



PATIENT	PRESENTING CLINICAL SIGNS
Navy Moreland	BAR-Noticing upward trend in bw values, want to do general check. P has kidney disease (mostly stable) Current Medications ethimazole, denamarin, dasuquin and gabapentin as needed.
SPECIES	CBC- HCT 29.6, Reticulocytes 10.8, WBC 30.2 with neutrophilia, monocytosis
Feline	Chemistry Panel- BUN 72, Creatinine 1.6, ALT 618, ALP 413, GGT 15, TBili 1.1, Potassium 3.3
BREED	T4 6.6
DSH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	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.
17.5 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	The kidneys exhibited a normal 1:3 cortex / medulla ratio. Moderate loss of corticomedullary symmetry and definition expected for the age of the patient was noted. Both kidneys exhibited increased medullary echogenicity and mild pyelectasia. The left kidney was mildly subnormal in size compared to the right and normal renal size for the species, measuring 2.5 cm in length. The right kidney measured 3.7 cm in length.
4.5 lbs.	Adrenal Glands
INTERPRETED BY	No overt pathology was noted in the area of the left or right adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 exhibited normal to potential mild subnormal size, possibly owing to mild volume contraction. The spleen measured 0.55 cm in width.
Jenna Walsh	Liver/ Gallbladder
HOSPITAL NAME	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
Pawsitive Wellness VC	
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Dr. Hardy	
INVOICE	
12189	
DATE	
9/8/21	



PATIENT

Navy Moreland

SPECIES

Feline

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without signs of congestion. The gallbladder was non-distended in size with thin walls. The generalized common bile duct to the approximate level of the duodenal papilla was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.32 - 0.46 cm width. Anechoic content was present in both the gallbladder and the common bile duct without evidence of biliary calculi or mucus. No overt pathology was noted in the area of the duodenal papilla.

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 small intestine presented intact wall layering with subjective propensity for mild generalized prominent muscularis layer. Intact wall layering was maintained without loss of wall layering or intestinal masses. The duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.26 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Minor peritoneal free fluid was present. No overt evidence of significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with increased medullary echogenicity and mild pyelectasia
- Chronic active pancreatitis
- Cholangitis / cholangiohepatitis liver pattern including generalized nonobstructive common bile duct dilation
- Possible Inflammatory enteropathy
- Mild peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concurrent reactive or secondary hepatic inflammation owing to hyperthyroidism as well as cholestasis could be contributing to the hepatic enzyme elevations. No overt evidence of hepatobiliary neoplasia was noted.



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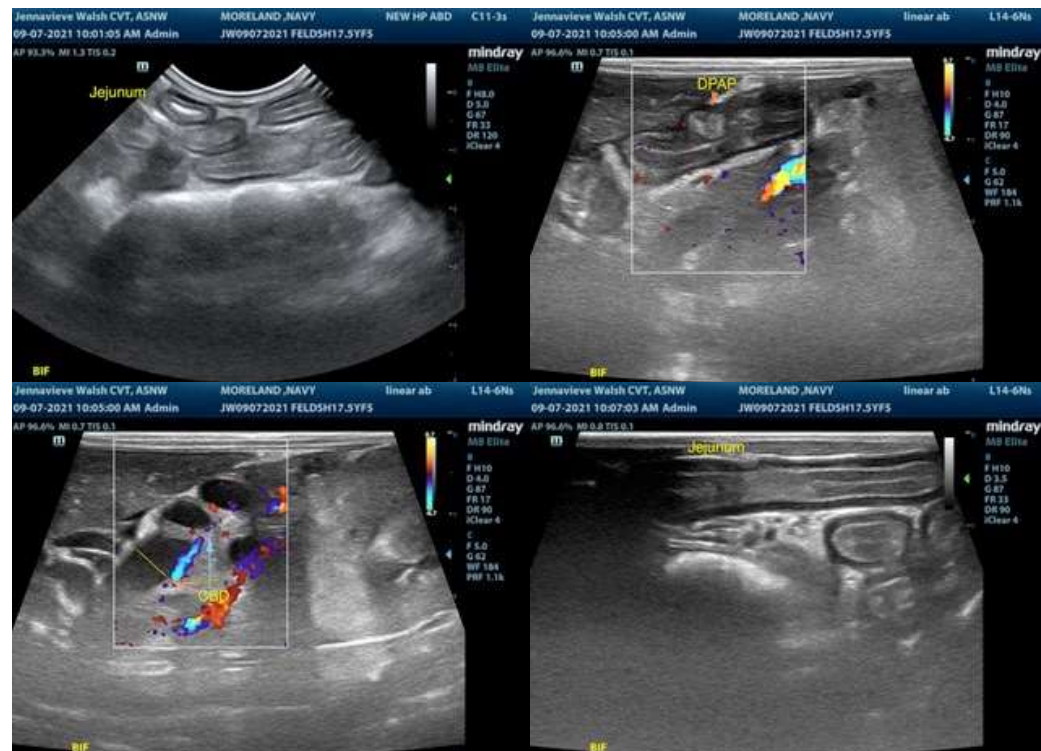
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Although not definitive, the small intestine exhibited subtle mural changes which may suggest concurrent Inflammatory enteropathy / IBD and may be considered if evidence of weight loss or GI signs. Concurrently, potential for chronic Triad Disease may be possible in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Assuming normal clotting status, hepatic FNA using a 25-gauge needle may be considered for screening cytology and potential identification of inflammatory cell type.

