**PATIENT**

Chance Carr

SPECIES

Feline

BREED

Russian Blue

SEX

MN

AGE

15.5yr

WEIGHT

10.6lb

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

Rachel Runnells RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. Wolff

INVOICE

11571ag

DATE

09/08/2022

PRESENTING CLINICAL SIGNS

Vomiting. Recently had diarrhea as well.

Abnormal PE/Chem/CBC/UA Results: Elevated enzymes from previous bloodwork.

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 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.

Normal renal size with asymmetrical margination was 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. Pinpoint to focal medullary mineral to small right kidney non-obstructive renolith was present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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.

Liver

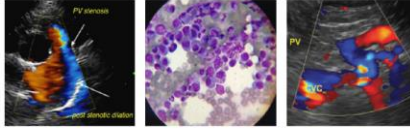
The liver was borderline to mildly enlarged with symmetrical capsule contour and mild non-uniform hepatic parenchyma exhibiting moderate coarse echotexture. Mildly indistinct portal vascular borders were observed.

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 contained mild retained anechoic fluid in the gastric body, antrum and pylorus with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent muscularis layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenal wall measured 0.27 cm in width. The jejunal wall measured 0.26 cm in width.

**PATIENT**

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

Chance Carr

Pancreas**SPECIES**

The pancreas was normal is size with subjective mild capsule asymmetry and subtle hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Feline

Free Abdomen**BREED**

No peritoneal effusion was present.

Russian Blue

Minor colic lymphadenopathy was present.

SEX

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- Bilateral chronic renal changes with pinpoint medullary mineral to small non-obstructive right kidney renolith
- Hepatopathy, sonographically unremarkable gallbladder and CBD
- Mild retained gastric fluid-possible mild gastric stasis
- Intact segmentally prominent small bowel walls
- Subtly hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**WEIGHT**

10.6lb

Although non-specific the liver may indicate underlying parenchymal or hepatobiliary process i.e. cholangiohepatitis. No overt evidence of hepatic neoplastic criteria which is considered less likely.

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The small intestine exhibited subtle mural changes which may indicate inflammatory gastroenteropathy. Potential for low grade pancreatitis may be suspected if discomfort on cranial abdominal or subxiphoid palpation. If evidence of weight loss, triad disease may be a consideration in this patient.

Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance / food hypersensitivity or occult parasitism are also potentials.

