

Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Book Lowman

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

8.5lb

Heart murmur, grade 2 of 6, . Patient appetite seems reduced to owner, more lethargic/sleeping in one place for longer periods of time, no V/D, unchanged urination/LB use. Meds: B12 injections q monthly. Diet: FF/Friskies wet > dry.

Abnormal PE/Chem/CBC/UA Results: Thyroid hormones - T4 1.5; Urinalysis - USG 1.022 protein 1+ occult blood 2+ RBC > 50; Chemistry profile - BUN 25 Creat 1.8 Glob 5.8 else unremarkable (Glu 182); CBC - WBC 33.4 RBC 5.8 HCT 27 (Neuts 30728 Mono 668) HR 210, TEMP 104

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate to severe non-dependent particulate 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 was 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 left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

IMAGING BY

Loetitia Saint-Jacques,
DVM

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 0.92 cm in width.

HOSPITAL NAME

VCA Feline Animal
Hospital

Liver

REFERRING VET

Dr Fleming

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

INVOICE

11743ag

DATE

09/28/2022



PATIENT

Book Lowman

Gastrointestinal

SPECIES

Feline

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 measured 0.25 cm.

BREED

DSH

The small intestine presented intact wall layering with segmental 1:3 muscularis/mucosa ratio along with segmental prominent muscularis layer and concurrent mild mural thickening. Segmental mild jejunal corrugation was present without evidence of loss of wall layering or masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.3 cm. The jejunum wall measured 0.28 – 0.32 cm in width.

SEX

FS

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

Pancreas

AGE

16yr

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic duct dilation was present. Subtle evidence of hyperechoic peripancreatic mesentery.

Free Abdomen

WEIGHT

8.5lb

No peritoneal effusion or omental masses were present.

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to peri-ileocolic inflammation was evident. An example of lymph node size was 1.3 cm x 0.35 cm.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked urinary bladder sediment-cellular debris/protein, crystalline debris, mucus or lipid possible
- Bilateral chronic renal changes
- Suspect inflammatory enteropathy/IBD
- Associated subjective benign/reactive mesenteric lymphadenopathy
- Mild chronic/chronic active pancreatitis pattern

IMAGING BY

Loetitia Saint-Jacques,
DVM

HOSPITAL NAME

VCA Feline Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr Fleming

A urine C/S on a sterile urine sample is recommended if not done.

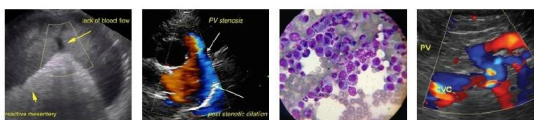
INVOICE

11743ag

The small intestine exhibited mild mural changes which may indicate underlying inflammatory mural changes however this is a non-specific finding given lack of reported GI signs or weight loss. Potential for early neoplastic infiltrative enteropathy such as lymphoma may present in this manner. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A CBC pathology review +/- recheck retroviral status may be considered if clinically indicated.

