



PATIENT PRESENTING CLINICAL SIGNS

PATIENT BooBoo Carlson
Came in for wellness exam and vaccines on 12/21/21 Was doing well at that time. Got FVRCP and Rabies Purevax. Normal PE at that time. Stopped eating after that and has not eaten much since then. Came in two days ago Has lost large amount of wt. CBC and Chem WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES Feline

Urinary System

BREED DSH
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

SEX No evidence of pathology in the area of the aortic trifurcation.

FS Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

AGE 5 Years

Adrenal Glands

WEIGHT 10.85 lbs
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

Spleen

The spleen exhibited mild generalized enlargement with subtle asymmetrical to scalloped medial capsule contour and subtle generalized splenic parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No distinct splenic masses or nodules. The spleen measured 1.1-1.2 cm width at the level of the hilus.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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.

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The gallbladder was mildly subnormal in size potentially owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kristi Whitten

Gastrointestinal

The visualized gastric walls were sonographically unremarkable exhibiting intact wall layering and without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow. The ventral gastric body wall measured 0.32 cm width.

INVOICE

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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. The duodenal wall measured 0.26 cm width and the jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.

DATE

1-10-22



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

BooBoo Carlson *Pancreas*

SPECIES The left pancreatic limb caudal to the stomach presented normal in size with subtle asymmetrical contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent parenchyma. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Feline

Free Abdomen

BREED Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.3 cm width.

DSH

No overt peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Nonspecific mild splenomegaly exhibiting mild parenchyma heterogeneity.

AGE

- Gastric hairball density.

5 Years

- Sonographically unremarkable small bowel.

- Possible low grade pancreatitis.

WEIGHT

- Intermittent subjectively benign / reactive colic lymph nodes.

10.85 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

The appearance of the ingesta within the stomach is suggestive of hairball density or similar given the patient's documented fast. Hairball therapy may prove beneficial if clinically indicated. The possibility of similar material such as fabric or stuffing cannot be definitively excluded. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation recommended. 24-48 hospitalization with IV fluid and gastrointestinal support with either sonographic or radiographic monitoring for evidence of gastric emptying would be appropriate.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The spleen may indicate incidental hyperplasia, hematopoiesis, splenitis, or other benign pathologies. However, given the patient's weight loss, the potential for emerging infiltrative splenic neoplasia cannot be excluded.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs to rule out occult thoracic pathology as potential cause of weight loss, and assuming normal clotting status, ultrasound guided FNA of the spleen using a 25 gauge needle primarily to ensure only benign changes are present and rule out potential for neoplasia.

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SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5 Years

WEIGHT

10.85 lbs

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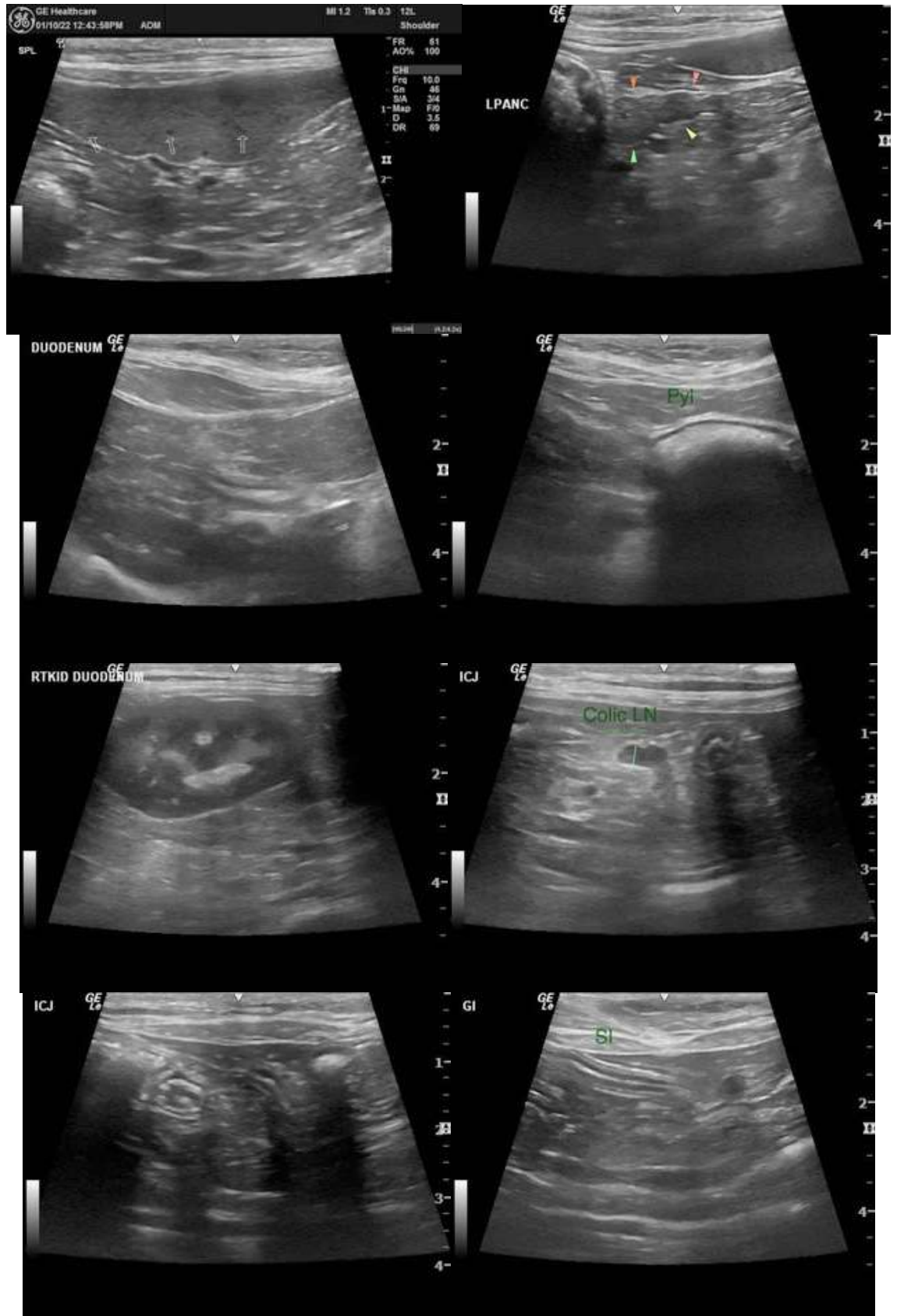
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SPECIES

