



PATIENT PRESENTING CLINICAL SIGNS

Zimber Bryant History: 1 week duration anorexia, weight loss, dehydration, pale mm
 Medication: Cerenia, Mirtazapine, Prednisolone

SPECIES

Feline

Labs: AST 255 otherwise unremarkable liver enzymes, Total bilirubin 0.5, unremarkable CBC, Urine Spec Gravity 1.050, Neg glucose, 2 + protein, Spec FPL 4.2

BREED

Domestic Shorthair

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. Primarily anechoic urine was present in the lumen. Moderate particulate non-dependent 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.

SEX

Neutered Male

Both kidneys were normal in size and margination. Both kidneys exhibited mild uniform increased coarse echogenicity with enhanced corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

AGE

10 years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

WEIGHT

10.7 Pounds

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.85 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

Liver

The liver exhibited generalized mild to moderate enlargement with asymmetrical caudal contour and generalized non-homogeneous non-uniform to nodular parenchyma. 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.

REFERRING VET

Dr. Derr

Gastrointestinal

INVOICE

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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 measured 0.25 cm.

DATE

10.26.2021



PATIENT

Zimber Bryant

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 jejunum wall measured 0.23 cm. The duodenum wall measured 0.25 cm.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.32 cm.

Pancreas

BREED

Domestic Shorthair

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

SEX

Neutered Male

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Hepatomegaly with non-uniform to nodular parenchyma
- Sonographically unremarkable gastrointestinal tract
- Bilateral non-specific uniform increased renal cortex echogenicity
- Moderate urinary bladder sediment

WEIGHT

10.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The urinary bladder sediment may indicate cellular debris, protein crystalline debris with potential for mucus. The appearance to the bilateral kidneys may indicate patient variant with potential for possible non-specific nephritis such as interstitial nephritis. Urine culture and sensitivity and baseline UPC on sterile urine sample may be considered for further assessment. Considerations for the liver may include chronic hepatitis/cholangiohepatitis, early fibrosis/cirrhosis, vacuolar hepatic changes or other hepatopathy with concern for hepatic neoplasia. Hepatic neoplasia is favored given the patients weight loss and without evidence of additional pathology yet not definitive.

IMAGING PERFORMED BY

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ARDMS/RVT

Further assessment may include hepatic FNA, assuming normal clotting status and using a 25-gauge needle, for screening cytology. Three view chest radiographs +/- GI panel to include PLI, TLI, cobalamin and folate may also be considered to rule out occult thoracic or gastrointestinal disease which may account for weight loss in older cats.

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SPECIES

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SEX

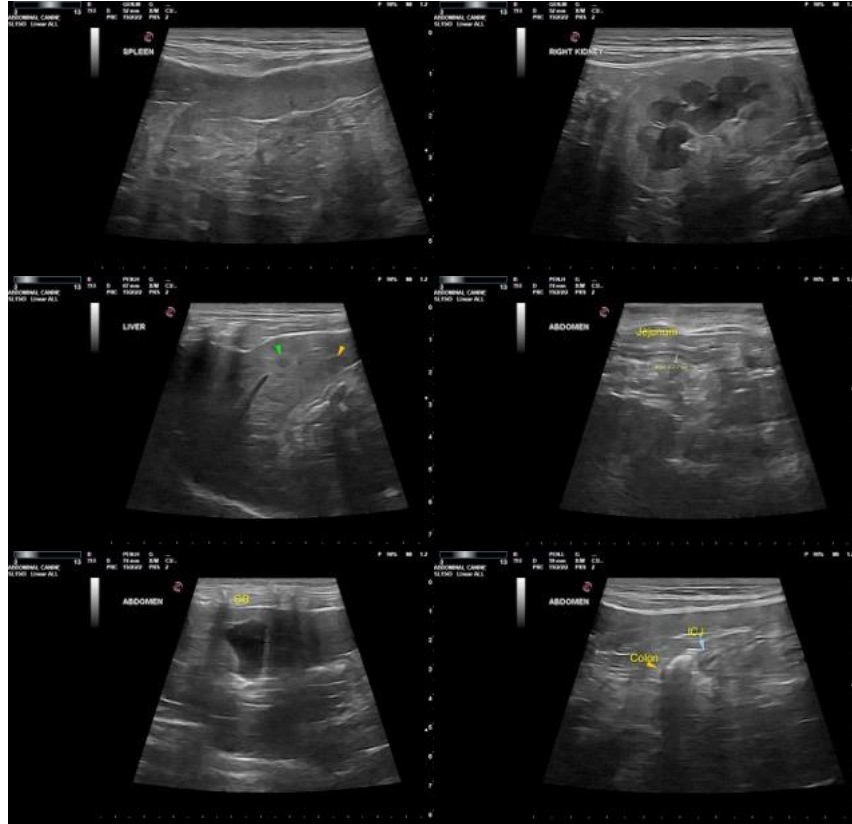
Neutered Male

AGE

10 years

WEIGHT

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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