



PATIENT	PRESENTING CLINICAL SIGNS
Libra Demezas	Libra presented on ER for ongoing inappetence. She was seen here on 10-8-22 for constipation, vomiting, and inappetence. She was sedated and a large amount of stool was removed via enema. She was given SQ fluids and a Cerenia injection. She was sent home with oral lactulose but the owner has had a difficult time medicating her. She is now on day 3 or 4 of not eating. She has not been drinking any water. She has not produced any stool but the owner has not observed her straining to defecate. She has been hiding under the bed. The owner has been keeping her confined in a bedroom and she has been very stressed. Bloodwork, UA and T4 performed in August were unremarkable. Dehydration - Estimate 7% dehydration; Tacky mucous membranes; Decreased skin turgor Attitude Anxious - Nervous but cooperative for exam Head Nose Mucoid discharge - Moderate amount of crusted discharge from both nostril Nares Nasal stridor - Mild nasal congestion Eyes General findings Normal external examination. Pupil Pupils equal. Pupillary light reflexes intact. Lens Nuclear sclerosis Ears General findings Normal external examination. Mouth Teeth Calculus index 1 Thorax Heart Arrhythmia - No arrhythmia present.; Murmur - No murmur present. All lung fields Normal respiratory rate and effort. Lungs auscult clear. Thoracic limbs Thoracic limb paw Declawed - Front paws declawed Abdomen Abdominal palpation Abdomen soft and non-painful. Colon Firm stool - Small amount of firm stool palpable in the colon but does not seem dilated or impacted. Digestive General findings Inappetence - Not eating for 3-4 days Lymphatic system Peripheral lymph nodes No peripheral lymphadenopathy. Musculoskeletal Ambulation Ambulatory x 4 without lameness or ataxia. R/O metabolic disease, neoplasia, constipation/obstipation, infectious, open Over 1 pound of weight loss since August.
SPECIES	
Feline	
BREED	
DSH	
SEX	
FS	
AGE	
13 years	
WEIGHT	
7.13 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Abnormal PE/Chem/CBC/UA Results: CBC: WBC 8,760, HCT 43% Chemistry profile: ALB 4.6, BUN 54, TP 8.9 ---> dehydration, suspected prerenal azotemia Discussed concern for an unidentified underlying cause for weight loss and inappetence --> r/o neoplasia, other Current Medications Cerenia 0.35ml SQ, Elura 0.35ml, Mirataz transdermal ointment
IMAGING PERFORMED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Sara Hansen	Urinary System
HOSPITAL NAME	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 was noted.
VCA Salem AH	
REFERRING VET	The area of the aortic trifurcation was free of pathology.
Dr. Hovenden	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. Left kidney focal small caudal cortical infarct was noted. Right kidney mild nonobstructive medullary mineral was noted. The left kidney measured 3.2 cm in length. The right kidney measured 3.8 cm in length.
INVOICE	
15192	
DATE	
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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No obvious pathology was noted in the area of the right adrenal gland.

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 0.6 cm width at the level of the hilus. Potential for minor splenic volume contraction is possible yet without evidence of neoplastic criteria.

Liver/ Gallbladder

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 proximal common bile duct was mildly dilated and tortuous. The common bile duct measured 0.21 cm diameter, and was not consistent with post hepatic obstruction.

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 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.

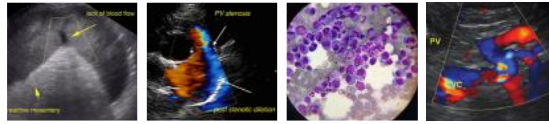
The visualized colon exhibited overtly normal wall layering without evidence of colonic distention with impacted fecal matter. Normal size to the distal descending colon at the level of the urinary bladder was noted, measuring approximately 2.0 cm in diameter.

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.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.



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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract including the colon
- Minor nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology including no evidence of intrabdominal neoplastic criteria.

The mildly dilated proximal common bile duct is nonspecific and may suggest age-related changes with potential for underlying mild cholangitis / cholangiohepatitis if previous history of hepatic enzyme elevations. At times, this finding may possibly result in low-grade lethargy and/or anorexia. Spec fPL may be considered to assess for low-grade to mild pancreatitis which may present as sonographically normal.

Full urinary work-up including additional renal staging to include UPC level if evidence of proteinuria is suggested. Hospitalization with 24-48/hour IV fluid and GI support with correction of dehydration may prove beneficial.

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(Canine and Feline)

