

**PATIENT**

Oliver Tesner

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

11.5lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Briarwood
Veterinary Hospital**INVOICE**

11748ag

DATE

09/30/2022

PRESENTING CLINICAL SIGNS

not eating, not drinking

Abnormal PE/Chem/CBC/UA Results: 104.3 temp

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination were present in the left kidney. 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 mild left kidney pyelectasia. The left kidney measured 4.2 cm in length.

The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

The spleen exhibited minor asymmetrical capsule contour with heterogeneous parenchyma and mild decreased echogenicity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.79 cm width at the level of the hilus. No masses or nodules noted.

Liver

The liver exhibited mild generalized enlargement, mildly rounded contour and mild uniform increased parenchyma echogenicity compared to the spleen. 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 with mild congealed debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.33 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained hyperechoic ingesta with anechoic fluid and luminal gas with no signs of ileus, obstruction or foreign material.

The small intestine presented intact yet prominent wall layering with variably prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm in width. The jejunum wall measured 0.30 cm in width.

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

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Pancreas

The pancreas was normal in size and contour with subtle hypoechoic to heterogeneous parenchyma. The visible pancreatic duct was normal.

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Free Abdomen

No overt lymphadenopathy was present.

Generalized hyperechoic mesentery with mild volume peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS**SEX**

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- Mild urinary bladder sediment
- Mild hepatomegaly with parenchyma hyperechogenicity
- Gallbladder debris with non-obstructive CBD dilation-possible cholangitis
- Hypomotile stomach containing ingesta/fluid/luminal gas
- Intact segmentally prominent small bowel walls-inflammatory criteria, potential for infiltrative neoplasia possible
- Heterogeneous to hypoechoic left pancreas-normal variant, potential for low-grade pancreatitis
- Generalized non-specific peritonitis pattern with mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis for cytospin cytology and fluid analysis +/- C/S is recommended. A full CBC/chemistry panel/UA +/- C/S is recommended if not done. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted if evidence of hepatobiliary inflammation.

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Concern for carcinomatosis or similar although not definitive. Three view chest radiographs are recommended to assess for thoracic pathology.

