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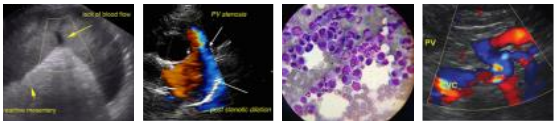


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Chloe Honeycutt

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

9 Years

WEIGHT

7 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

13714

DATE

1/31/22

PRESENTING CLINICAL SIGNS

History: weight loss, intermittent bloody diarrhea, some vomiting Current Medications Proviable

Abnormal PE/Chem/CBC/UA Results: Senior Screen w/ spec fPL on 1/26/22: HCT = 57% Chem is wnl. spec fPL = 2.3 wnl Urinalysis = spgr 1.061, ph = 6, 2+ protein Fecal = no ova/parasites seen T4 = 2.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Normal size and margination were 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 3.8 cm in length. The right kidney measured 3.6 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 0.37 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

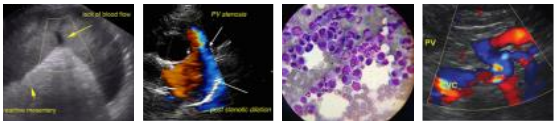
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.76 cm in width at the level of the hilus.

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 and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.26 cm width.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing gastric ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent muscularis yet without overt evidence of mural hypertrophy or loss intestinal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.21 cm.

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

Pancreas

The left limb of the pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

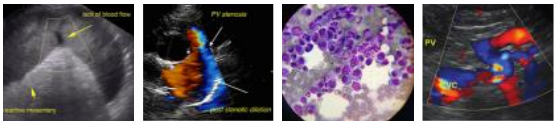
ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta with overtly normal small bowel and colon
- Nonspecific nonobstructive mild common bile duct dilation
- Mildly hypoechoic left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

A GI panel to include PLI, TLI, cobalamin and folate as well as diarrhea PCR panel is recommended. Dietary hypersensitivity/food intolerance, occult parasitism (if the patient is indoor/outdoor) or structurally insignificant gastroenterocolonopathy possible. Empirically, hydrolyzed diet or higher fiber diet (such as WD or similar) may prove beneficial. Pending GI panel, empirical cobalamin supplementation and high colony count probiotics (such as Proviable) recommended. If persistent diarrhea despite dietary and probiotic support, intestinal biopsies could be considered. Alternatively, Metronidazole at 62.5 mg, Prednisolone 5 mg and sulfasalazine 62.5 mg compounded into single gel cap SID or BID could be considered with assessment of clinical response.



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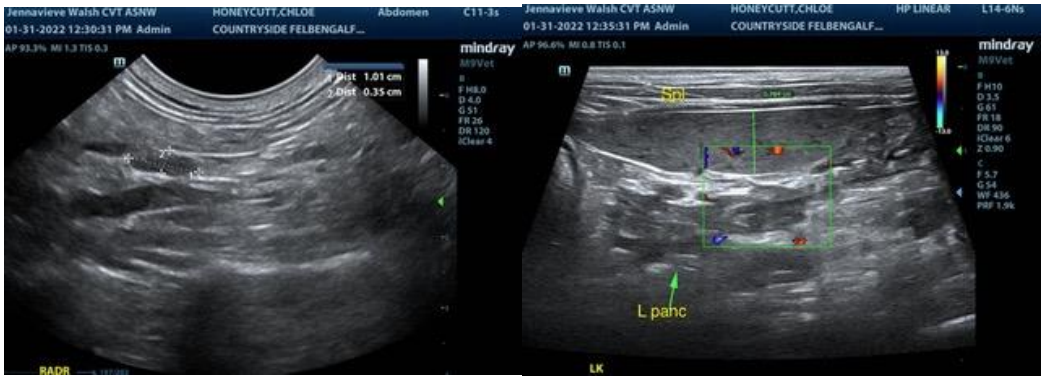

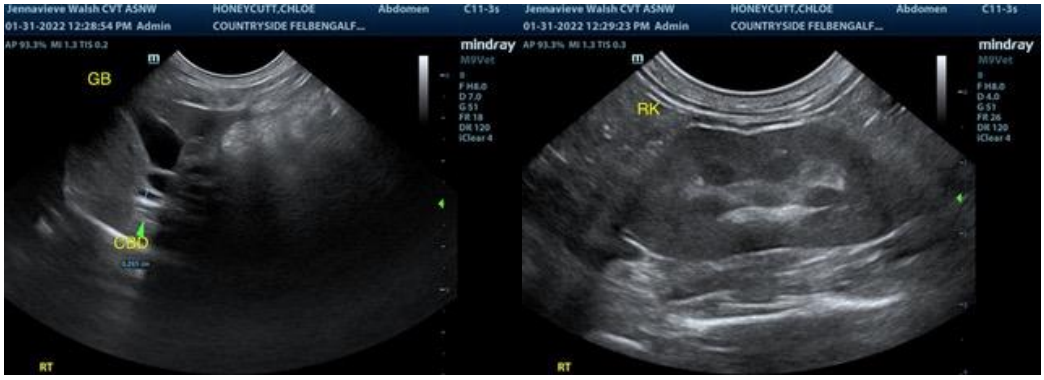

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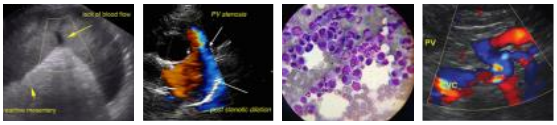

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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