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Clinical Sonography & Telecytology
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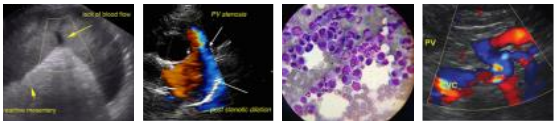


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Peeta Mace

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

8.38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE

20386

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea with apparent weight loss, dewormed with Panacur, unresponsive to metronidazole

Abnormal PE/Chem/CBC/UA Results: Amylase 1333, vCPK 49 N BUN 28, Cre 1.1 CBC - WNL T4 - WNL UA - USG 1.063, proteinuria 2+ Fecal negative GI panel pending Current Medications Fortiflora, Bravecto, Butorphanol 0.08ml Radiographic Findings n/a

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. Primarily anechoic urine was present in the lumen. Mild 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.

Both kidneys were normal in size and margination with mild subnormal right kidney size compared to the left. Both kidneys exhibited mild uniform increased cortex echogenicity with mildly enhanced yet indistinct corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 4.3 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

Spleen

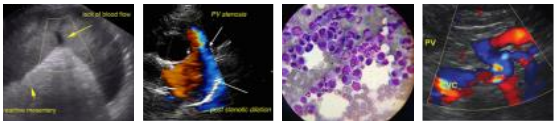
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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



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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 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.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon, consistent with patient history.

Pancreas

The left pancreatic limb exhibited normal size and contour. Mild hypoechoic to nonhomogenous parenchyma was noted, compared to adjacent nonreactive or inflamed peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with mild colitis pattern
- Bilateral nonspecific increased renal cortex echogenicity
- Possible low-grade pancreatitis
- Mild urinary bladder sediment

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. UPC level may be considered if no evidence of inflammatory debris or consistent to progressive proteinuria. Dietary intolerance/food hypersensitivity, low grade pancreatitis, structurally insignificant inflammatory bowel disease with mild chronic colitis, less likely infiltrative neoplasia, are all possible. Pending GI panel results, diarrhea PCR panel could be considered if clinically indicated. Empirically, cobalamin supplementation pending assessment of cobalamin levels, dietary therapy, which may include hydrolyzed vs higher fiber diet and possible empirical therapy for IBD/chronic colitis would be reasonable. Enterocolic biopsies are likely required for a definitive diagnosis.

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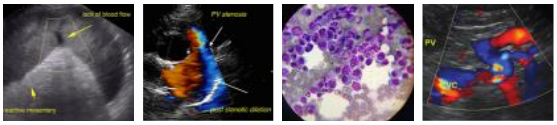

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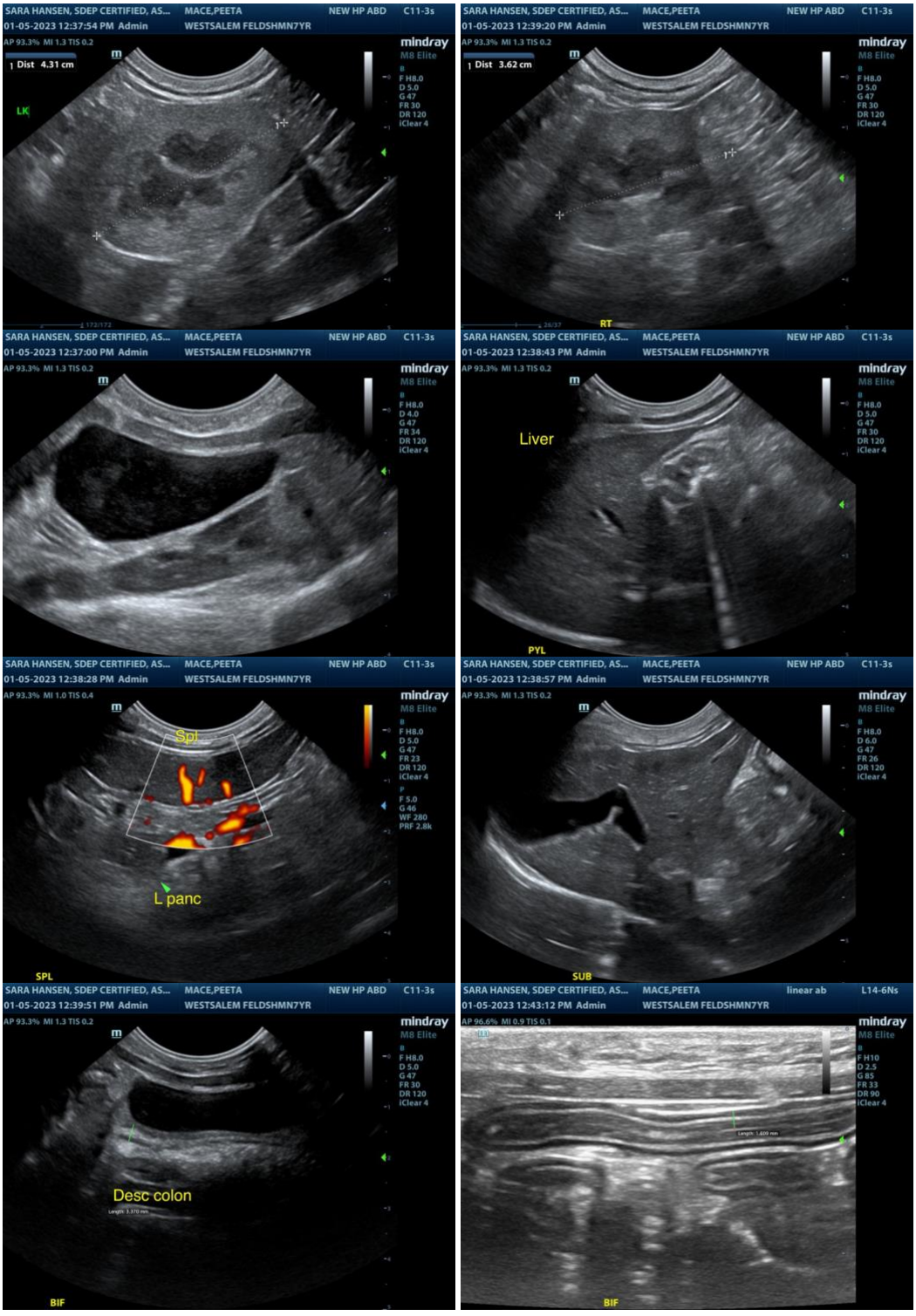

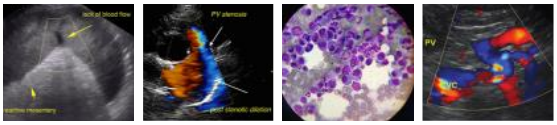

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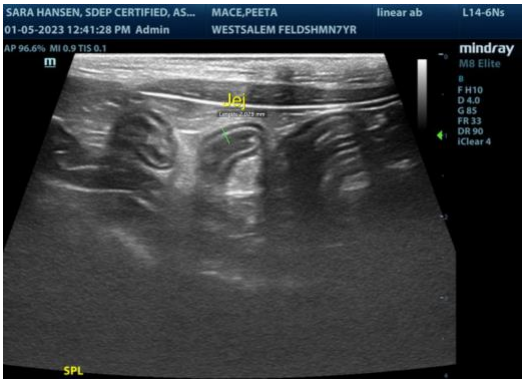

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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