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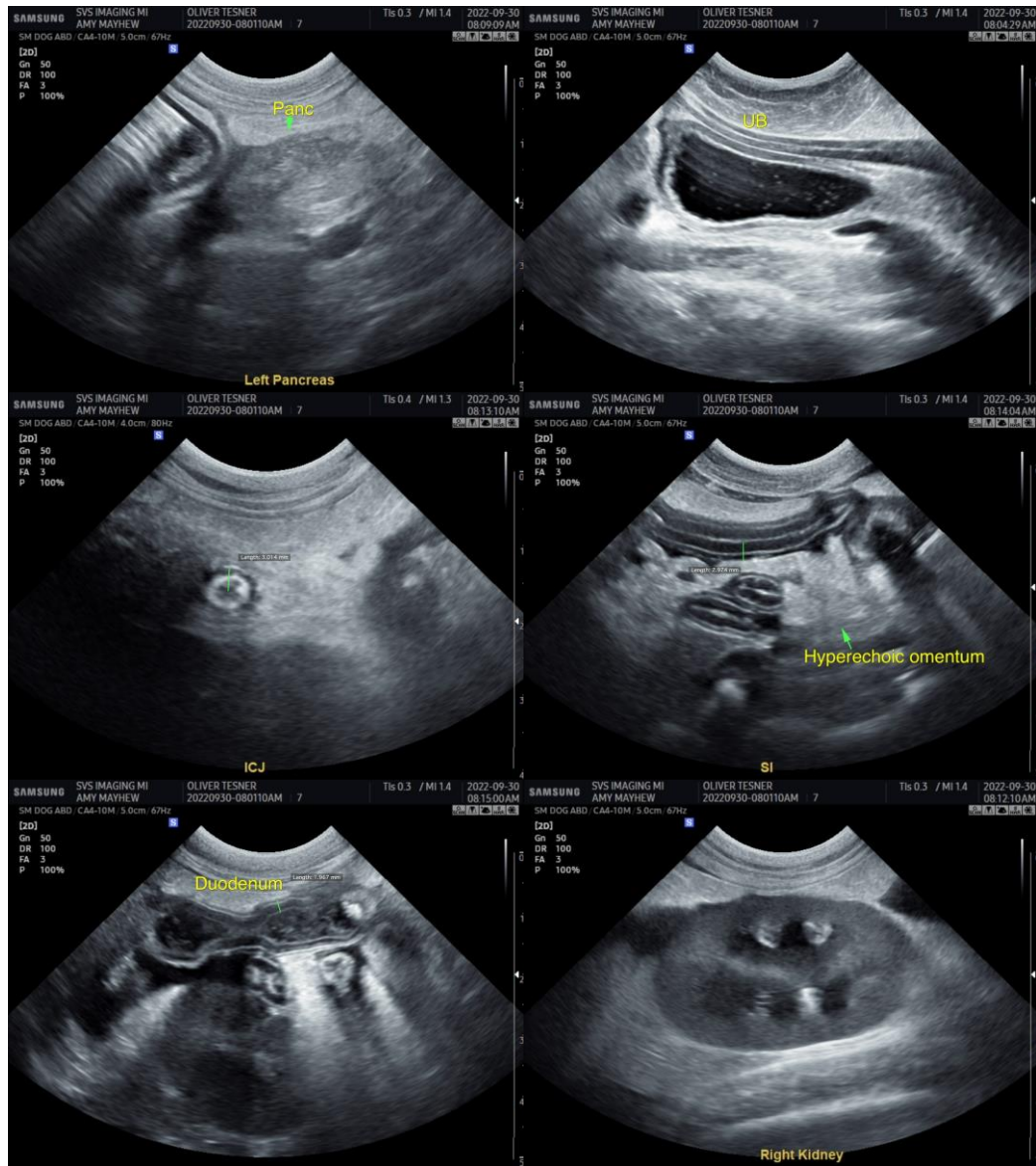
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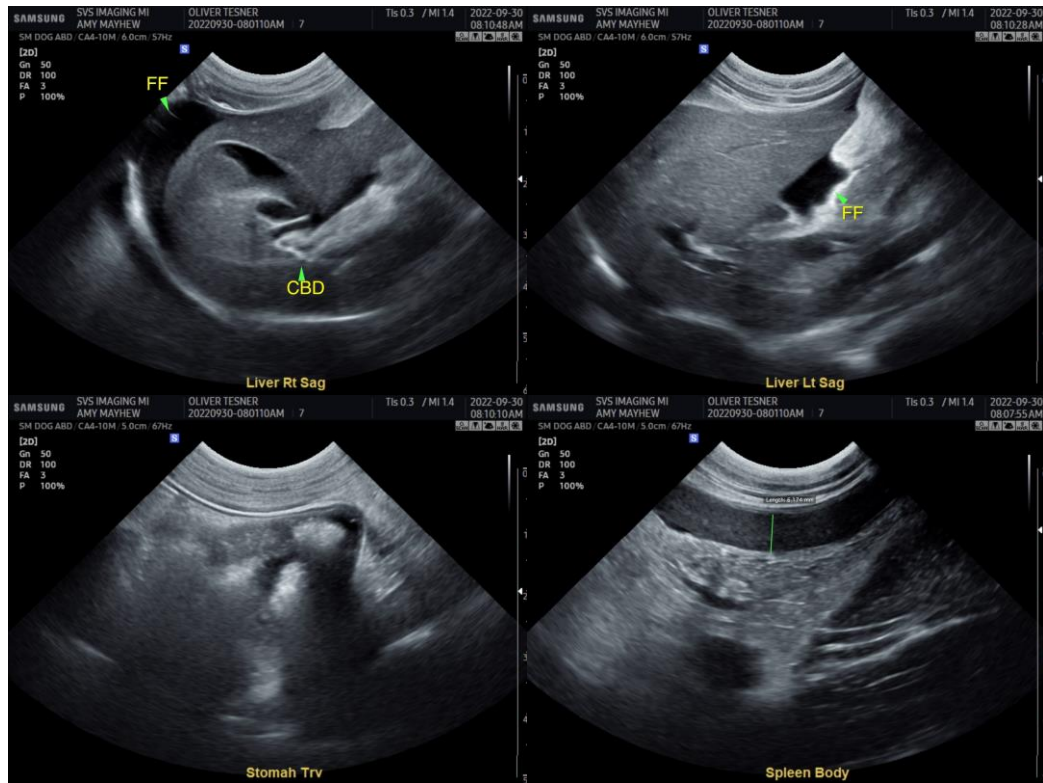
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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