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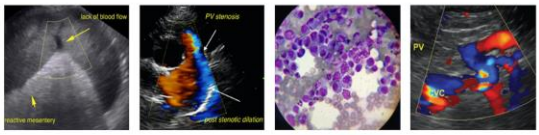


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Opie Bryant

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2010

WEIGHT

10.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

Dr. Ottinger

INVOICE

15197

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Gradual weight loss for 4 years, otherwise normal

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 was noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 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 0.33 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 0.93 cm width at the level of the hilus.

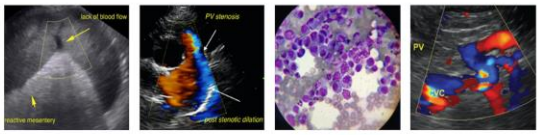
Liver/ Gallbladder

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 mildly subnormal in size, likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic, primarily nonshadowing ingesta / chyme without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing intestinal ingesta / chyme was present.



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

Pancreas

The pancreas was normal in size exhibiting areas of mild asymmetrical contour with isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Solitary to potential intermittent midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm x 0.87 cm. No omental masses or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related to chronic renal changes
- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta - likely post prandial presentation
- Minor heterogeneous pancreas
- Solitary to intermittent subjective benign / reactive mesenteric lymph nodes - not consistent with neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt abdominal visceral, specifically gastrointestinal or pancreatic, pathology as an obvious cause of the patient's gradual weight loss.

Structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, both of which may present as sonographically normal, could be present, yet given the patient's reported excellent appetite and without reported gastrointestinal signs i.e., vomiting, diarrhea, etc., a definitive cause of the weight loss was not obvious.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs if not done to rule out occult thoracic pathology as a contributing factor.

Assessment of possible competitive eating environment may be considered if clinically indicated.

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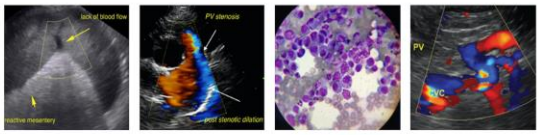

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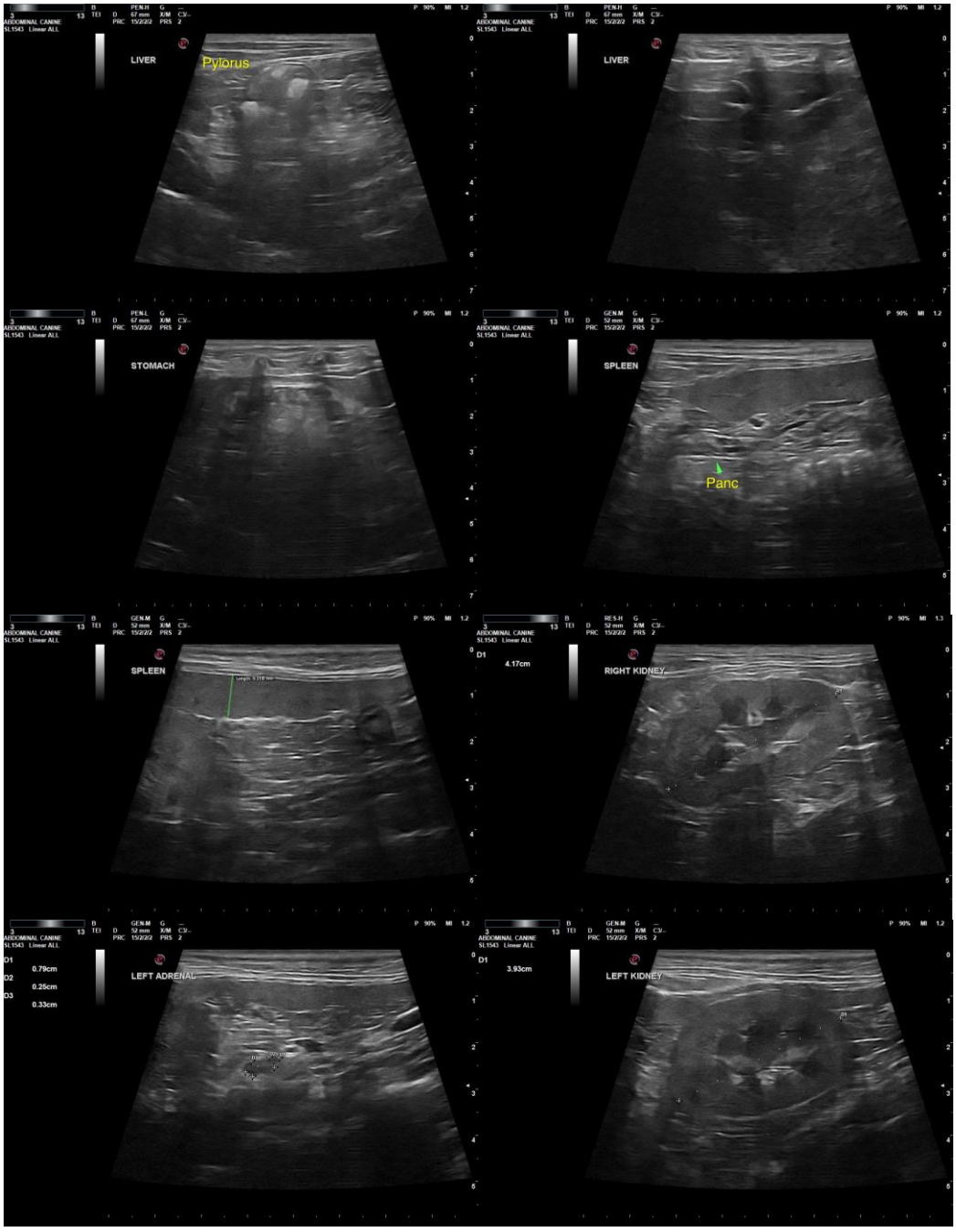

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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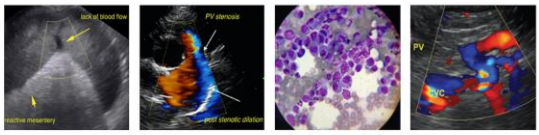

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