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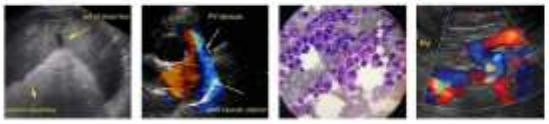


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Oliver Rossman

SPECIES

Feline

BREED

European Burmese Point lilac

SEX

MN

AGE

11 years 4 months

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

12997

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: Chronic constipation and positive snap FPL Relevant Medical History and Physical Exam findings: Oliver presented for annual wellness examination. He was found to be doing overall well at home. He has a history of colon impaction and requiring enemas to pass feces. He is currently defecating every 3-5 days and seems to be relatively comfortable according to owner. Screening labwork showed a strongly postive Snap FPL and now we have concerns for chronic underlying pancreatitis. Recommend abdominal ultrasound given history of poor GI motility and constipation. Recent Diagnostics: Relevant Labratory Results / Abnormalities: CBC - PLT 84,000 (clumping, adequate on smear evaluation) CHEM - wnl UA - USG 1.024 Spec FPL - 8.8 T4 - 2.0 FeLV/FIV/HWT - negative Fecal - negative Current medications (include full name, dosage and frequency): famcyclovir 187.5mg BID for about 2 weeks for recurrent herpes infection

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. Moderate, nondependent, particulate sediment was present without evidence of calculus formation. The urinary bladder sediment Is likely indicative of cellular or crystalline debris with potential for mild mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

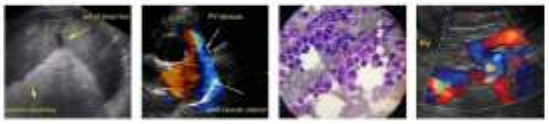
Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio with uniform increased cortex echogenicity with mildly enhanced yet indistinct corticomedullary border margination. No pyelectasia was noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.31 cm width and the right adrenal gland measured 0.43 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 0.75 cm width.



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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.

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 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 jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.29 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The colon did not overtly appear to be distended with stool with normal overall subjective size.

Pancreas

The pancreas was normal in size and minor asymmetrical contour with heterogeneous to mildly mixed echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

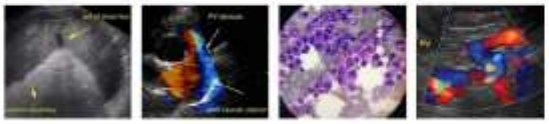
Free Abdomen

Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a jejunal lymph node measured 0.28 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Bilateral mild interstitial nephrosis renal pattern - chronic renal changes with potential for interstitial nephritis
- Heterogeneous to mixed echogenic pancreas - suspect primary chronic to potential chronic active pancreatitis
- Overtly normal gastrointestinal tract and colon
- Pinpoint bilateral adrenal dystrophic mineralization - incidental / age-related finding, not pathological



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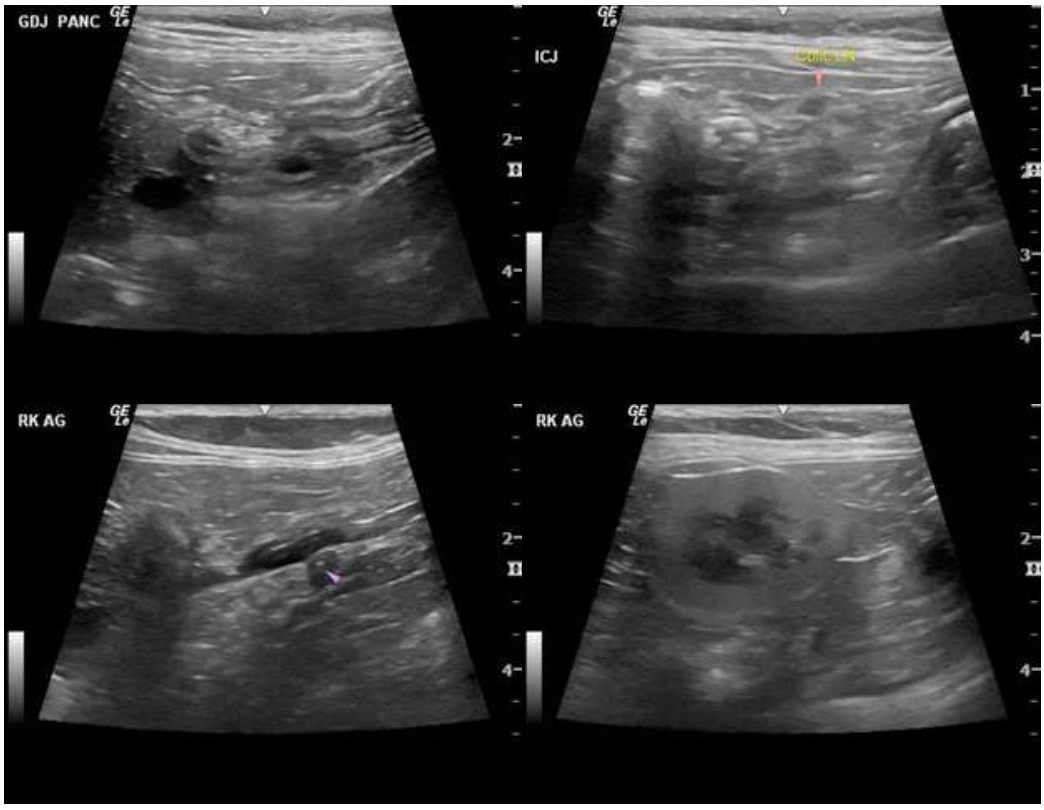
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort In the area of the pancreas, which may suggest more active to chronic active pancreatic inflammation, is suggested. Conservative therapy for chronic pancreatitis would be appropriate if clinical signs suggestive of pancreatitis are present.

