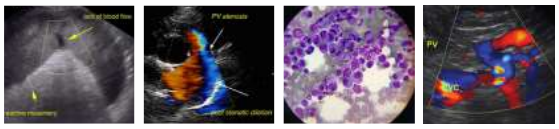


PATIENT

Baby Muir

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8.5 years

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Bugarovich

INVOICE

12462

DATE

10/27/21

PRESENTING CLINICAL SIGNS

8/10/21- dental disease and fleas present on exam, all else WNL weight loss close to 1 lb in 1 yr, chronic diarrhea for past year

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. 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. Nonspecific mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 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 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width.

Spleen

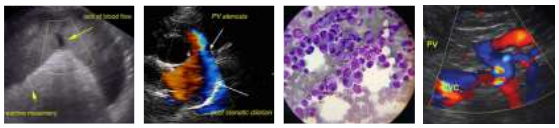
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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. 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. The pylorus wall width measured 0.28 cm.



PATIENT

Baby Muir

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8.5 years

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

12462

DATE

10/27/21

The small intestine presented intact wall layering with subjective propensity for segmental, mildly prominent mucosa and muscularis layer. The jejunum wall width measured up to 0.33 cm.

The colon exhibited intact yet subjective mild prominent wall layering. The lumen was primarily empty. The descending colon wall width measured 0.27 cm.

Pancreas

The pancreas was mildly prominent in size with uniform mildly hypoechoic parenchyma.

Free Abdomen

A solitary, medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.9 cm in diameter. No other evidence of additional peritoneal lymphadenopathy. No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Subjective, nonspecific, mild uniform increased renal cortex echogenicity
- Suspect IBD
- Probable chronic active pancreatitis

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.

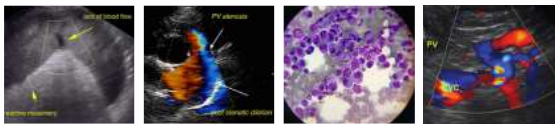
Given the patient's history of weight loss and chronic diarrhea, the small intestine exhibited subtle mural changes suggestive of underlying inflammatory enteropathy or IBD. Potential for neoplastic criteria is considered unlikely. Further assessment may Include a GI panel to include PLI/TLI/Cobalamin/Folate. Assuming no evidence of thoracic pathology as a potential cause of weight loss on three view chest radiographs, intestinal biopsies would be required for a definitive diagnosis. Fresh fecal analysis to rule out parasitic ova / Giardia +/- diarrhea PCR panel if clinically indicated could also be considered.

Empirically, Cobalamin supplementation, dietary therapy (hydrolyzed vs. higher fiber diet), +/- Prednisolone therapy at the minimal necessary dose to control clinical signs could be considered with an assessment of clinical response.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND

