

PATIENT

SweetPea Banks

PRESENTING CLINICAL SIGNS

SPECIES

weight loss

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

Spayed Female

The kidneys were normal in size. Right renal margination was normal. Asymmetrical lateral margination noted in the left kidney, likely consistent with cortical infarct. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral noted in both kidneys. The left kidney measured 3.2 cm. The right kidney measured 3.0 cm.

AGE

17 Years

Adrenal Glands

WEIGHT

12 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.90 cm in width. Static, intermittent, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Liver

HOSPITAL NAME

VCA Feline AH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

REFERRING VET

Dr. Vincent Fleming

Gastrointestinal

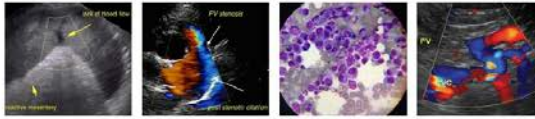
INVOICE

34151

The stomach exhibited mild fundus and gastric body mural thickening, primarily owing to subjective echogenic to thickened gastric mucosa. The stomach was empty with mild pockets of luminal gas

DATE

1/11/22



PATIENT

SweetPea Banks and without evidence of retained ingesta, fluid or foreign material. Gastric wall measured up to 0.60 cm. Intact wall layering was maintained within the stomach.

SPECIES

Feline

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. Jejunum wall measured 0.2-0.22 cm wall width. Ileocolic wall measured 0.28 cm.

BREED

DSH

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

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 was evident.

SEX

Spayed Female

Free Abdomen

AGE

17 Years

Intermittent, mildly prominent to enlarged jejunocolic lymph nodes were noted. Example measured 0.46 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12 Pounds

- Minor urinary bladder sediment
- Bilateral chronic renal changes with lateral left kidney cortical infarct
- Mildly thickened stomach secondary to subjective mild echogenic mucosal hypertrophy
- Overtly normal small bowel
- Intermittent subjectively benign jejunocolic lymphadenopathy
- Static benign splenic nodules

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

The thickened stomach is non-specific, yet not overtly consistent with neoplastic criteria given the maintained discernable intact wall layering. Potentially, this could be secondary to gastric mural fat deposition commonly seen in older cats. Potential for some degree of gastritis also possible. Overall, largely geriatric abdomen without evidence of significant visceral pathology as an obvious cause of the patient's weight loss. Gastroprotectant protocol and as needed support could be considered if evidence of inappetence or vomiting. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

REFERRING VET

Dr. Vincent Fleming

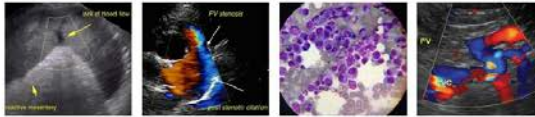
The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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SPECIES

