



PATIENT PRESENTING CLINICAL SIGNS

Pooka Kitchens

History: -- Patient presented to FFCC in May for vomiting, inappetance, diarrhea. -- P hs also been evaluated at another primary veterinary clinic (Ark) multiple times for GI upset-- treated symptomatically. -- Patient received Purina NF for several months due to elevated kidney values -- COHAT performed at the Ark on 1/5/2023 Current treatments: -- Purina EN, Cerenia, SQF; patient responds, but clinical signs continue to recur. Past pertinent History: FIV +
Abnormal PE/Chem/CBC/UA Results: May, 2023: -- mild to moderate dental disease, but was otherwise WNL. 3/23/23: CHEM: -- SDMA, 15 (H) -- Ca, 12.7 (H) -- K, 5.3 (H) -- Na:K ratio low T4: 2.3 ug/dL (wnl) UA: USG: 1.056 Abdominal rads (recent): -- possible thickened bowel loops, with mild-moderate intestinal gas noted. Repeat blood work (recent): -- mild neutropenia -- SDMA, high at 14 -- K: 5.5 (H) -- persistently low Na:K ratio; 27 Spec fPL: normal 1.8 Comprehensive Fecal PCR panel: NEG

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

5 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Patti Mayfield

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Dr. Kadasi

INVOICE

75973

DATE

7/6/23

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. Slight pinpoint mineralization was noted in the left kidney. The left kidney measured 4.08 cm. The right kidney measured 4.14 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 0.37 cm. The left adrenal gland measured 0.34 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.

Liver

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 presented acceptably thin walls with



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primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **gastrointestinal tract** was largely unremarkable with minor muscularis hypertrophy in the pyloric outflow. There was no loss of mural detail. There was no evidence of significant pathology. The small intestine and colon were unremarkable with respected curvilinear patterns.

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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

Minor pyloric thickening, no loss of mural detail.

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Slight pinpoint renal mineralization in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel, occult parasitism and dietary intolerance are all potentials in this patient. Helicobacter is also a differential. However, structurally the abdomen appears unremarkable.