DATE

09/28/2022



PATIENT

Book Lowman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

8.5lb

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
DVM

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

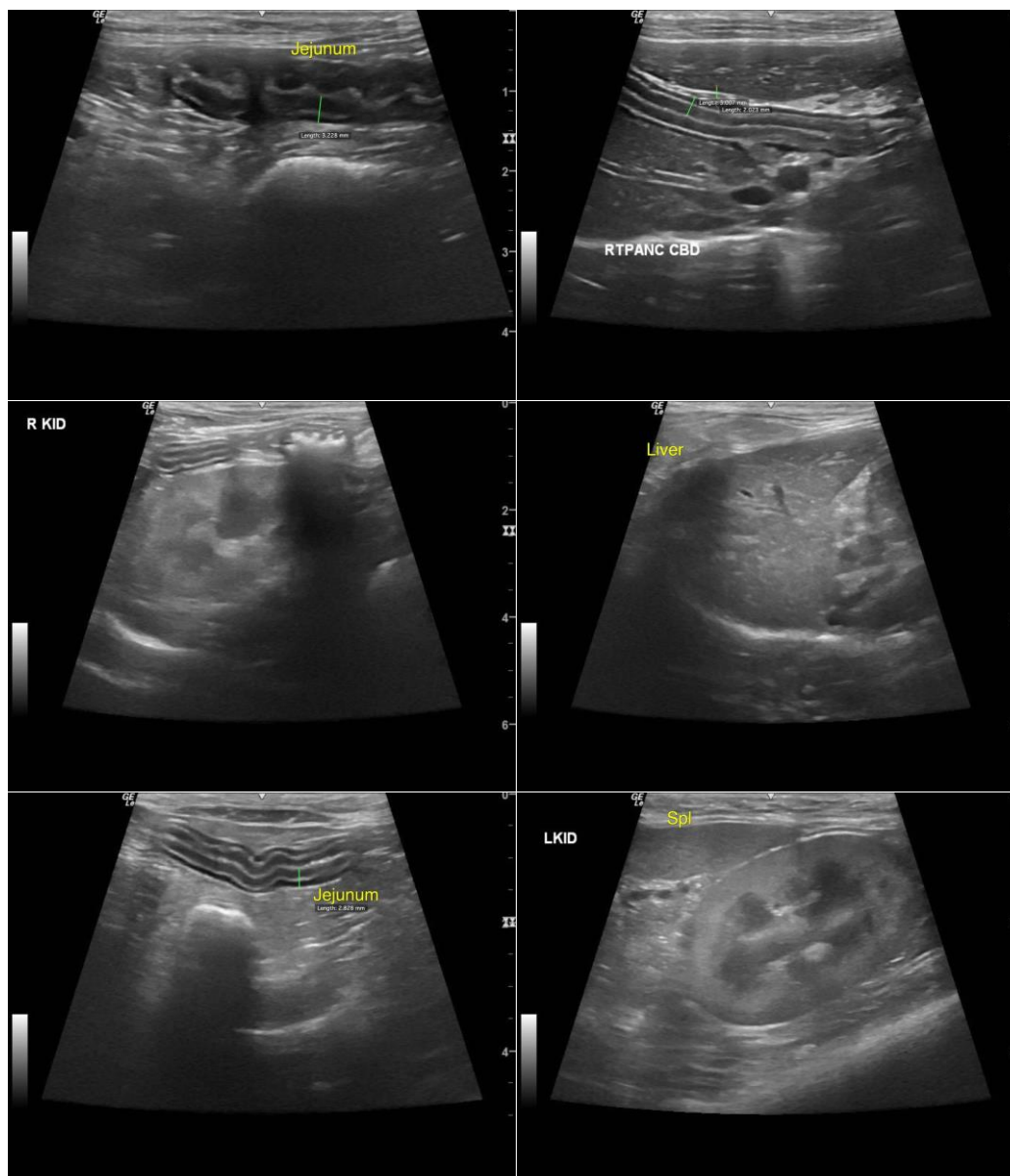
Dr Fleming

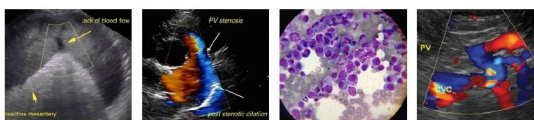
INVOICE

11743ag

DATE

09/28/2022





PATIENT

Book Lowman

SPECIES

Feline

BREED

DSH

SEX

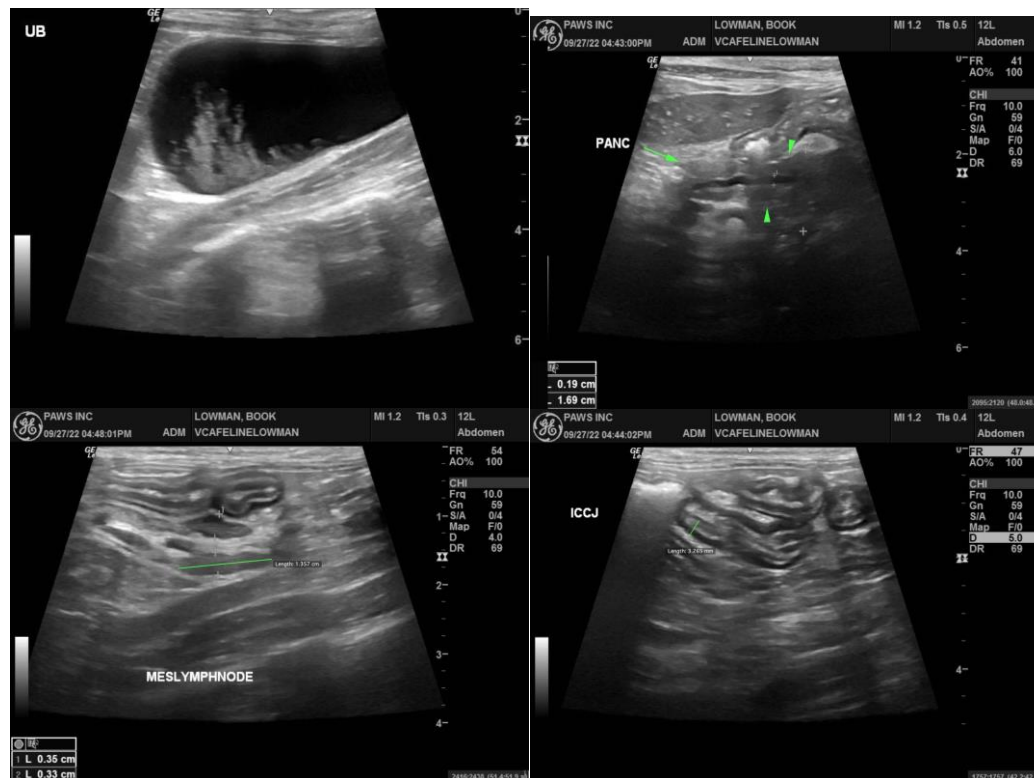
FS

AGE

16yr

WEIGHT

8.5lb



INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
DVM

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr Fleming

INVOICE

11743ag

DATE

09/28/2022

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.

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