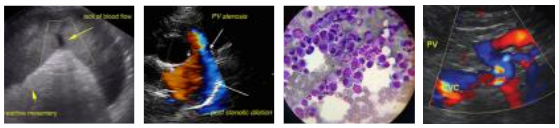


PATIENT

Mia Jaymot

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

17 years

WEIGHT

5.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

Dr. Burgt

INVOICE

15847

DATE

1/13/23

PRESENTING CLINICAL SIGNS

ongoing vomiting, weight loss; T4 controlled, abdominal xrays - NSF
Abnormal PE/Chem/CBC/UA Results: mildly elevated BUN (47) Current Medications methimazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

A normal 1:3 cortex / medulla ratio was maintained in the bilateral kidneys. The medulla and cortices were uniform in texture with some increased echogenicity and mild 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 were noted. The left kidney was subnormal in size measuring 2.6 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

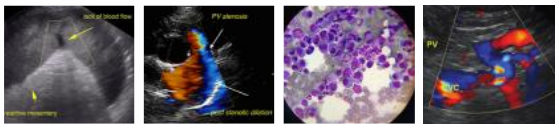
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width. No adrenal tumors or pathology was noted.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal to potentially mildly subnormal in size possibly indicative of mild volume contraction measuring 0.50 cm width at the level of the hilus.

Liver/ Gallbladder

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 m.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental luminal gas and with no signs of mechanical / metabolic intestinal ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.2 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, significant lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes exhibiting pinpoint medullary mineral, subnormal left kidney size
- Structurally unremarkable gastrointestinal tract
- Heterogeneous pancreas
- Mild hepatic parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without sonographic evidence of significant visceral pathology. Given the patient's persistent vomiting and weight loss, nonstructural intestinal disease with potential for low-grade or chronic pancreatitis is suspected. Dietary intolerance / food hypersensitivity, Inflammatory bowel disease or low-grade / chronic pancreatitis, and less likely potential for infiltrative gastrointestinal neoplasia given the intestinal presentation, are all potentials.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. If not done, thoracic radiographs are suggested to rule out occult thoracic pathology as a contributing factor. Pending additional diagnostics, a canned hydrolyzed diet trial, gastroprotectant protocol, cobalamin supplementation, +/- Prednisolone trial at lowest effective dose to control clinical signs may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic reassessment may be considered if persistent weight loss and vomiting despite conservative therapy is recommended.

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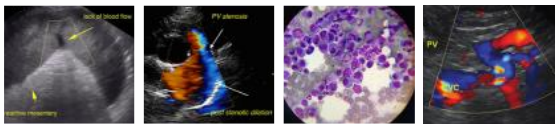

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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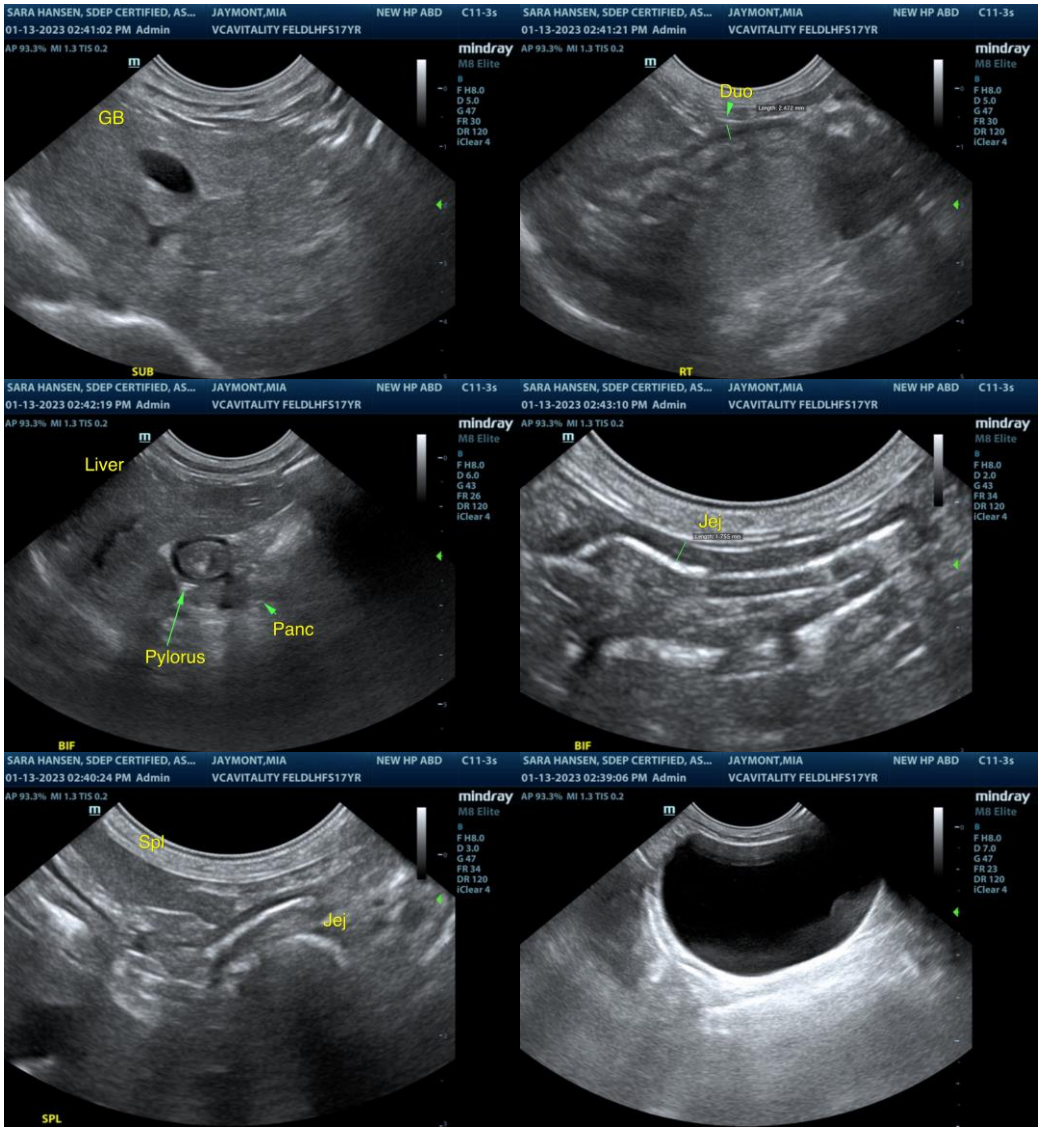

