



PATIENT	PRESENTING CLINICAL SIGNS
Garfield Izquierdo	O INTERESTED IN HAVING CYST DRAINED AGAIN. O ALSO STATES P URINE SEEMS DARK YELLOW. O HAS WHITE CARPET P BEEN URINATING OUTSIDE LITTER BOX STAINED CARPET GOING ON 2-3 WEEKS. NOT EATING FOR PAST WEEK. O BEEN TRYING TO GIVE CHICKEN AND SARDINES. P SEEMS MORE CLINGY THAN USUAL. CHANGE IN BEHAVIOR SLEEPING IN DIFFERENT PLACES. DUE TO FINANCES O UNABLE TO DO LABWORK. ATE SOME THIS AM. C/S/V/D: VOMITED 2 NIGHTS AGO TWICE NONE SINCE
SPECIES	
Feline	
BREED	
DSH	Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Estimate 7% dehydration Mentation: BAR EENT: Icteric sclera. OU clear. AU clear, no debris.
SEX	No cough on tracheal palpation. Oral cavity: Icteric mucus membranes, moderate tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Generalized icterus. Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 2/9. Ambulatory x 4. Severe muscle wasting x 4 limbs. Neurological: Alert and appropriate. No deficits noted. Testing Performed: CBC: Hct=46%, RDW slightly increased. Normal WBC and leukogram. Normal platelets. Chem: Crea=1.1 9faslely decreased due to emaciation) BUN=20 (16-36) SDMA=47 (0-14) rule-out pre-renal, possibly mild renal ALT=541 (12-130) ALKP=239 (14-111) GGT=15 (0-4) **Total Bilirubin: 9.7 (0.0-0.9) Electrolytes WNL TTr=1.4 (normal) FeLV/FIV/HW--negative x 3
AGE	
10Y 2M	
WEIGHT	
6.37 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	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.
Michaleen	
HOSPITAL NAME	The area of the aortic trifurcation was free of pathology.
DPC VH	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. Pinpoint to focal areas of left kidney medullary mineral was noted. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.
REFERRING VET	
Dr. Ward	
INVOICE	Adrenal Glands
15021	The left adrenal gland was 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 0.43 width. The right adrenal gland was not definitively visualized.
DATE	Spleen
9/29/22	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.



PATIENT	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 0.83 cm width at the level of the hilus.
Garfield Izquierdo	
SPECIES	<i>Liver/ Gallbladder</i>
Feline	The liver presented mildly 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 containing primarily anechoic content with mild dependent to non-dependent, mildly echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal. No evidence of post hepatic obstructive criteria was noted.
BREED	
DSH	
SEX	
NM	
AGE	<i>Gastrointestinal</i>
10Y 2M	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta / chyme along with luminal gas, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No obvious evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.
WEIGHT	
6.37 lbs.	
INTERPRETED BY	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing intestinal ingesta / chyme was present with no evidence of mechanical obstruction.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	<i>Pancreas</i>
Michaleen	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
HOSPITAL NAME	<i>Free Abdomen</i>
DPC VH	Small pocket of scant perihepatic free fluid was noted around the caudal liver margins. No omental masses or evidence of lymphadenopathy.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Ward	<ul style="list-style-type: none"> • Pinpoint to focal left kidney medullary mineral • Hepatopathy • Mild gallbladder debris • Overtly normal gastrointestinal tract with gastrointestinal ingesta • Possible mild to low-grade chronic / chronic active pancreatitis
INVOICE	
15021	
DATE	
9/29/22	



PATIENT

Garfield Izquierdo

SPECIES

Feline

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DSH

SEX

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WEIGHT

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INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Ward

INVOICE

15021

DATE

9/29/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

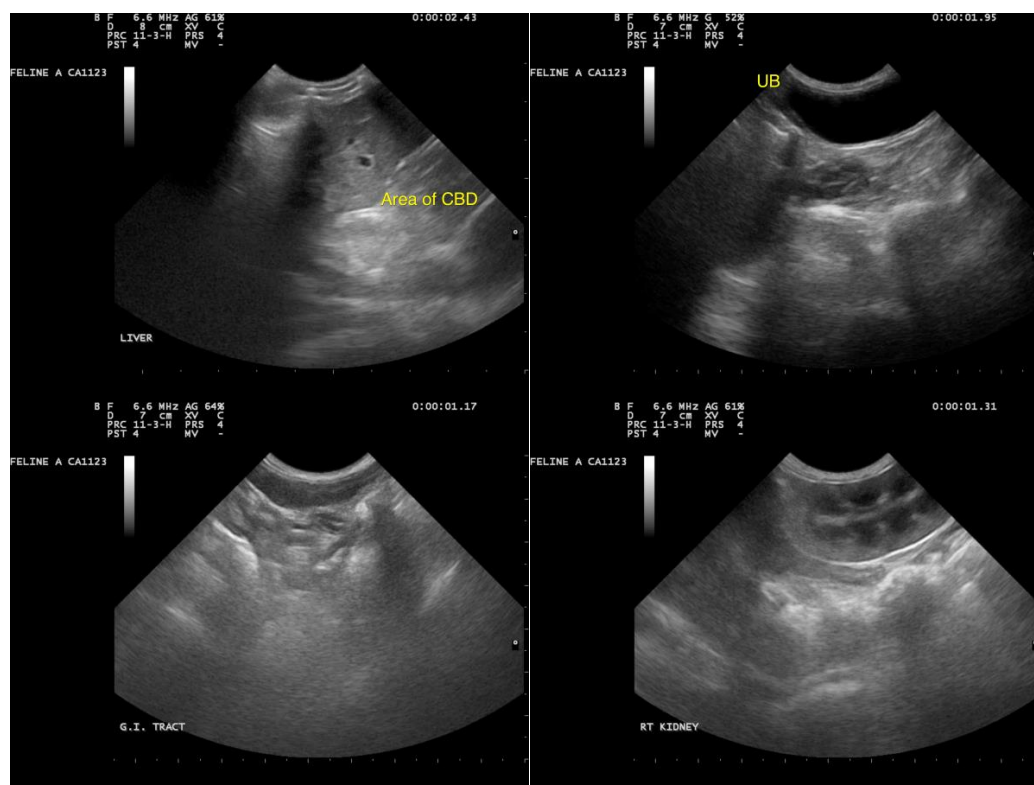
The overall appearance of the liver was nonspecific. Primary consideration for cholangiohepatitis, given the primarily elevated ALT and presence of gallbladder debris, with potential for primary or concurrent vacuolar hepatic changes and nonobstructive hepatic cholestasis. Occult hepatic neoplasia is considered a less likely differential diagnosis but cannot be definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is warranted for further assessment and potential identification of inflammatory cell type if present.

