



PATIENT

Colby Coco Stafaniak

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mayfield

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Dr. Kadasi

INVOICE

75970

DATE

7/6/23

PRESENTING CLINICAL SIGNS

History: -- Multiple week Hx of weight loss (~0.5 kg in the last month) and decreased appetite. -- COHAT ~ 1-2 months ago (many extractions, had oral pain) and subsequently the mouth looks great; all extraction site healed, no discomfort, no drooling, nor dropping food. -- Increased grooming of body (suspect secondary to mouth feeling better and allowing patient to groom), with increase in hairballs recently (post-dental). -- Patient was recently groomed with lion cut, which has helped reduce hair balls. 7/3/23: -- Supportive care given; mild improvement in appetite x 24 hours, then anorexic again. -- Withholding pro-motility agents, steroids, etc until AUS obtained. Sedated with Alfaxalone/butorphanol for the AUS on 7/6/23

Abnormal PE/Chem/CBC/UA Results: 7/5/23: PE: -- NSF RADS: -- Moderate to large amount of ingesta/material in stomach, unsure if simply ileus secondary to inflammation, or if trichobezoar/mass, etc that might necessitate explore sx. Full blood work 4/28/23: CBC: -- WNL CHEM: -- SDMA: 16 ug/dL (0-14) UA: -- NSF T4: -- WNL ** No current blood work reported **

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.71 cm. The left kidney measured 3.55 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.55 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was bifid, which is a normal variant.

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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. The distal small intestine revealed minor, muscularis hypertrophy, yet there was no loss of detail. This may be related to the low-grade inflammatory bowel.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Normal gastrointestinal tract with post prandial presentation and minor distal small intestinal hypertrophy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

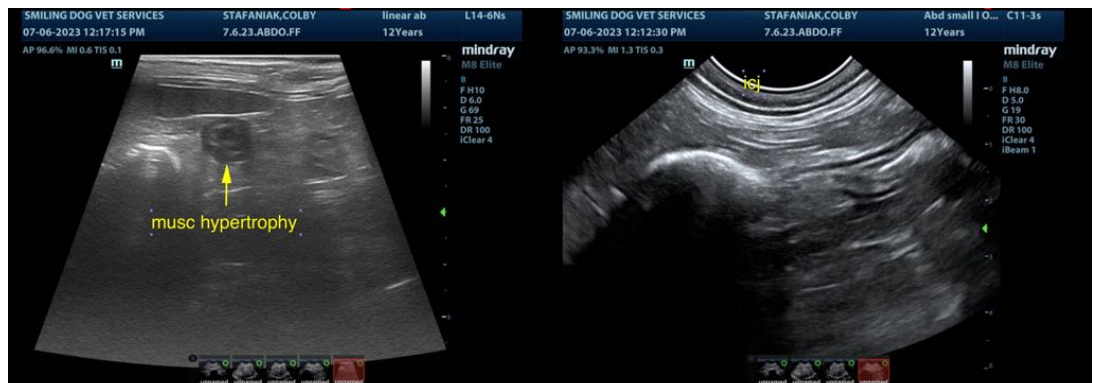
IMAGING PERFORMED BY

Dr. Mayfield

Transit of chyme was normal. There was no evidence of significant disease or foreign bodies. Orthopedic pain, CNS and thoracic disease should be considered as potential causes for anorexia. The ingesta in the stomach does not have the echotexture of hairball accumulation. This may have been an issue in the past, it does not appear to be a current issue.

