



PATIENT

Fuzzy Page

SPECIES

Feline

BREED

Maine Coon / DLH

SEX

MN

AGE

11 y

WEIGHT

21 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

17197

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History-a week ago, Yowling at night and walking around, possible constipation, may have decreased urination. Today's AUS to check for mass

Abnormal PE/Chem/CBC/UA Results: Radiographs of abdomen Concerned about a possible mass in abdomen seen in 2018 and current RADs.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. No evidence of left ureter dilation was noted. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

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 0.82 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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Normal visible colon wall layers were present. No evidence of colonic dilation with significant retained, strongly shadowing fecal matter.

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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 were evident.

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Free Abdomen

A subjective increased amount of falciform and omental fat noted. No omental masses, lymphadenopathy or evidence of peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Mild age-related renal changes with mild left kidney pyelectasia
- Progressively shadowing gastric ingesta, sonographically unremarkable small bowel
- Subjective increased falciform/omental fat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal visceral pathology, specifically, no evidence of intraabdominal masses or neoplastic criteria present.

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The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The progressively shadowing gastric ingesta is nonspecific and may indicate postprandial presentation. Correlation with most recent meal ingestion may be considered if clinically indicated. The possibility of gastric hairball density could be present, if previous history of hairballs.

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No evidence of urinary bladder or obstructive distal colon mural pathology. Continued conservative therapy for potential constipation would be reasonable if clinically indicated.

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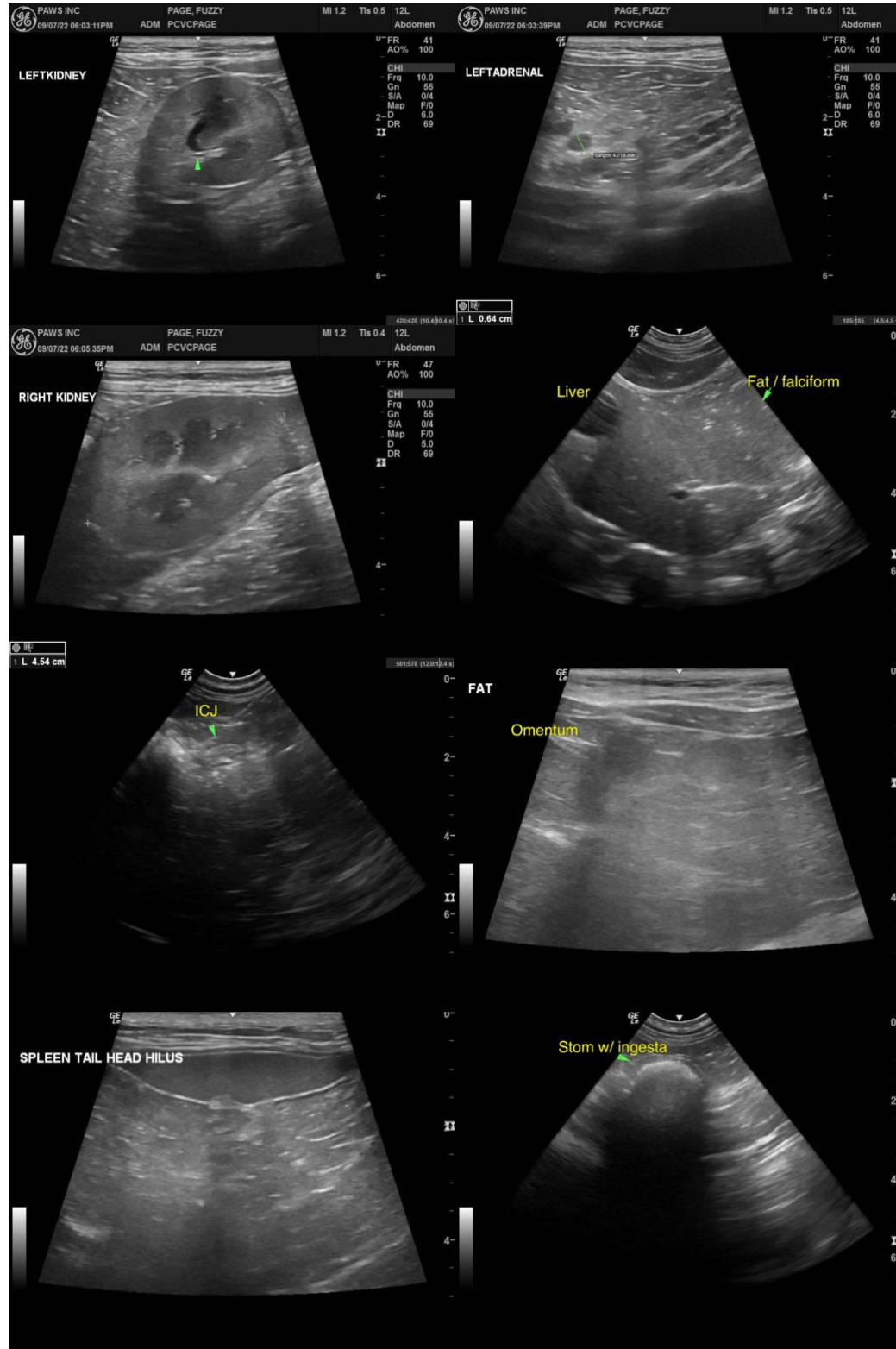
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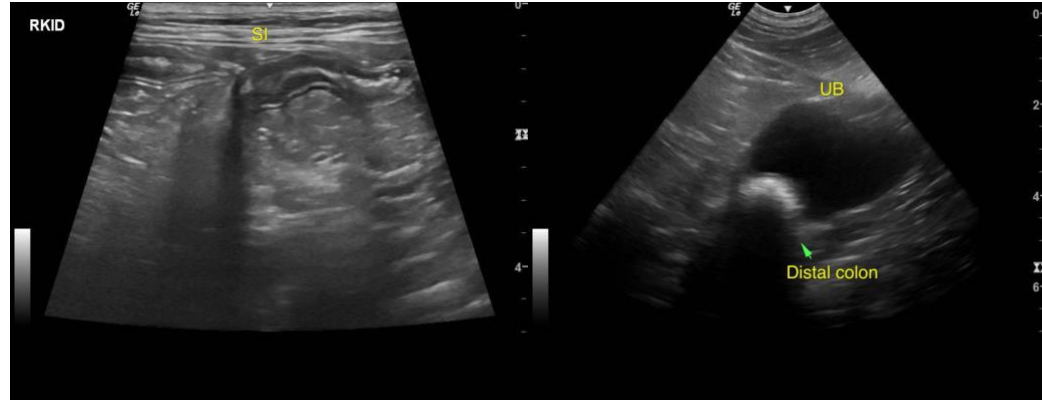
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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