Feline

BREED

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SEX

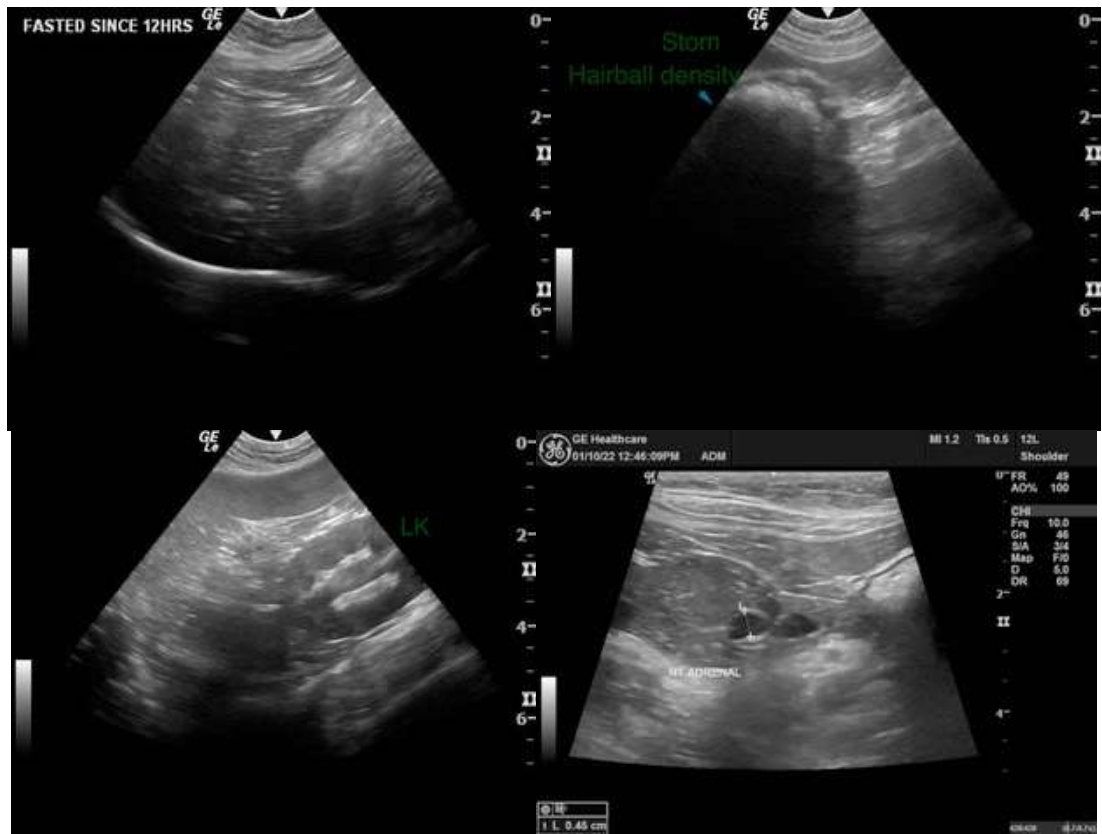
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AGE

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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