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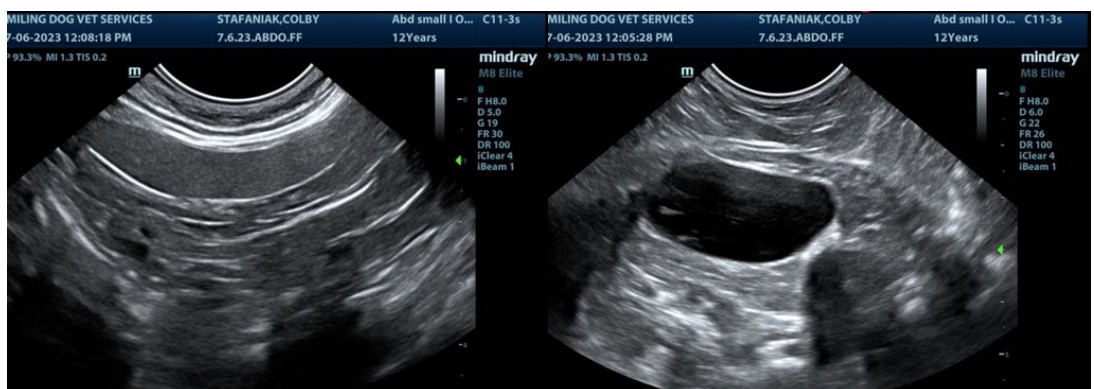
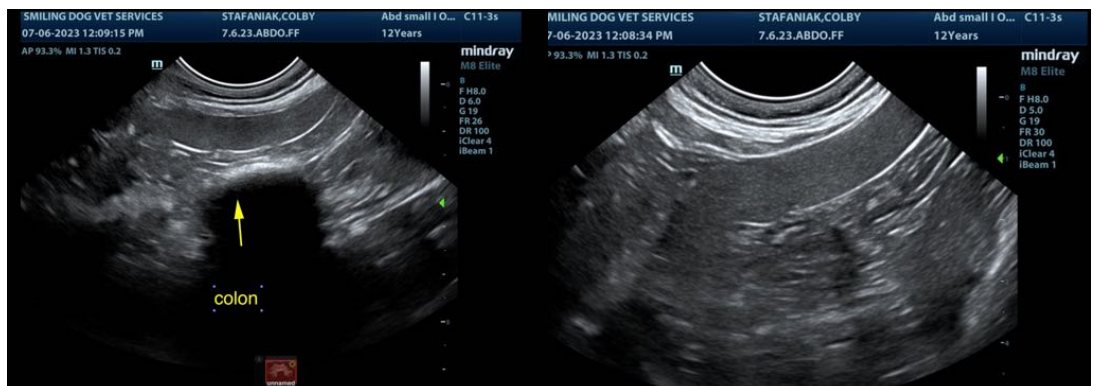
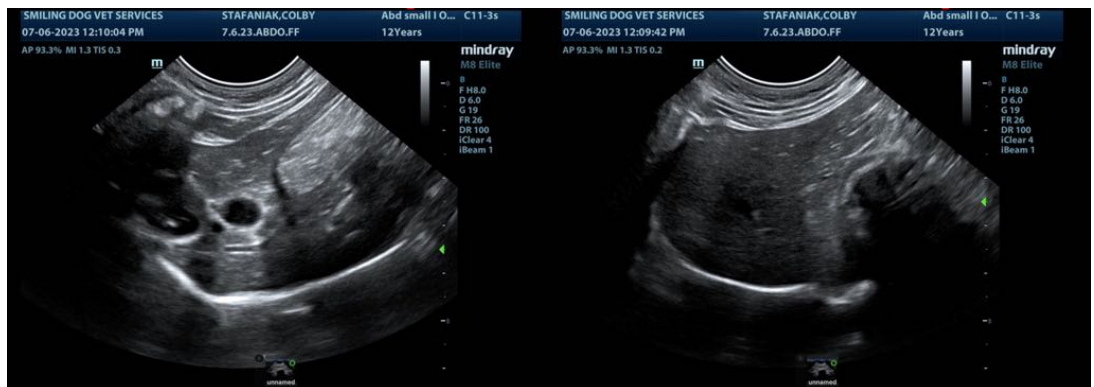
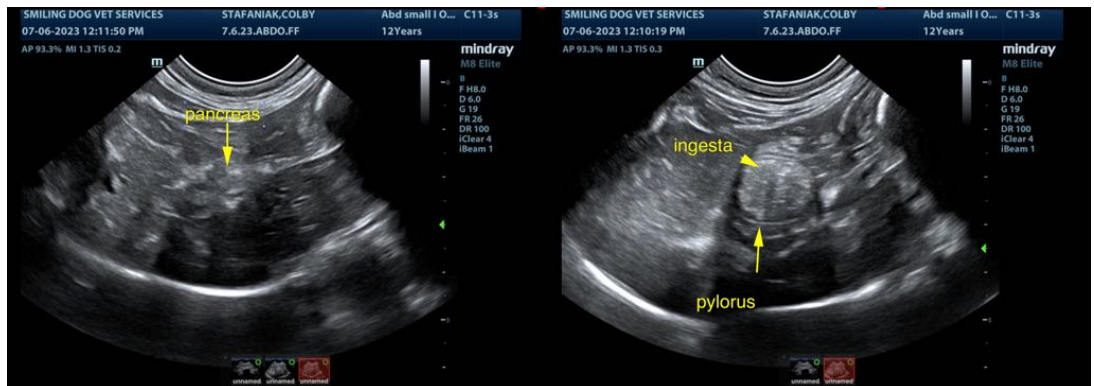
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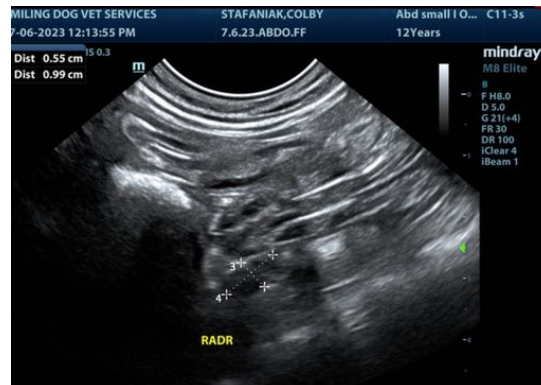
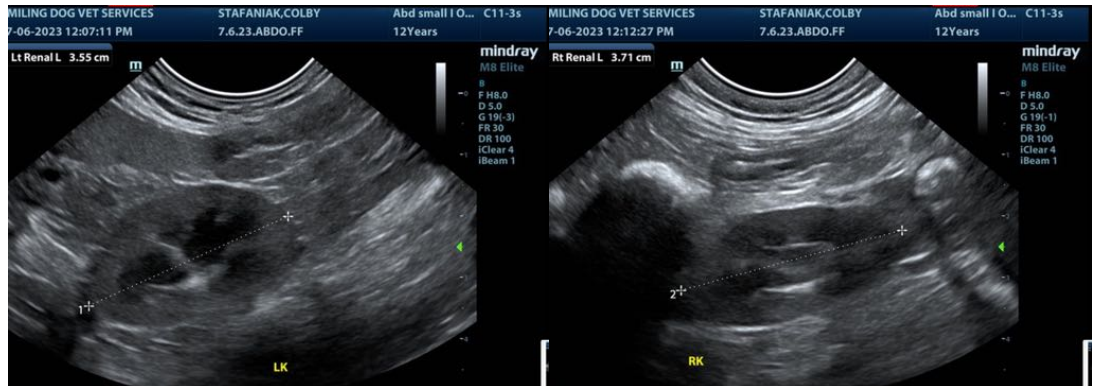
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com