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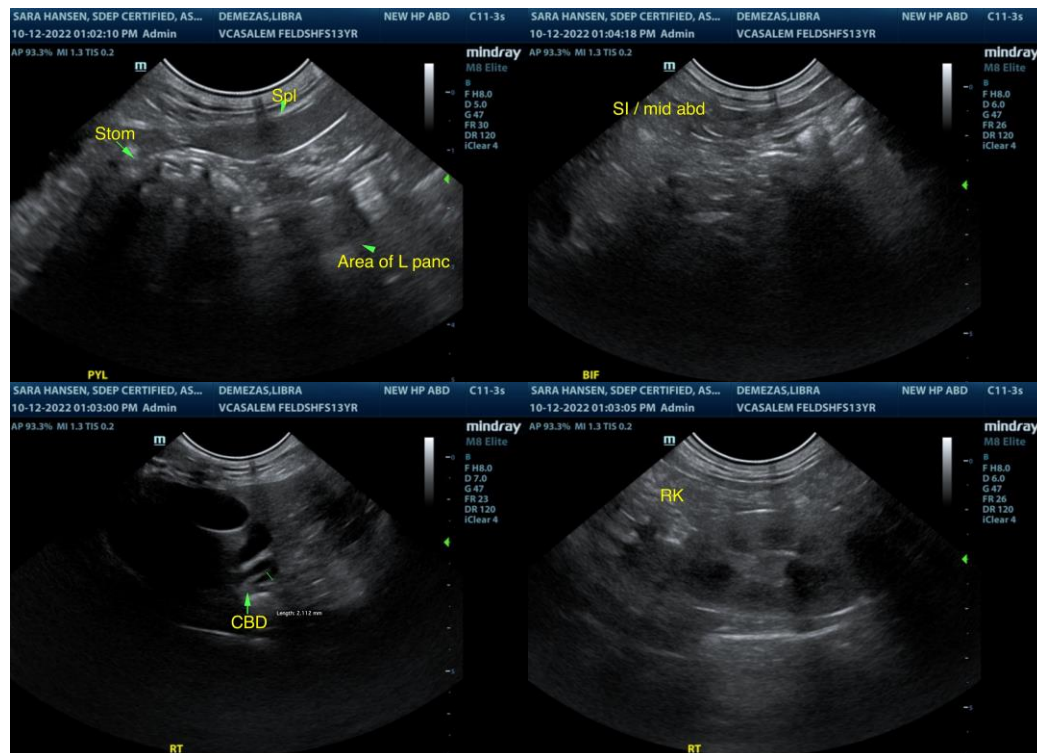
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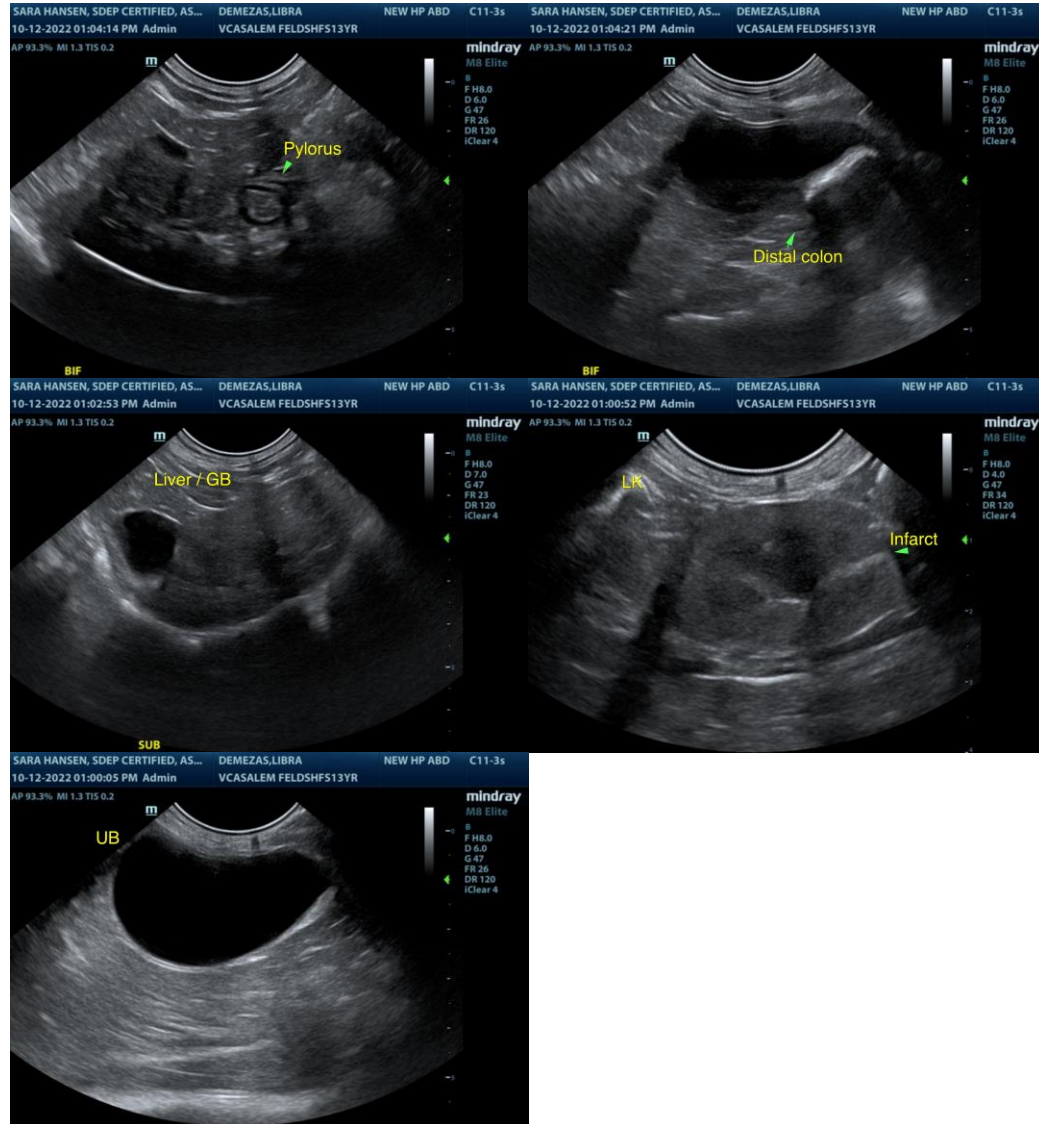
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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