, Urine Protein 2+, WBC 0-1, Struvite crystals 2-3, Squam Epith 0-1

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 years

WEIGHT

6.88 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island AMC

REFERRING VET

Dr. Rachel Rogoff

INVOICE

12324

DATE

9/27/21

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. 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. Minor dystrophic medullary mineralization was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.34 width and the right adrenal gland measured 0.44 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. The spleen measured 0.60 cm in width.

Liver/ Gallbladder

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.

The gallbladder was non-distended in size with generalized mild prominent to isoechoic gallbladder walls. The gallbladder wall width measured 0.34 cm in width. The common bile duct exhibited generalized variable, yet moderate dilation extending caudally from the cystic bile duct to the level of the duodenal papilla. Mid common bile duct measured 0.53 cm in diameter, while distal common bile duct at the level of the duodenal papilla measured 0.21 cm in diameter. The duodenal papilla was



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without overt pathology, yet appeared to be mildly prominent in size, measuring 0.71 cm diameter. Overt evidence of common bile duct mucus or obstructive calculi was not evident.

Gastrointestinal

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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.

BREED

DSH

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 duodenum wall width measured 0.24 cm. The jejunum wall width measured 0.24 cm. The ileocolic wall width measured 0.33 cm.

SEX

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa primarily in the descending colon. The colon wall width measured 0.26 cm. Subjectively semi-formed to soft feces was present in the colon lumen with lumen dilation.

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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.

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Free Abdomen

Intermittent colic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.36 cm in diameter. Mild regional peri ileocolic reactive mesentery was present. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

Primary Findings

- Mild chronic renal changes
- Cholecystitis / cholangitis pattern with generalized moderate to variable common bile duct dilation to the level of the duodenal papilla, subjective mildly prominent duodenal papilla yet without overt obstruction
- Likely mild chronic colitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fresh fecal analysis, as well as a GI panel to include PLI/TLI/Cobalamin/Folate, if not done are recommended. Empirically, Cobalamin supplementation, broad-spectrum deworming, dietary therapy such as higher fiber or hydrolyzed diet, high colony count probiotic, and antibiotic trial such as Metronidazole may prove beneficial. Potential Prednisolone trial may be indicated in this patient if persistent diarrhea.

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Without concurrent hepatic enzyme elevations, the common bile duct dilation is of unclear clinical significance. However, continued serial monitoring for evidence of increasing cholestasis or hepatic enzyme with Immediate recheck ultrasound is suggested.



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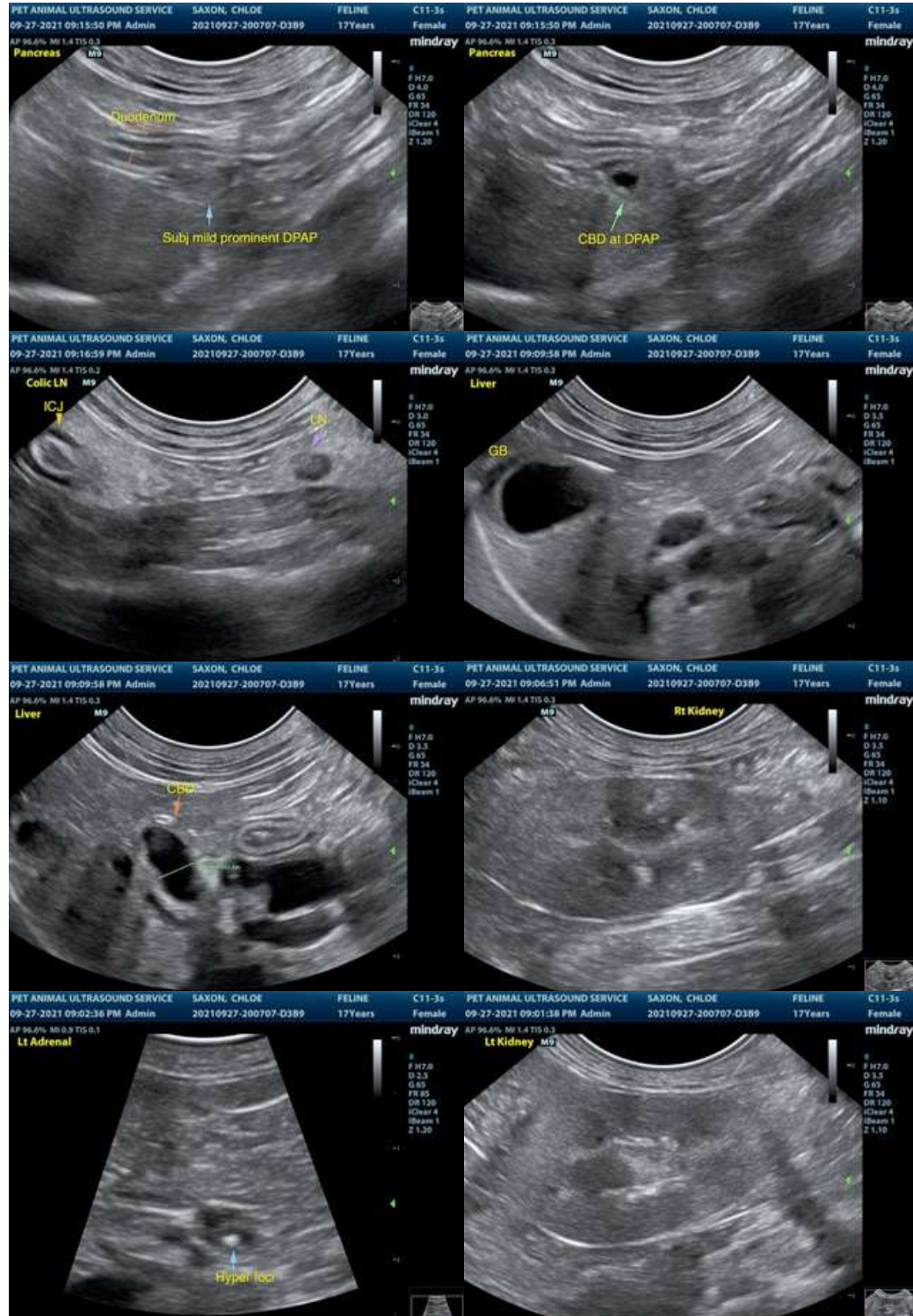
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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