Feline

BREED

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Spayed Female

AGE

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WEIGHT

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IMAGING BY

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HOSPITAL NAME

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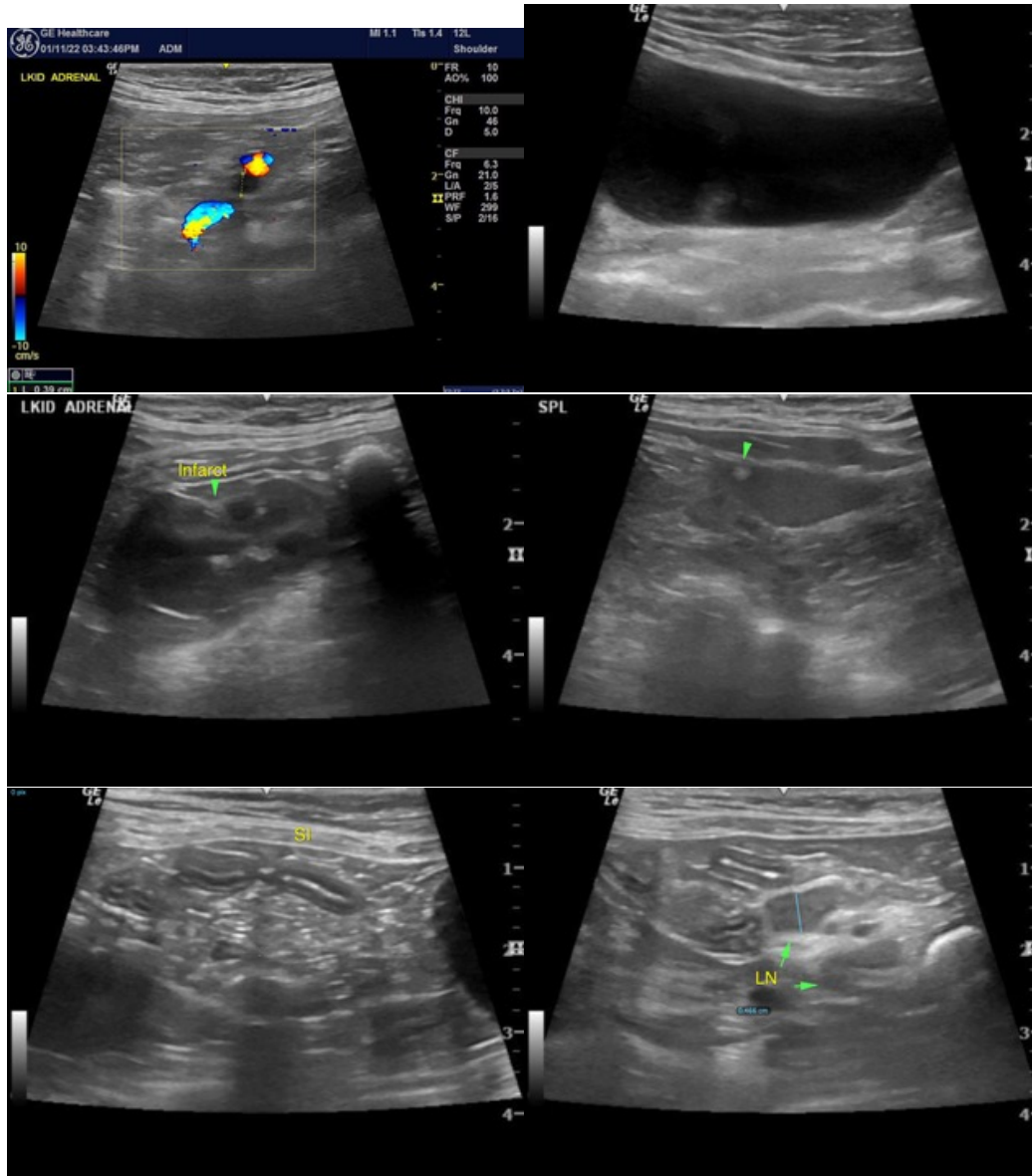
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SPECIES

Feline

BREED

DSH

SEX

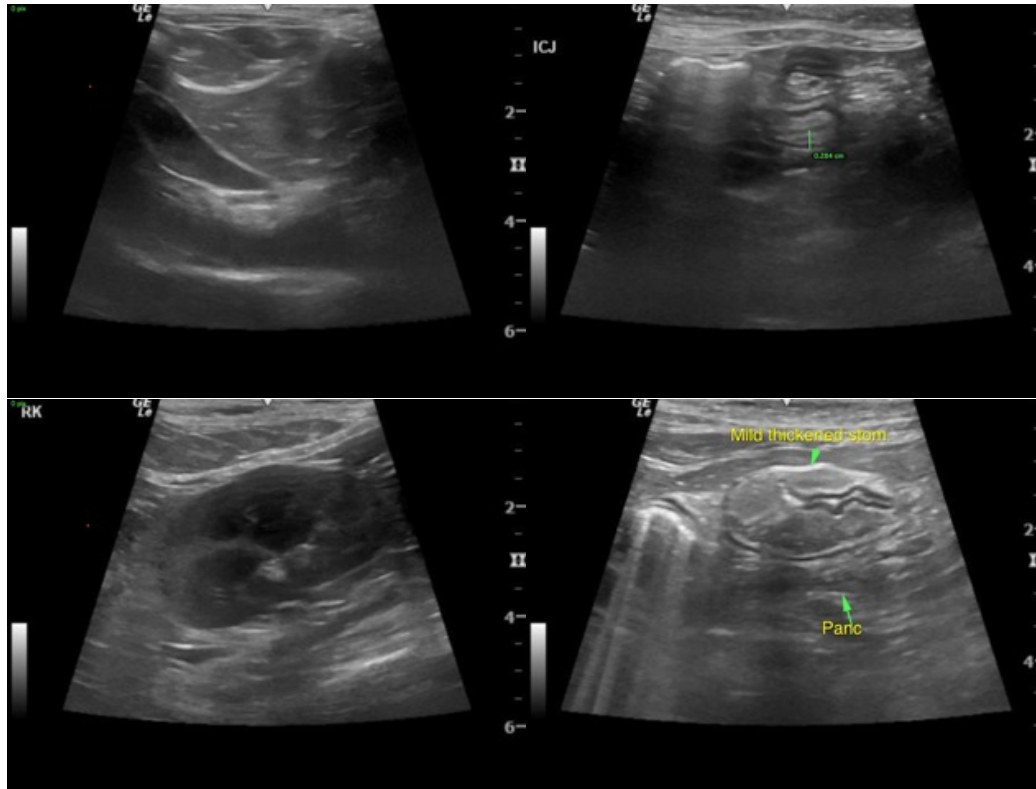
Spayed Female

AGE

17 Years

WEIGHT

12 Pounds



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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

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