



PATIENT

Frank Phaneuf

PRESENTING CLINICAL SIGNS

History: RUC dx diabetic, ascites

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urethra exhibited potential subjective decreased tone to a depth of 2.0 cm. Primarily anechoic urine was present in the lumen. Mild echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

Domestic Shorthair

The area of the aortic trifurcation was free of pathology.

SEX

Male

Mild prominent size, compared to normal renal size for the species, along with asymmetrical margination, were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Moderate pyelectasia to mild hydronephrosis was present in both kidneys with focal right kidney renolith. The left kidney measured 5.1 cm in length. The right kidney measured 5.5 cm in length.

AGE

7 years

WEIGHT

12 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was enlarged in size with primarily symmetrical contour and uniform mildly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 1.1 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Banzhof

INVOICE

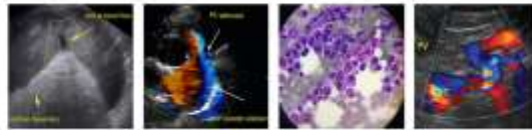
12343

Gastrointestinal

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.

DATE

9.29.2021



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The small intestine presented intact yet subjective prominent wall layering. No evidence of loss of intestinal wall layering or intestinal masses was noted. The jejunum wall width measured up to 0.31 cm.

SPECIES

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

Pancreas

BREED

Domestic Shorthair

The left pancreatic limb extending to the pancreas base exhibited mild prominent size, asymmetrical contour, and nonhomogeneous hypochoic parenchyma. A nonspecific nodular to potential cystic lesion was noted in the area of the proximal left pancreatic limb or pancreas base, measuring 1.7 cm in diameter.

SEX

Male

Free Abdomen

No overt lymphadenopathy was present. Generalized mild reactive mesentery and small pockets of scant peritoneal free fluid were present.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Bilateral moderate pyelectasia to mild hydronephrosis with right kidney renolith
- Enlarged right adrenal gland - hyperplasia vs. potential tumor
- Reactive hepatopathy pattern - subjectively benign
- Chronic active pancreatitis with nonspecific proximal left limb to pancreas base nodule - nodular hyperplasia, atypical cyst, consolidated abscess, or neoplasia possible
- Possible inflammatory enteropathy

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is suggested, given the probable glucose urea.

If accessible and assuming normal clotting status, FNA of the nonspecific pancreatic nodular lesion could be considered for screening cytology.

Full adrenal workup may be Indicated, as well as monitoring of blood pressure and/or aldosterone levels if evidence of hypokalemia, may be indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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/>.

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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>

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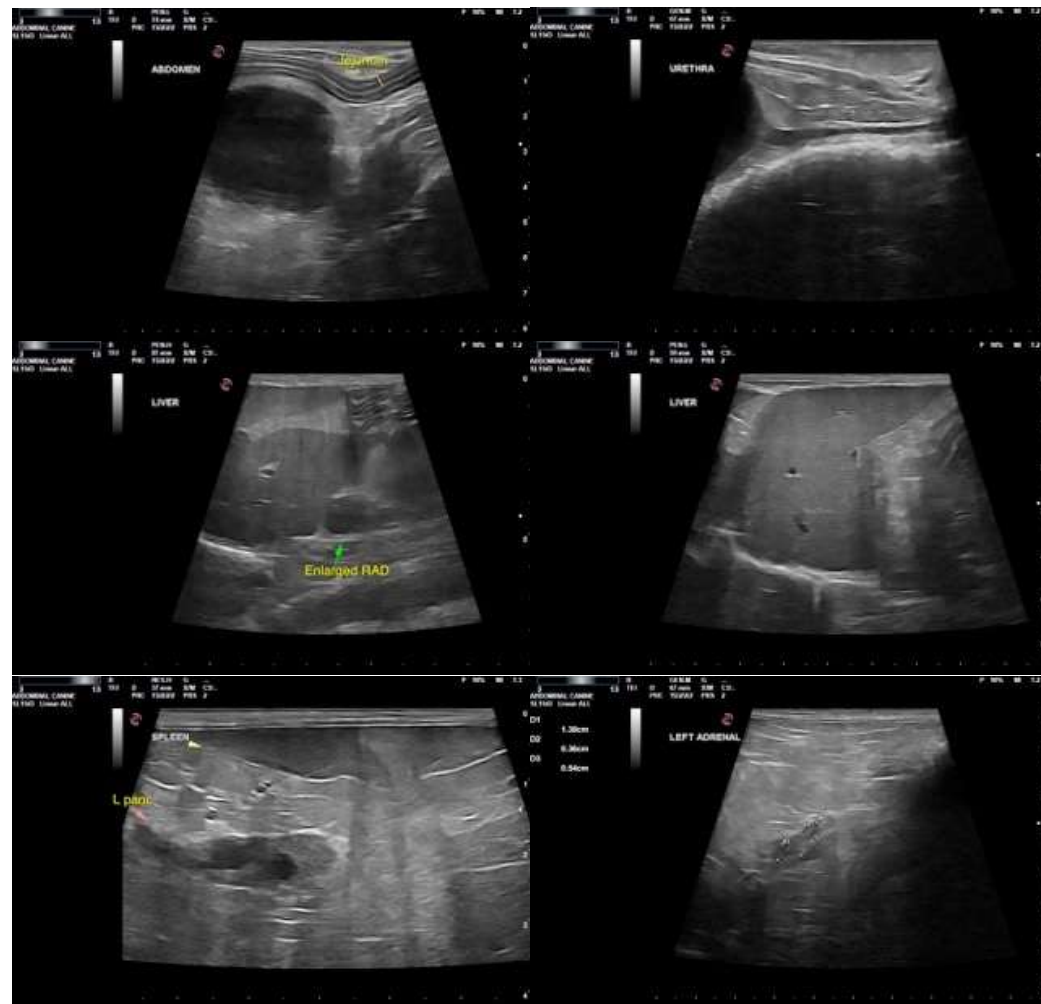
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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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info@SonoPath.com

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