



PATIENT PRESENTING CLINICAL SIGNS

Pippin Thomsen

Pippin (adult) DMH cat belonging to Stanley and Sundai Thomsen. Pippin presented on 12/9/21 with a history of losing weight and maybe one episode of vomiting about a month prior. His appetite was reportedly normal, although it is an automatic feeder so quantity hard to judge. There is a new puppy in the house that could be causing some stress. His weight was down from 7.8# (2018 and 2020) to 7.1#.

SPECIES

Feline

BREED

DSH

SEX

9On PE I thought the liver felt enlarged, but could not necessarily distinguish any other masses/mass effect. Bloodwork only revealed a slightly high cholesterol of 242 (75-220 mg/dL) and a very slightly low Na:K+ of 31 (both Na and K were wnl). Platelets were decreased but there were some slots in the sample so the actual value was not determined. The cat does have a travel history to England but otherwise resides here in California. He has had an unremarkable medical history with us. Let me know if there are any other questions. He will likely be sedated for his U/S as he has a limited patience level

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12-16 years

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, 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.

WEIGHT

7 lbs.

INTERPRETED BY

The area of the aortic trifurcation was free of pathology.

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. 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. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

HOSPITAL NAME

Penn Valley VA

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. No overt pathology was noted in the area of the right adrenal gland.

REFERRING VET

Dr. Nancy Reese

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

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DATE

1/15/22



PATIENT *Liver/ Gallbladder*

Pippin Thomsen

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. Solitary, well-demarcated, uniformly hyperechoic intraparenchymal nodule was present in the mid caudal liver. The nodule was small in size, measuring 0.26 cm in diameter. 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

SEX

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. The pylorus wall width measured 0.26 cm.

AGE

12-16 years

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. No evidence of Intestinal mural hypertrophy was noted. Subjective propensity for subtly prominent muscularis layer was present. No evidence of loss of intestinal wall layering or intestinal masse was noted. The duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.23-0.25 cm. The ileocolic wall width measured 0.36 cm.

WEIGHT

7 lbs.

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 were evident.

INTERPRETED BY

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DABVP (Canine and Feline)

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

ULTRASONOGRAPHIC FINDINGS

Primary Findings

HOSPITAL NAME

Penn Valley VA

- Minor particulate urinary bladder sediment
- Mild to moderate chronic renal changes
- Possible inflammatory enteropathy

REFERRING VET

Dr. Nancy Reese

- Hepatic parenchymal remodeling with focal benign intraparenchymal nodule - likely consistent with focal nodular / regenerative hyperplasia or small lipogranuloma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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Although not definitive, subjectively, the small intestine exhibited subtle mural changes yet without evidence of mural hypertrophy, which may suggest low-grade inflammatory enteropathy / IBD.



PATIENT

Pippin Thomsen

Without reported consistent gastrointestinal signs, this finding is nonspecific. However, cats with ongoing intestinal disease may only present with weight loss as a single complaint. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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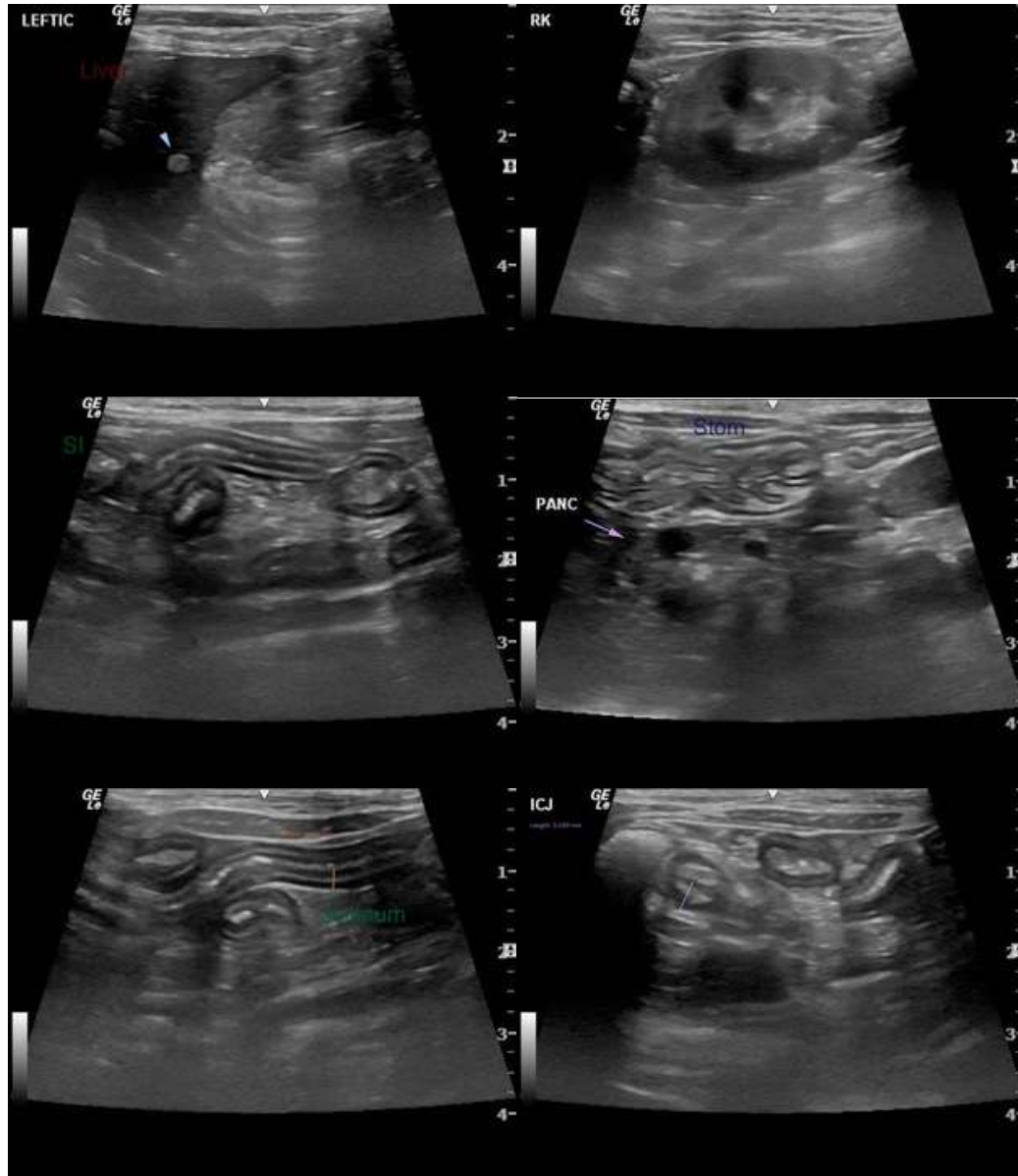
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HOSPITAL NAME

