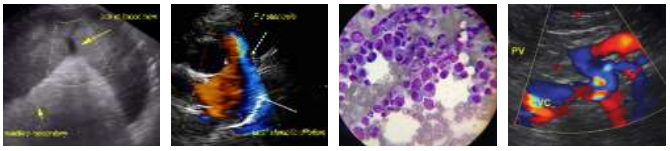
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

LUCY HENDRICKSON

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

9 Years

WEIGHT

21.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mike

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

47330

DATE

9-5-21

PRESENTING CLINICAL SIGNS

APPROX 9YR OLD SPAYED DSH PRESENTED FOR AN ULTRASOUND. PET WAS AT THE URGENT CARE FOR DECREASED APPETITE/VOMITING AND HAD BLOODWORK PERFORMED AND X-RAY. THEY RECC THAT PET HAVE AN ULTRASOUND DONE.
Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Fractured L upper canine, mild gingivitis. Musculoskeletal: BCS = 9/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No obvious asses or fluid wave palpated. Pet is obese Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Pea-sized, firm, raised, hairless dermal mass on top of head. Good hair coat. No ectoparasites seen Mentation: QAR Hydration: < 5% dehydration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 1.0 cm width.

Liver/ Gallbladder

The liver was normal in size and contour. Generalized mild uniform subjective increased parenchyma echogenicity was present compared to the falciform fat and spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodule noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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. The gastric body wall measured 0.25 cm width.

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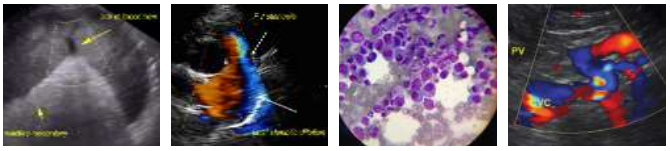

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.24 cm width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract.
- Subjective mild increased hepatic parenchyma echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall sonographically unremarkable abdomen. The nonspecific mild increased liver echogenicity may be a normal patient variant with possible emerging lipidosis or inflammation/cholangiohepatitis if elevated liver enzymes. Minor possibility for emerging round cell hepatic neoplasia, low grade pancreatitis, or inflammatory gastrointestinal disease, both of which may present sonographically normal, are possible although thought less likely. Dietary indiscretion/food intolerance, occult parasitism if the patient is indoor/outdoor, or acute inflammatory bowel episode possible.

As needed gastrointestinal support indicated. Recheck sonogram may be considered if continued inappetence or gastrointestinal signs to assess for progressive inflammatory gastrointestinal, pancreatic, or hepatic changes.

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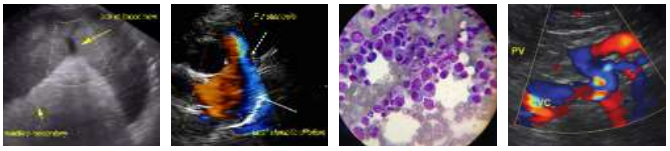

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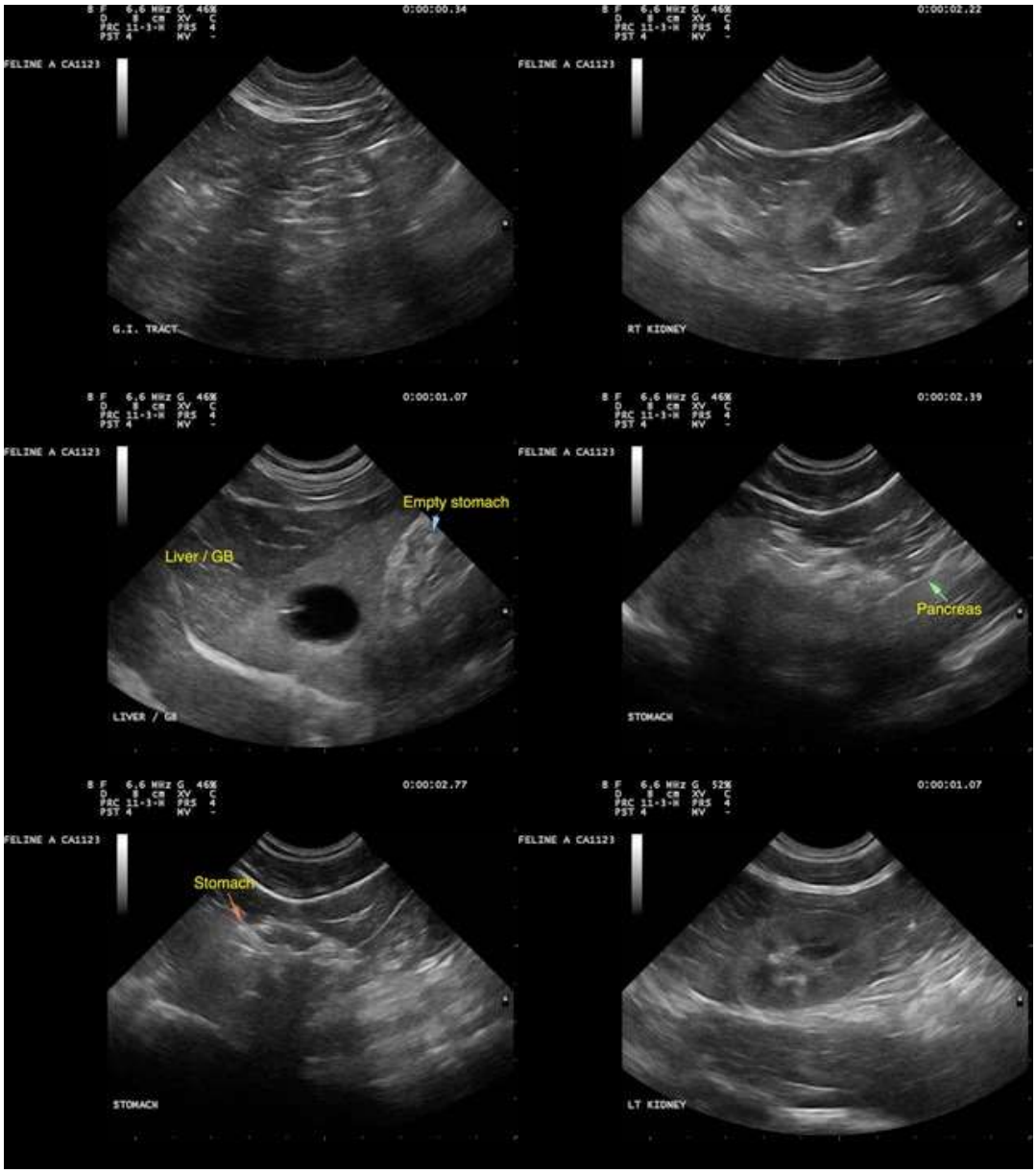

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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