



PATIENT

Java Tedjeske

PRESENTING CLINICAL SIGNS

History: ~2# weight loss, all else normal

CBC/Chemistry Panel/T4- Unremarkable

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Suspect mild mucus or minor cellular / crystalline debris was noted. 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.

BREED

Domestic Shorthair

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. Minimal areas of medullary mineralization were present. No evidence of pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

SEX

Neutered Male

AGE

15 years

WEIGHT

16.2 Pounds

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

INTERPRETED BY

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

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 0.94 cm width, without evidence of splenic neoplastic criteria.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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. Subtle proximal common bile duct dilation was present, not consistent with post-hepatic stasis or obstruction, likely indicative of age-related common bile duct changes.

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

INVOICE

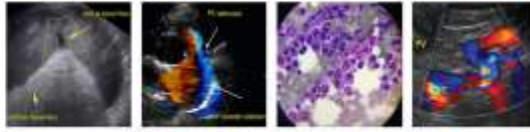
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Gastrointestinal

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.

DATE

10.19.2021



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The small intestine presented intact wall layering with subjective propensity for mild segmental mural hypertrophy and subjective mild increased mucosa echogenicity. The duodenum wall width measured 0.30 cm. The jejunum wall width measured up to 0.33 cm. The ileocolic wall width measured 0.35 cm.

SPECIES

Feline

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

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.

BREED

Domestic Shorthair

Free Abdomen

SEX

Neutered Male

No evidence of Intraabdominal masses, lymphadenopathy, or peritoneal effusion was present. Subjective increased omental fat was present.

ULTRASONOGRAPHIC FINDINGS

AGE

15 years

Primary Findings

- Mild age-related kidneys with minor medullary mineral
- Possible segmental inflammatory enteropathy
- Minor urinary bladder sediment

WEIGHT

16.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The small intestine exhibited segmental subtle mural changes and subjective mild mural hypertrophy which may suggest segmental inflammatory enteropathy given the patient's weight loss. However, given the lack of reported gastrointestinal signs, this finding is nonspecific.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested if not done to rule out occult thoracic pathology as a potential cause of the weight loss.

HOSPITAL NAME

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Urinalysis +/- urine C/S if evidence of inflammatory cells may be considered.

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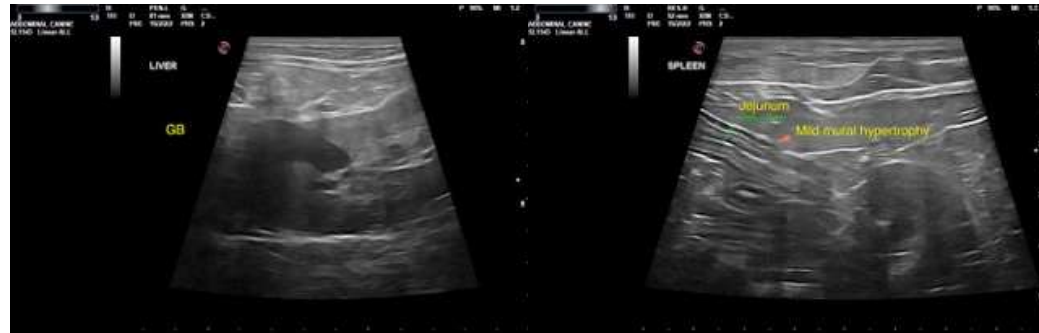
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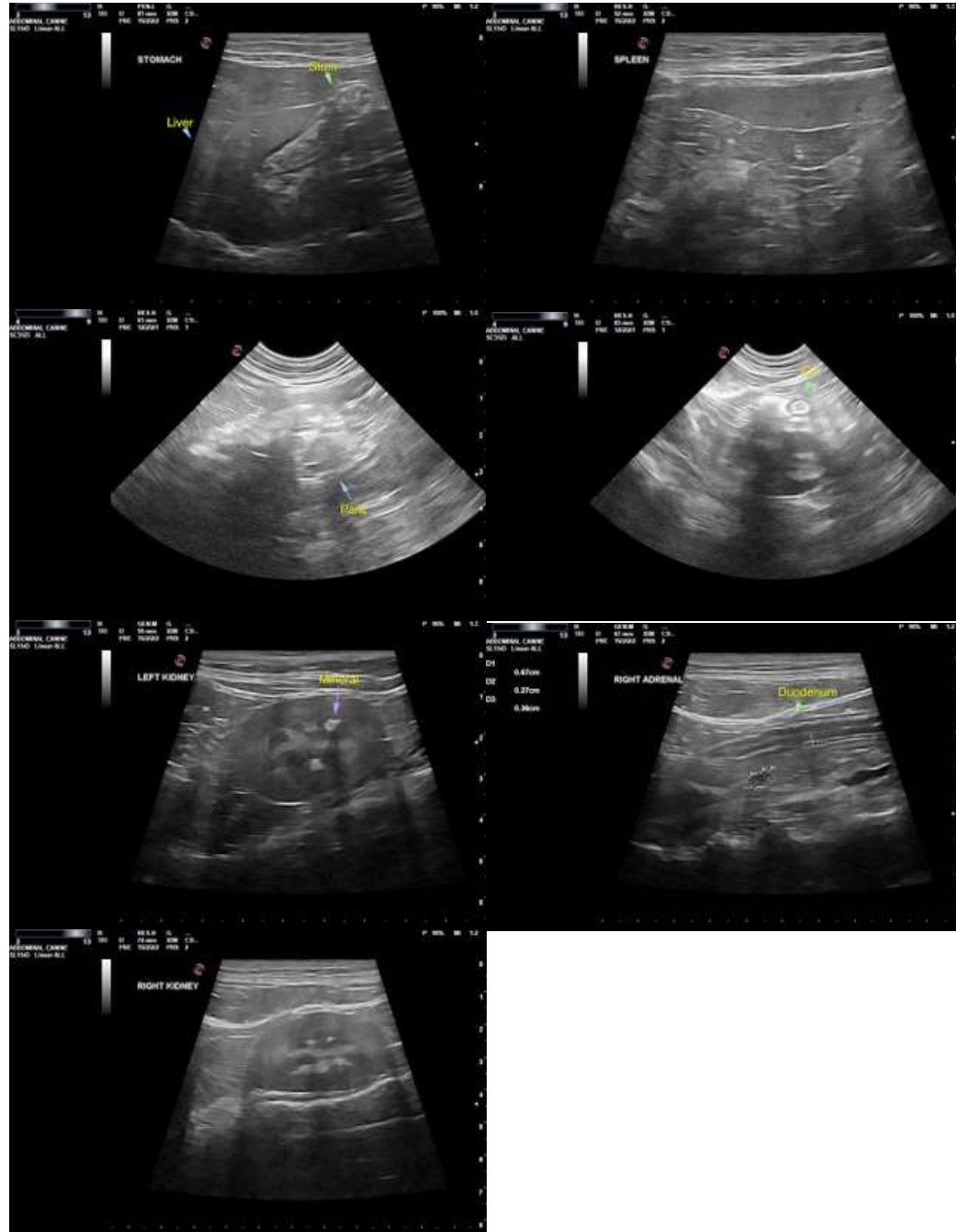
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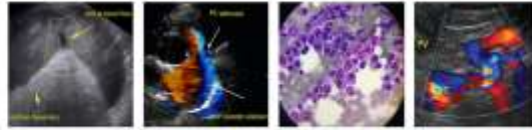
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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