Penn Valley VA

REFERRING VET

Dr. Nancy Reese



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PATIENT

Pippin Thomsen

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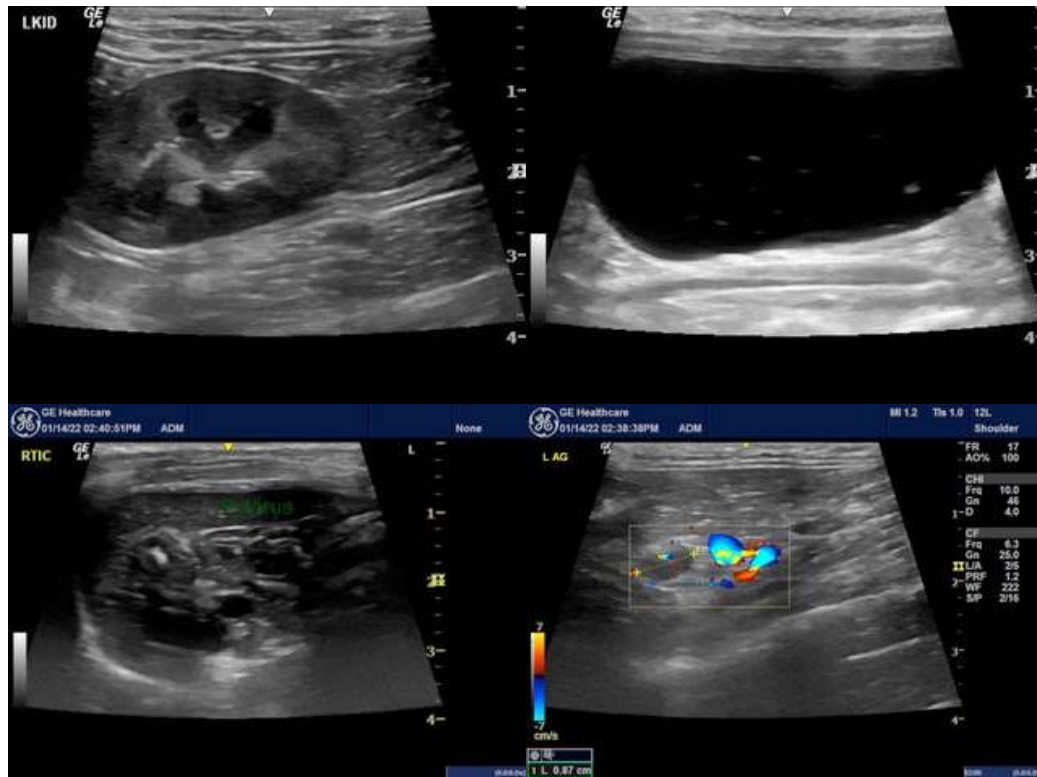
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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