
PATIENT PRESENTING CLINICAL SIGNS

Norman Samu
SPECIES
 Feline
BREED
 DSH
SEX
 Neutered Male
AGE
 7 years
WEIGHT
 5.87 kg

History: Chronic vomiting and hyorexia - waxing and waning over about 2 months. Has lost weight on examination. Gas and nausea on abdominal palpation but non painful. Responsive to Cerenia and has been put on a Hypoallergenic diet as well. Cerenia every 24 hours and Gabapentin for US.

Abnormal PE/Chem/CBC/UA Results: CBC and Biochem and T4 all WNL. fPL WNL, cobalamin not fasted 1199(204-1051) Urinalysis by Cysto - SG 1.057 (iatrogenic hematuria from cysto) rest of UA quiet. (Confirmed by Blucare 2 weeks after urine testing) FELV/FIV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with mild echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 2.00 cm beyond the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a mild loss of corticomedullary distinction. The left kidney measured 4.00 cm in length. The right kidney measured 4.30 cm in length.

Adrenal Glands

Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 4.00 mm in width. The right adrenal gland measured 5.00 mm in width.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was empty with normal wall thickness and layering. The small intestine was curvilinear in pattern, with subjectively normal wall thickness and layering throughout. There was minimal ingesta in the small intestine. The colonic wall was normal in thickness and layering. There was no visible obstruction, masses or nodules in the GI tract. The jejunum wall measured 2.00 mm thick.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

INTERPRETED BY

Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
 (Hamilton)

REFERRING VET

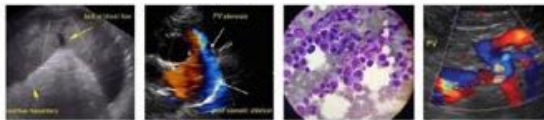
Hall

INVOICE

13952

DATE

8.3.23



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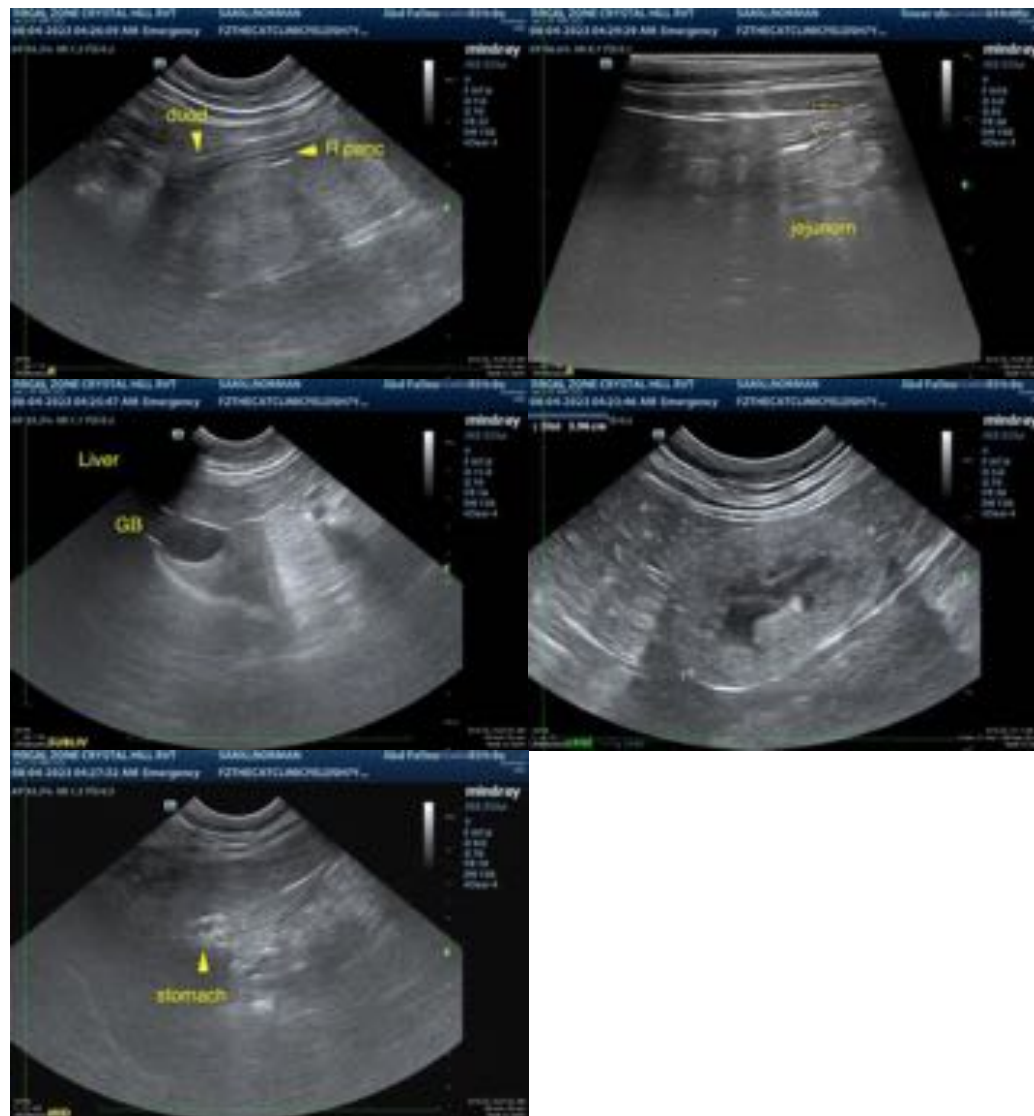
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FINDINGS

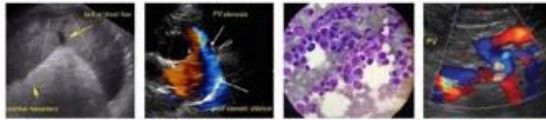
- Structurally normal GI tract
- Mild aging changes in both kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no visible evidence of pathology in the abdomen to explain the chronic vomiting and decreased appetite. At times, clinically significant IBD can sonographically appear normal. Food intolerance could present this way as well. A hypoallergenic diet may prove useful. Treatment for IBD could be considered with a trial course of steroids. If weight loss continues, three-view chest radiographs, a CNS exam, and full oral exam would be recommended as well.



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.



PATIENT

Norman Samu

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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