Gastrointestinal ingesta may indicate post prandial presentation. However, given the patient's inappetence, or decreased appetite, some degree of metabolic gastrointestinal hypomotility may be possible. No evidence of gastrointestinal mechanical obstruction was noted.

Triad disease may be a consideration in this patient if evidence of weight loss or progressive GI signs are noted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, hospitalization with monitoring of gastrointestinal emptying and empirical cholangiohepatitis protocol with monitoring of hepatic enzyme response would be reasonable.





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INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

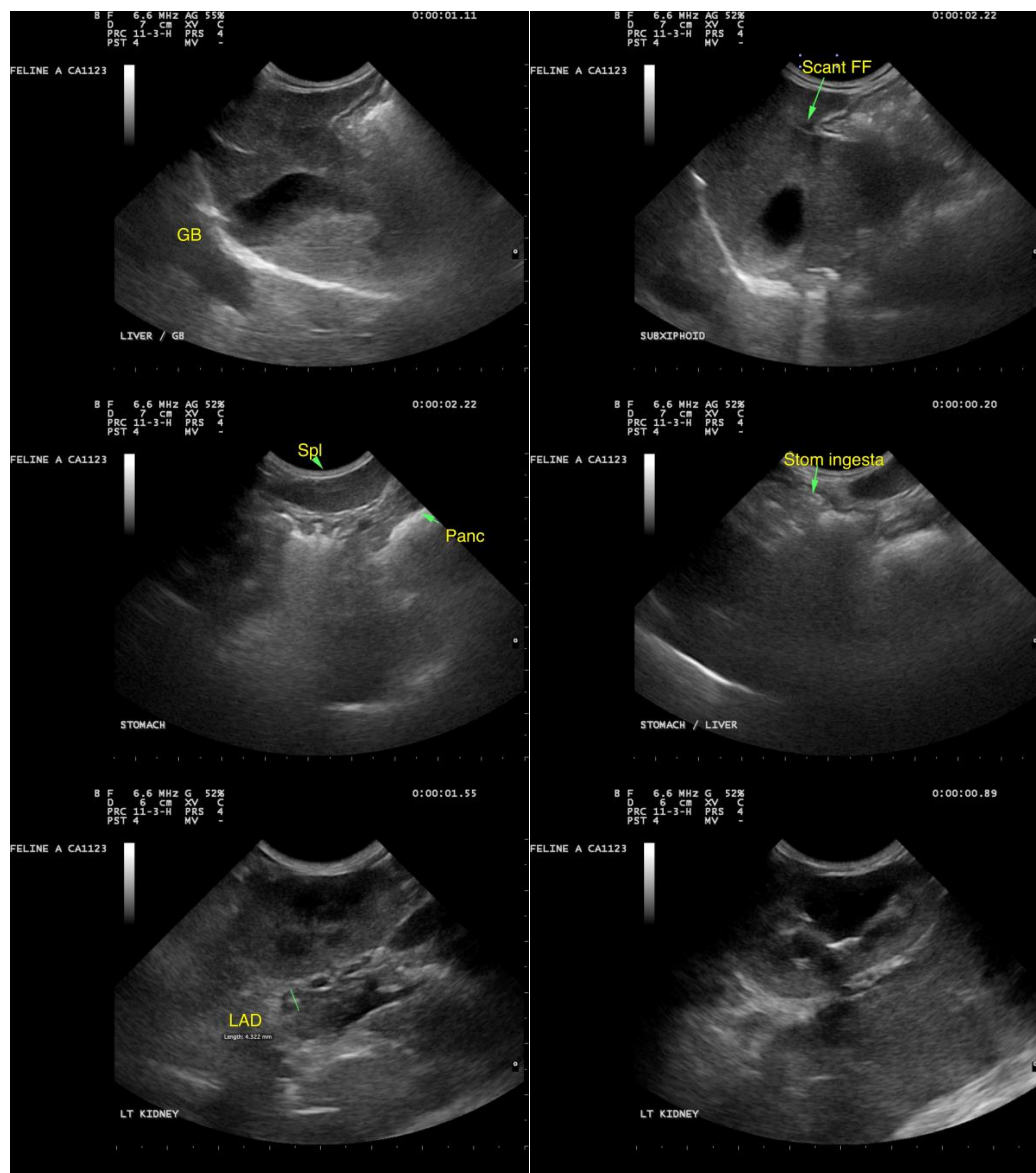
Dr. Ward

INVOICE

15021

DATE

9/29/22



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.

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