Overly, no evidence of gastrointestinal mural pathology as a mechanical reason for chronic constipation was noted. The gastrointestinal tract was empty and without evidence of metabolic stasis or overt Inefficient peristalsis. Continued conservative therapy for constipation is recommended based on the patient's clinical signs.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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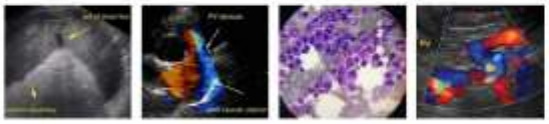

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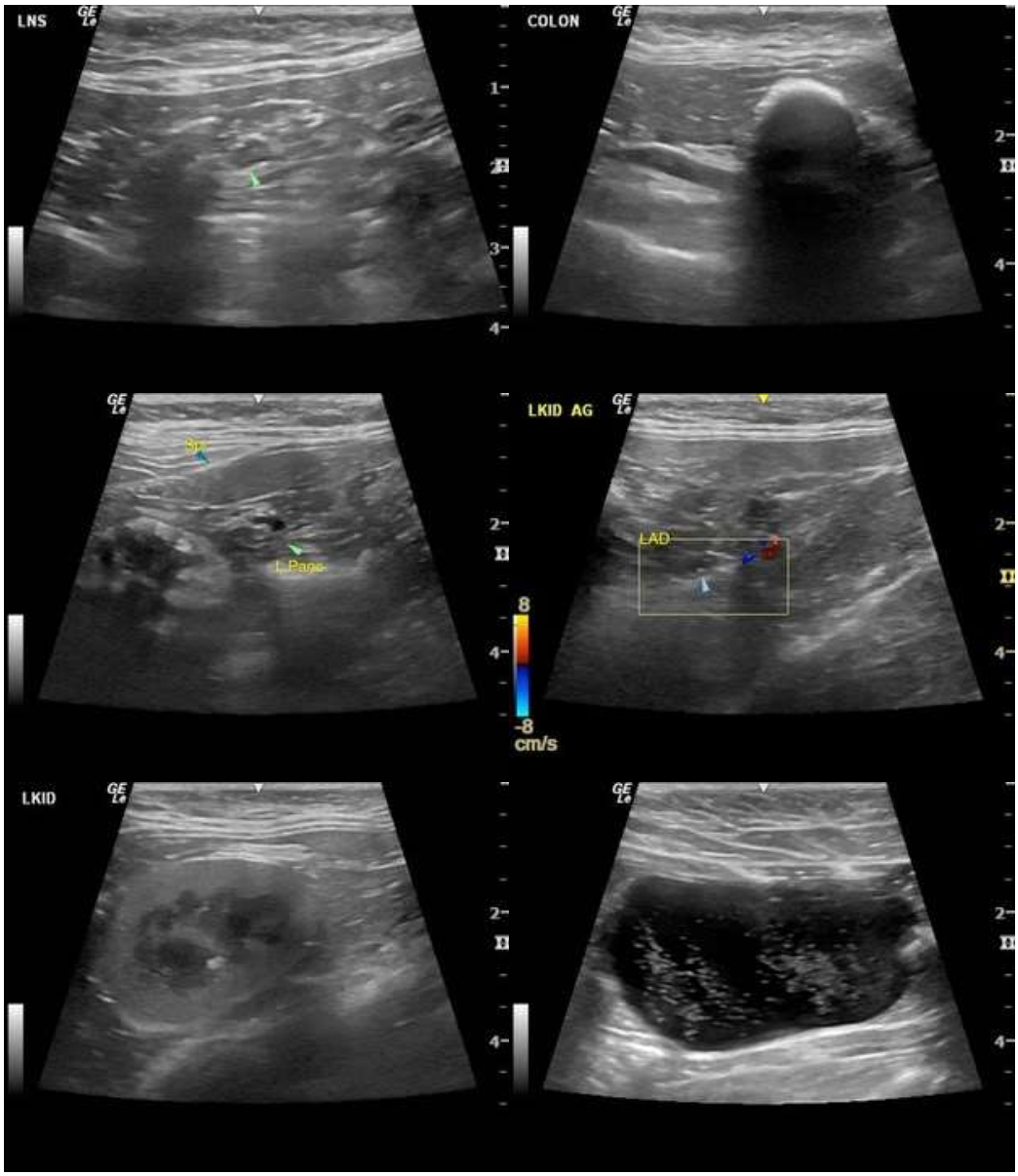

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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