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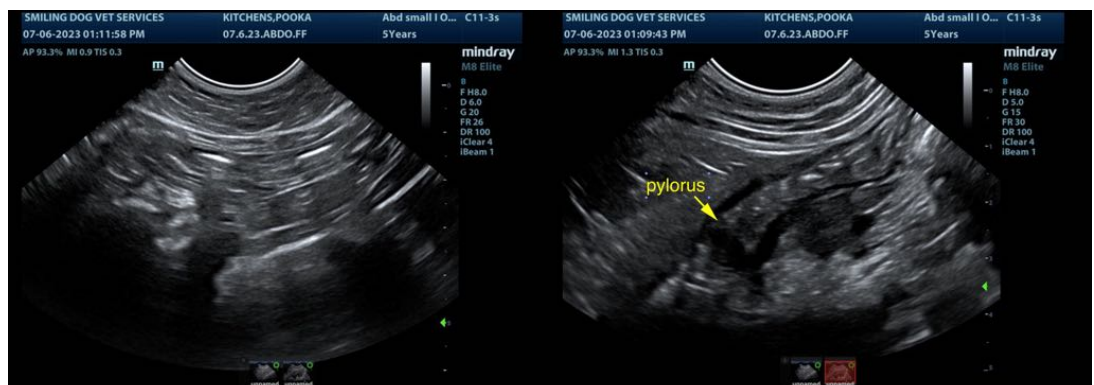
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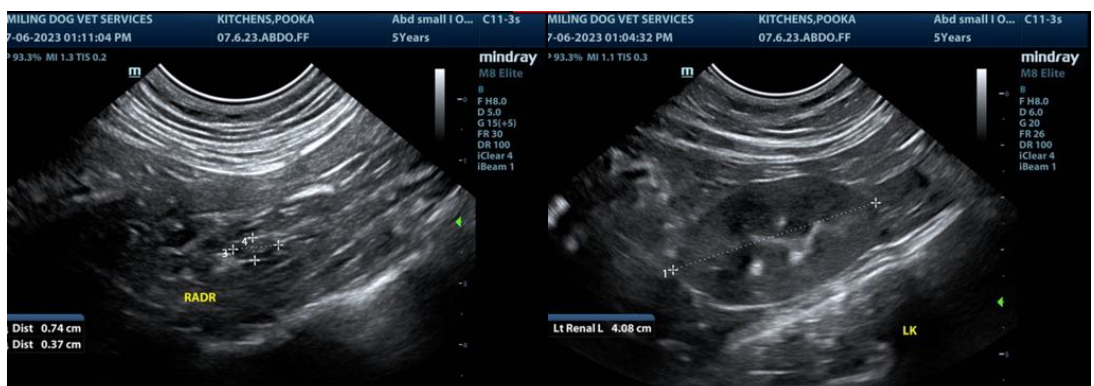
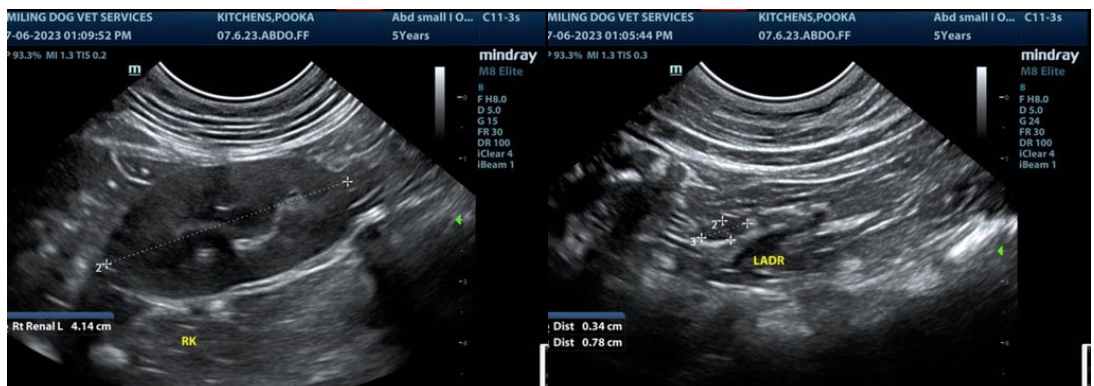
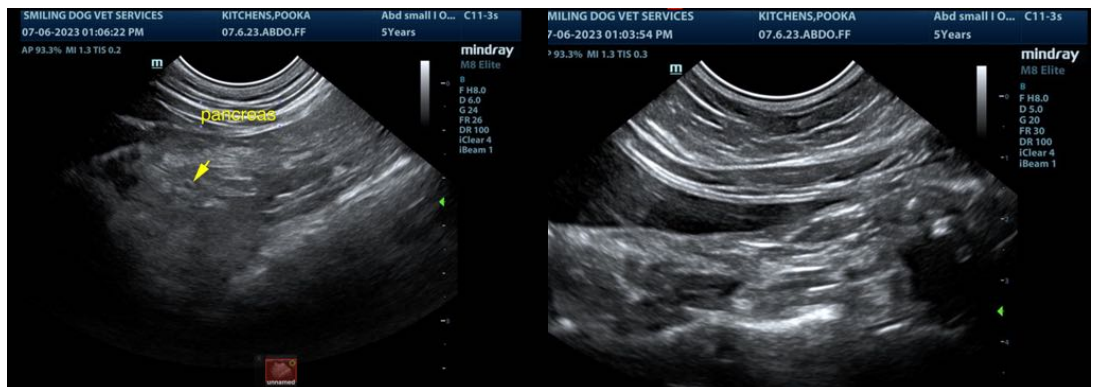
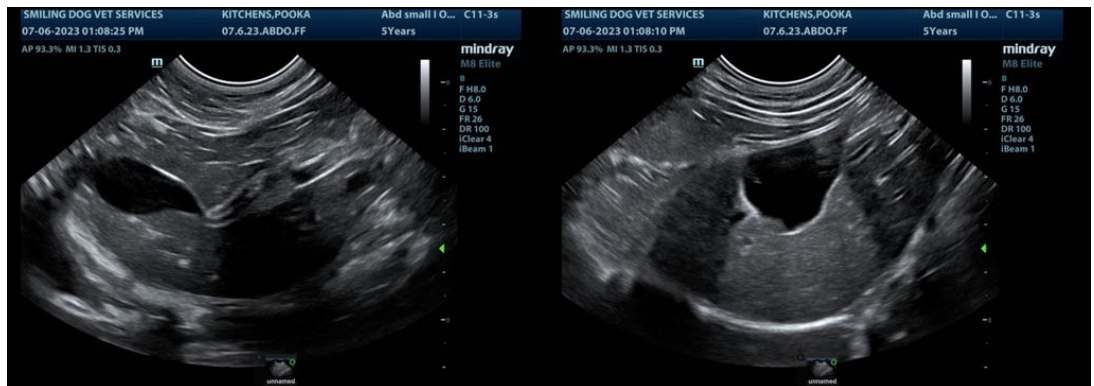
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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