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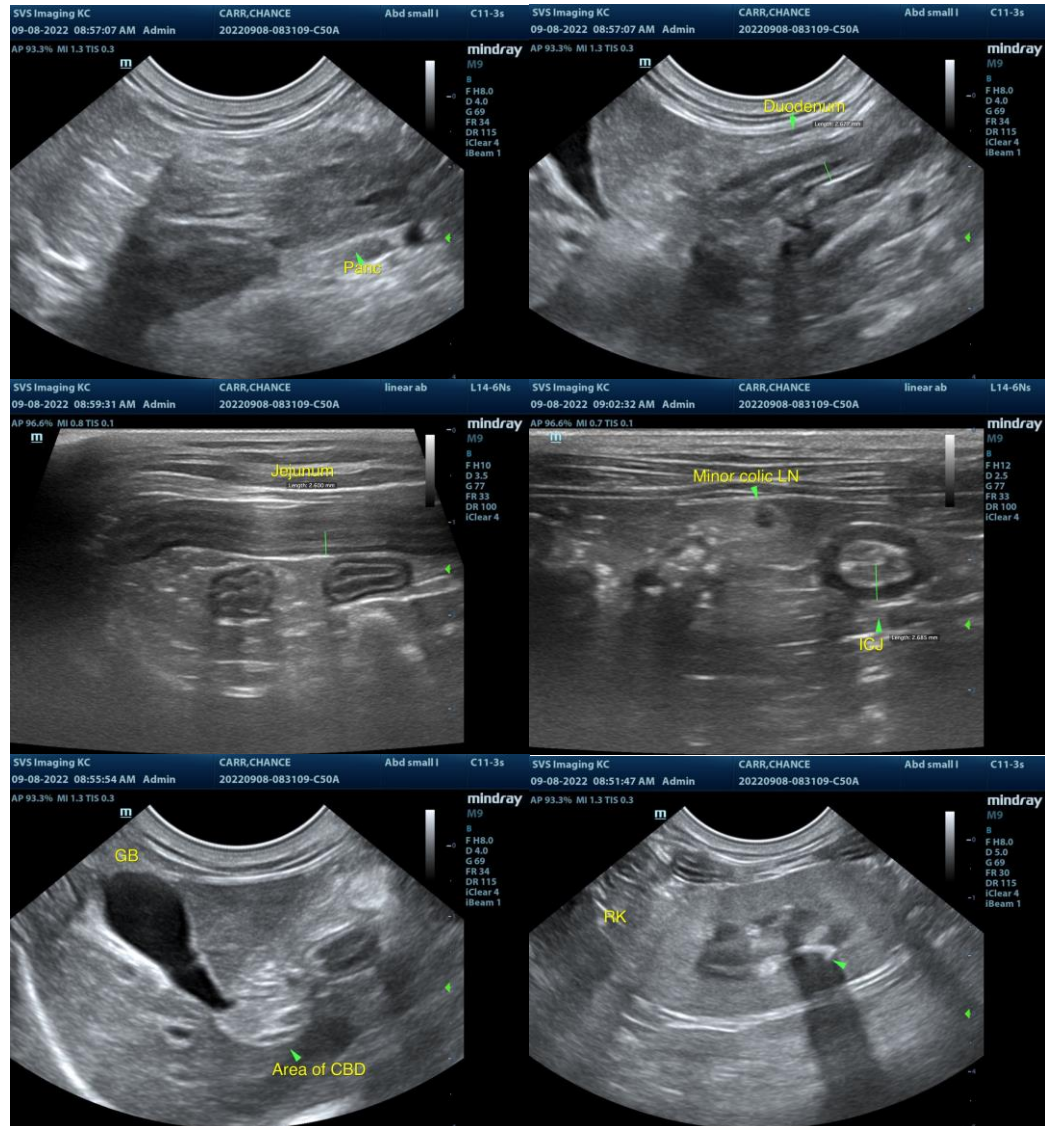
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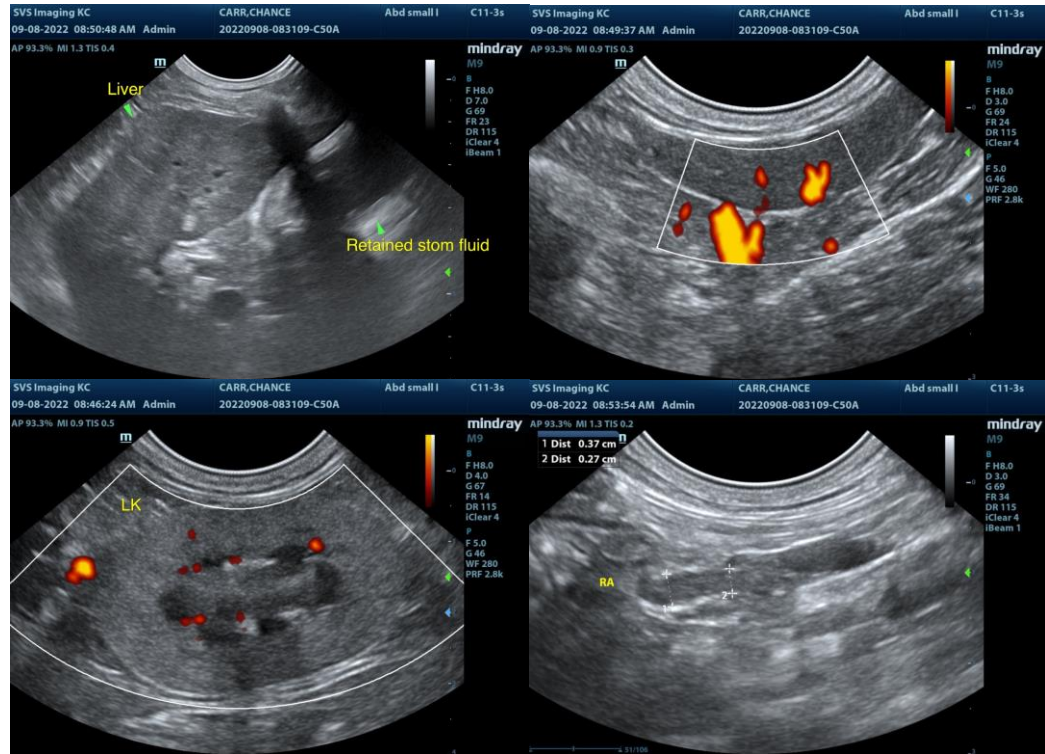
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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