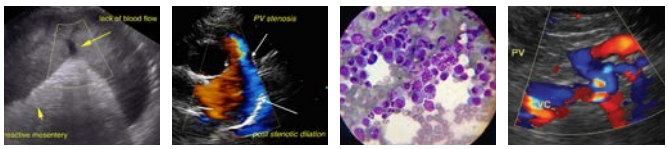
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hope McWilliams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Jonathon Renfro

INVOICE

26251

DATE

10/13/21

PRESENTING CLINICAL SIGNS

Chronic weight loss. Elevated WBC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate non-dependent 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm. The right adrenal gland measured 0.35 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. The spleen measured 0.7 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 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. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.26-0.28 cm.

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

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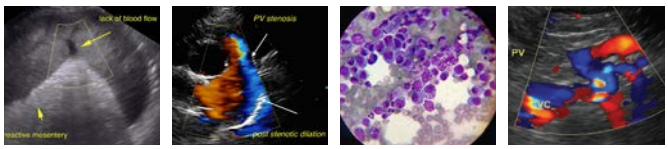

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Pancreas

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 was evident.

Free Abdomen

No peritoneal masses, lymphadenopathy or effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Minor loss of renal corticomedullary border demarcation
- Suspect IBD

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. Potential for early age related or chronic renal changes possible. Overall, no overt evidence of significant visceral pathology as an obvious cause of weight loss. However, structurally insignificant IBD (even without evidence of vomiting or diarrhea) would be considered a top differential diagnosis assuming no evidence of thoracic pathology on 3-view chest radiographs. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, as well as thorough musculoskeletal and neurological examination. Recheck retroviral status may be considered. CBC pathology review could be considered depending upon the degree of WBC elevation.

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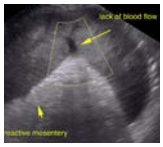
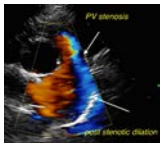
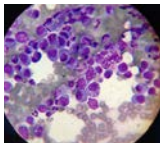
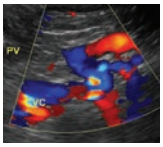

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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