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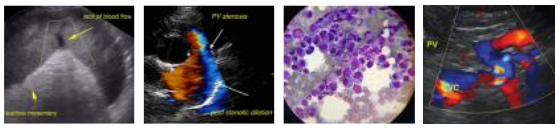

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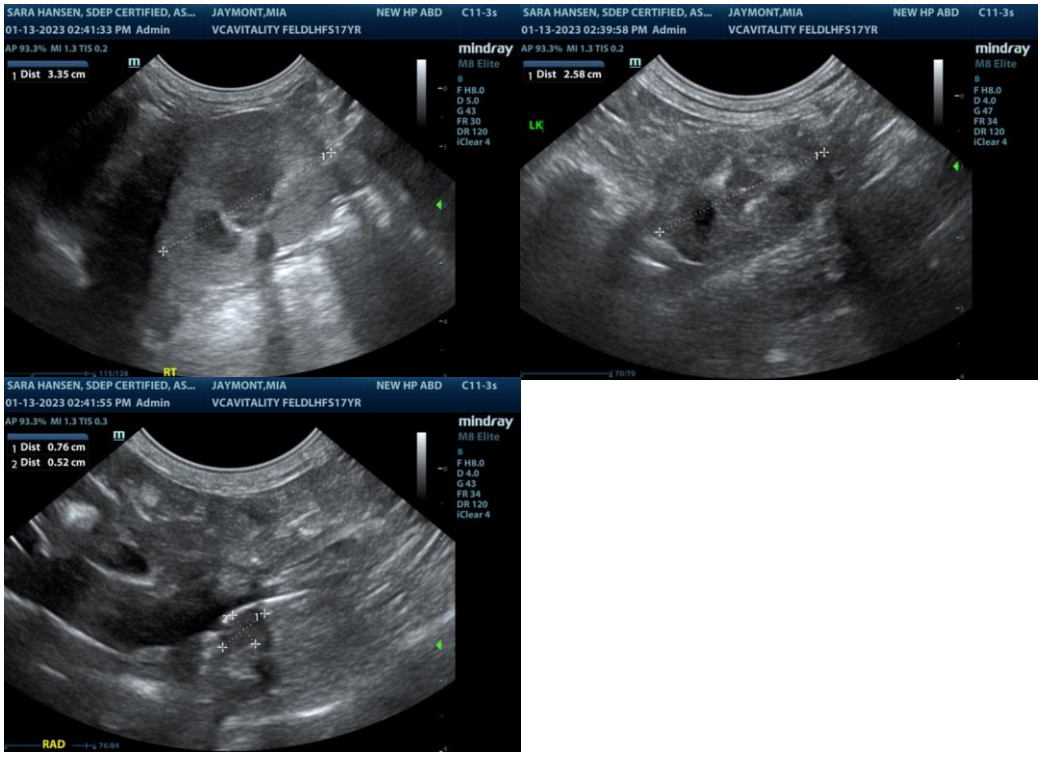

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com