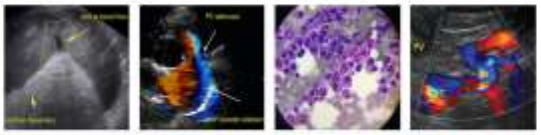


PATIENT

Blue Maxwell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7 years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Pottsotwn AWS

REFERRING VET

Dr. DiBuono

INVOICE

12460

DATE

10.26.2021

PRESENTING CLINICAL SIGNS

History: Not eating well, weight loss, 2/6 murmur, sedated Dex/Torb

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, nondependent, 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Focal caudal cortical infarction was present in the right kidney. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

Spleen

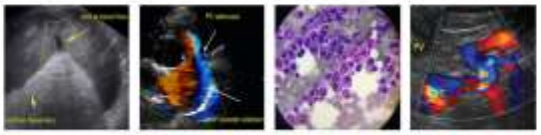
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 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 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. Minor retained anechoic pyloric fluid was present. No evidence of retained ingesta or foreign material was noted. The pylorus wall width measured 0.26 cm.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio without evidence of mural hypertrophy, loss of intestinal wall layering, or mechanical ileus. Potential segmental areas of mild small intestinal hyperperistalsis or spasming were noted. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.24 cm. The Ileocolic wall width measured 0.34 cm.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild particulate urinary bladder sediment
- Right kidney cortical infarction - likely incidental
- Mild retained pyloric fluid - potential for mild pyloric stasis
- Possible inflammatory enteropathy

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.

No overt evidence of significant gastrointestinal pathology was evident. However, given the patient's decreased appetite and weight loss, potential for structurally insignificant inflammatory enteropathy may be considered in this patient. However, given the lack of reported GI signs such as vomiting or diarrhea, this finding is nonspecific. No other evidence of additional visceral pathology as an obvious cause of the patient's weight loss. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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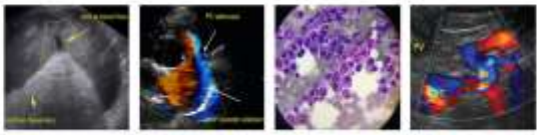

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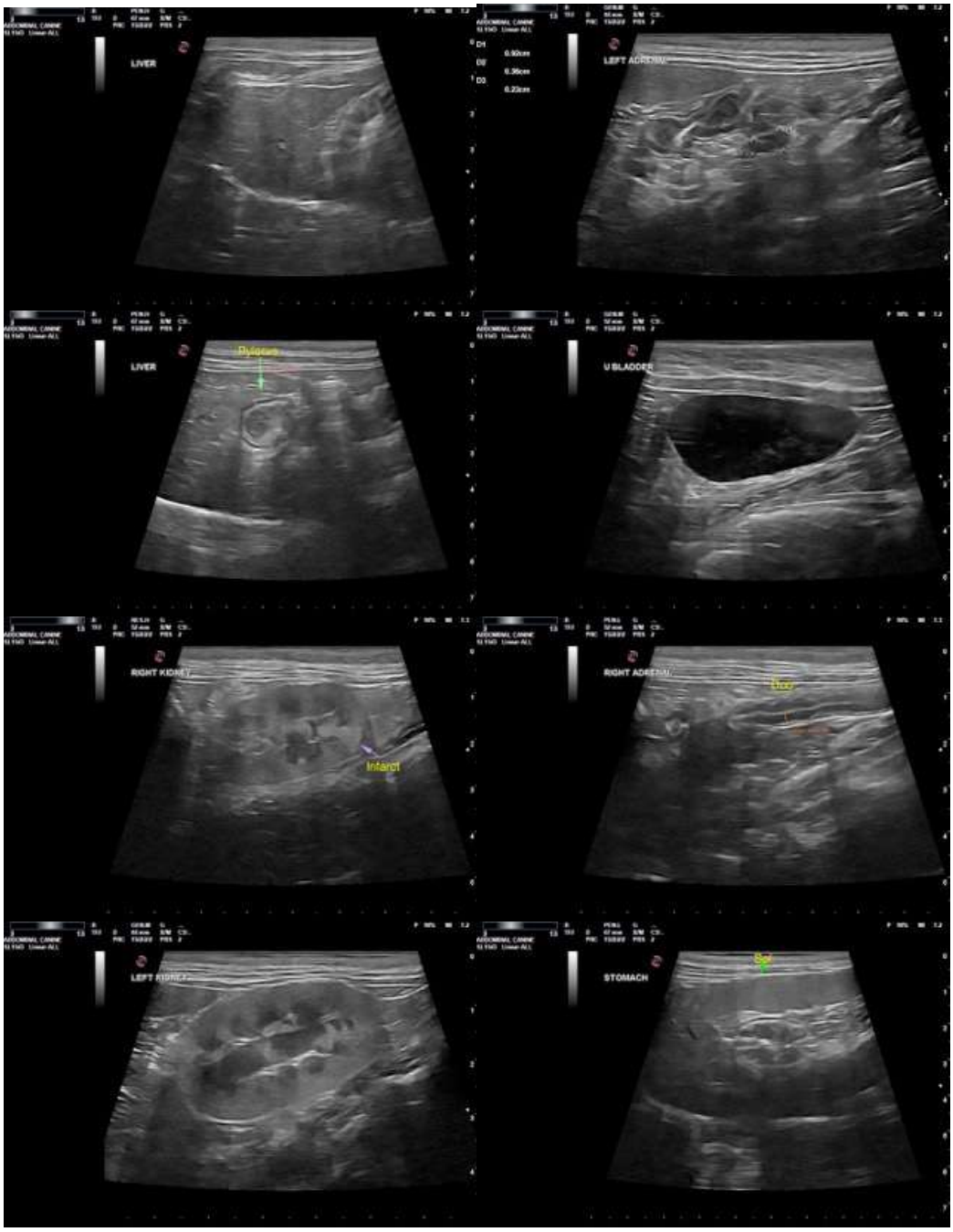

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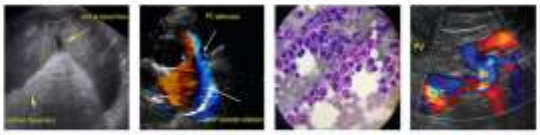

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com