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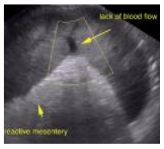

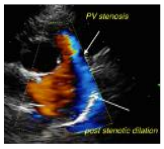

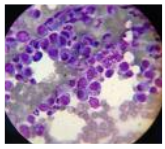
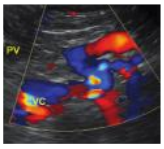

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1-800-838-4268 info@sonopath.com

PATIENT

Bell Weidenbaker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

16 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Mike Esau

INVOICE

13627

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Inappropriate urination. CBC- within normal limits, chemistry-elevated glucose, urinalysis - glucose. Radiographs: urinary bladder appears normal, abdomen appears normal, thorax appears to have an inflammatory or bronchiolar pattern and concerned about right side of cardiac silhouette appearing enlarged.

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 were noted. Aortic trifurcation was normal.

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 4.0 cm in length. The right kidney measured 4.2 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 0.32 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen was mildly enlarged yet normal structure and echogenicity, measuring 1.1 cm in width. No evidence of neoplastic criteria. The mild splenomegaly is likely owing to sedation.

Liver

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 measured 0.25 cm.

The intestinal walls demonstrated intact yet generalized mild altered muscularis / mucosa ratio owing to generalized propensity for prominent muscularis layer. The jejunum wall measured 0.28 cm – 0.30 cm.

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

Pancreas

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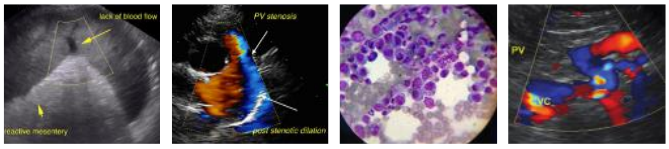

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

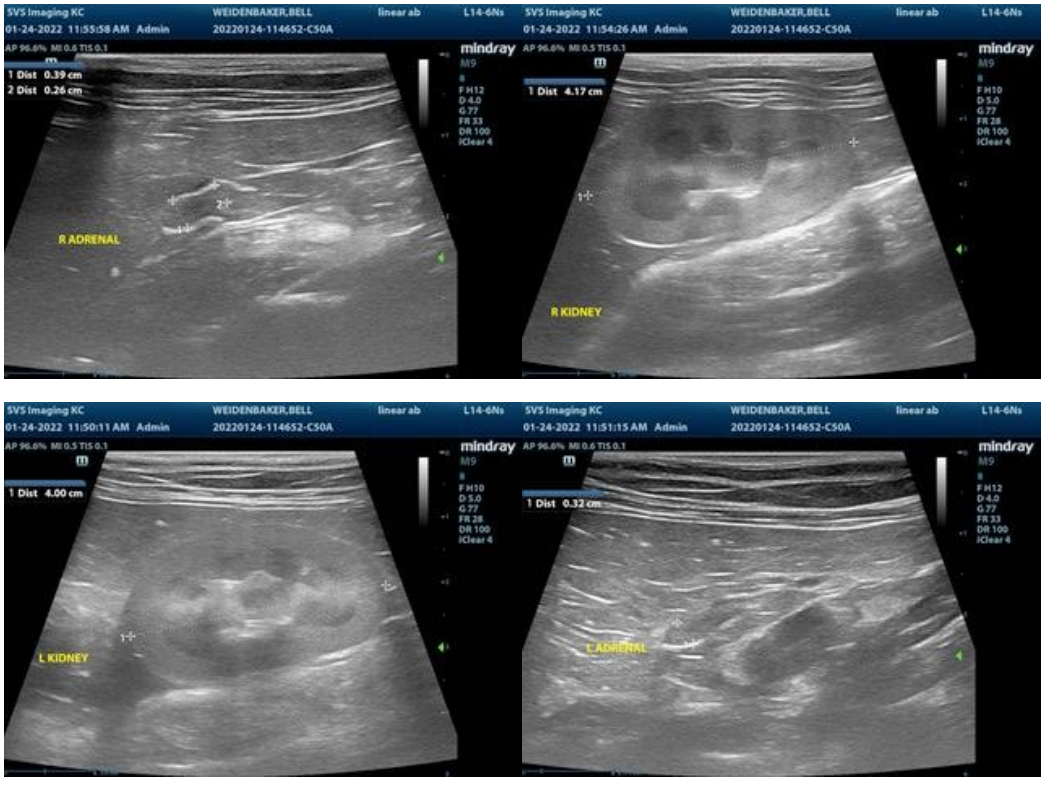
No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly, likely owing to sedation
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis
- Intact yet prominent small bowel walls, exhibiting subjective altered muscularis to mucosa ratio

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of definitive cause of inappropriate to abnormal urination was not definitively evident given the glucosuria, urine culture and sensitivity on sterile urine sample as well as fructosamine level, if clinically indicated, are recommended. Given the lack of reported gastrointestinal signs or weight loss in this patient, the clinical significance of the intestinal presentation is unclear. However, if previous or emerging gastrointestinal signs or weight loss have been noted, the small intestine is suggestive of underlying inflammatory infiltrative enteropathy, such as IBD, eosinophilic enteritis or other. Correlation with clinical signs and monitoring for gastrointestinal signs or evidence of weight loss is suggested.



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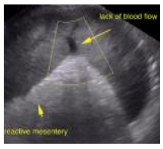
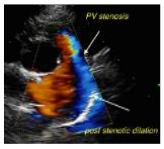
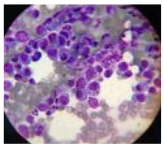
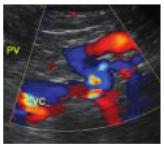

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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