IMAGING PERFORMED BY

AnimalSoundsNW.com 541-357-9423

PATIENT

Baby Muir

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8.5 years

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

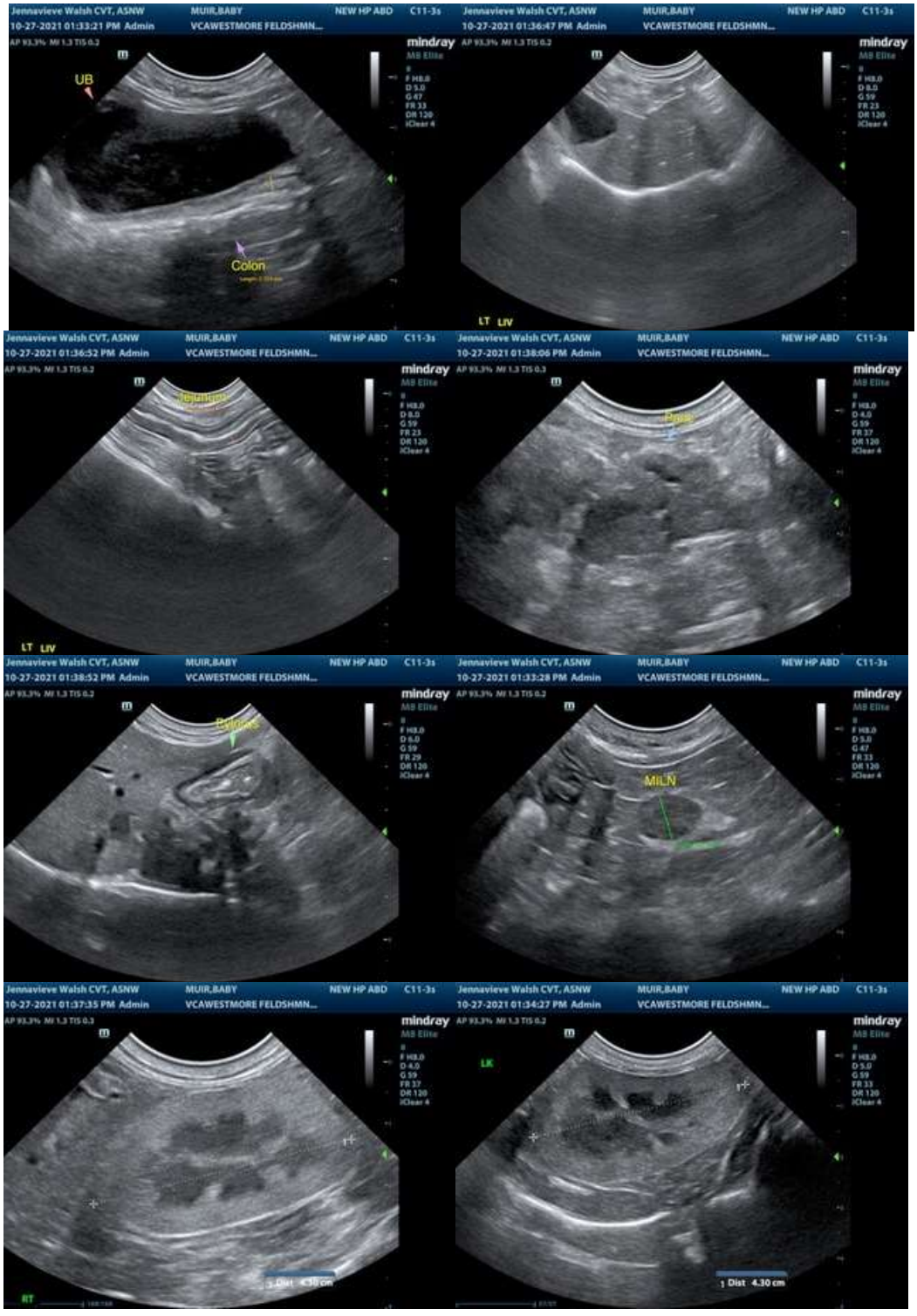
Dr. Bugarovich

INVOICE

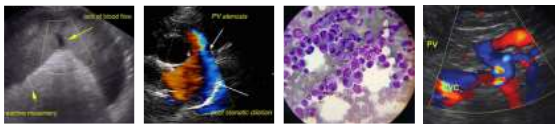
12462

DATE

10/27/21



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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Baby Muir

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8.5 years

WEIGHT

9.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

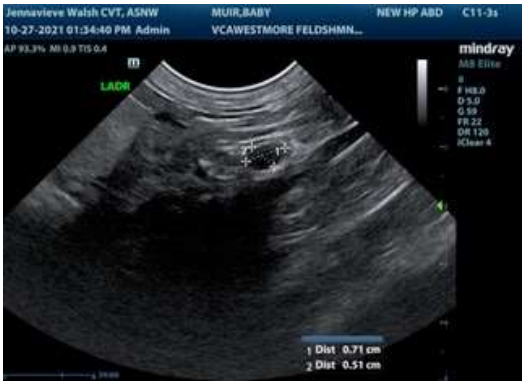
Dr. Bugarovich

INVOICE

12462

DATE

10/27/21



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