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/>.

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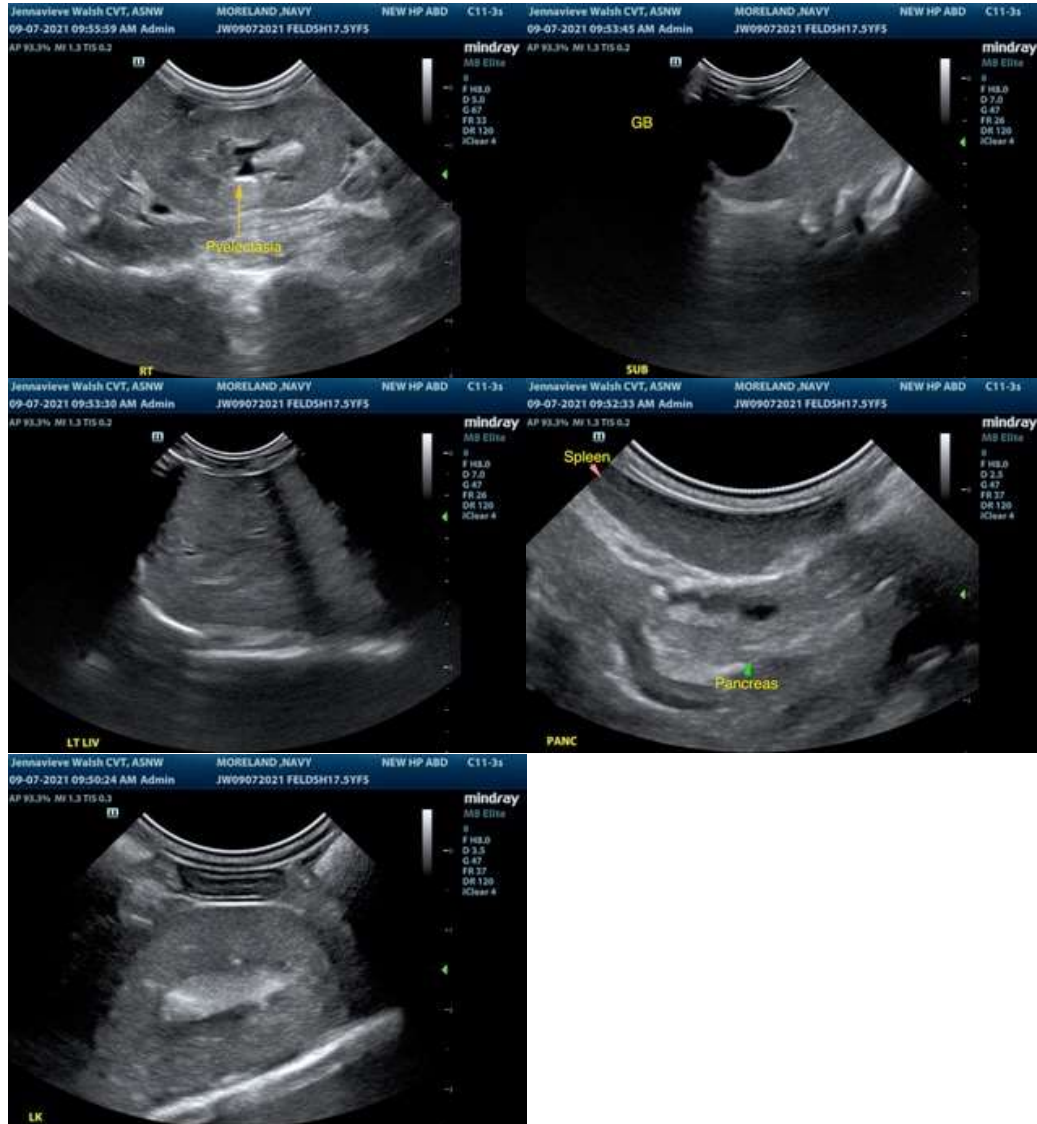
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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