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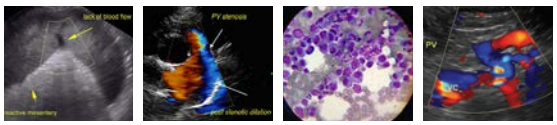

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Chloe Barton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

8 Years

WEIGHT

18.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Sullivan

INVOICE

26695

DATE

10/27/21

PRESENTING CLINICAL SIGNS

Malodorous breath - Abd palp tender over kidneys - Pelvic limbs muscle atrophy - Inappetence - Decreased bowel movements -Obese BCS 8/9 - Decreased water intake and urine output Current Medications Cerenia, Unasyn, Buprenex

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 4.2 cm. The right kidney measured 4.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm. No overt pathology in the area of the right adrenal gland.

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 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 visualized ventral to caudal gastric walls exhibited intact yet subjective mild prominent wall layering. Ventral gastric body wall measured 0.36 cm. Pylorus wall measured 0.38 cm. The lumen of the stomach contained moderate echogenic to focally shadowing ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic, non-shadowing digesta/chyme present. Jejunum wall measured 0.20 cm.

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

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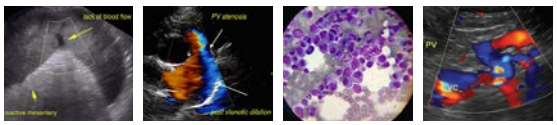

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Pancreas

The parenchyma of the left pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. A subjective increased amount of intraabdominal fat was present.

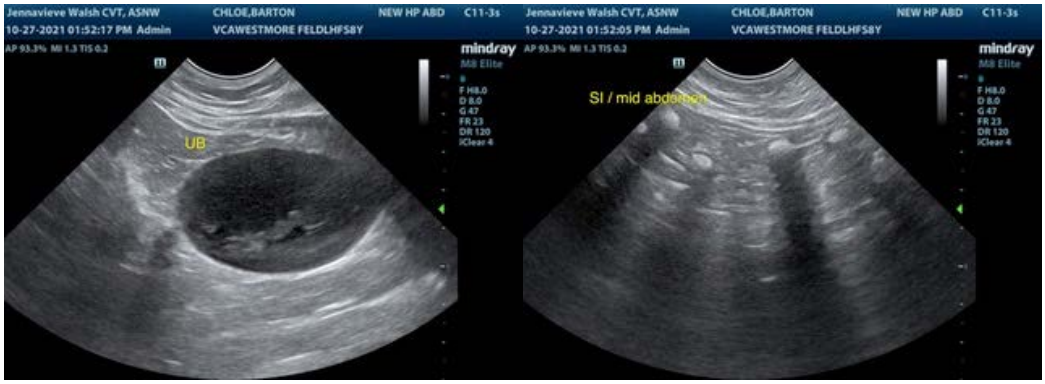
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Early mild age related renal changes
- Gastrointestinal ingesta, potential mild gastritis
- Suspect left limb chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta is non-specific. However, given the reported NPO presentation, the presence of gastrointestinal ingesta may indicate some degree of gastric or gastrointestinal hypomotility or inefficient peristalsis pattern. Overall, the appearance of the gastrointestinal ingesta was consistent with probable food, although the possibility of intermixed, non-obstructive hair or similar opacity within the stomach cannot be definitively excluded.

GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for structurally insignificant gastrointestinal disease and correlation with the appearance of the pancreas. Empirically, continued gastrointestinal support, hairball therapy if previous history of hairballs, and/or medical therapy for constipation (if clinically indicated) is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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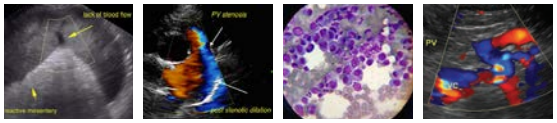

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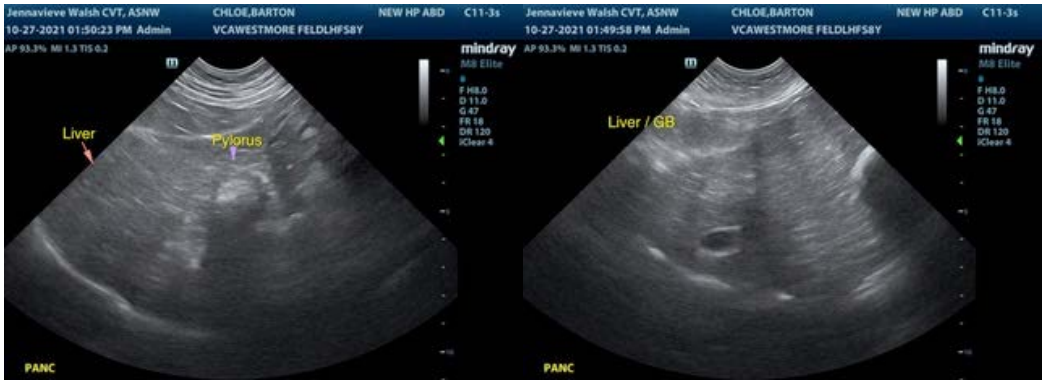

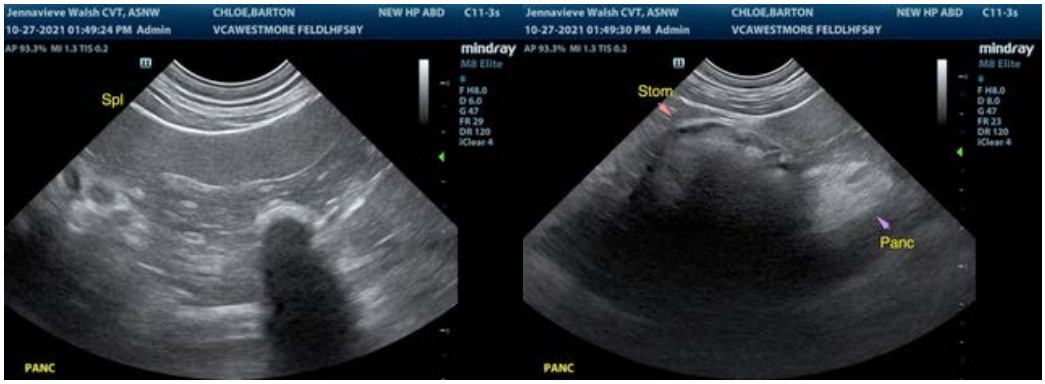

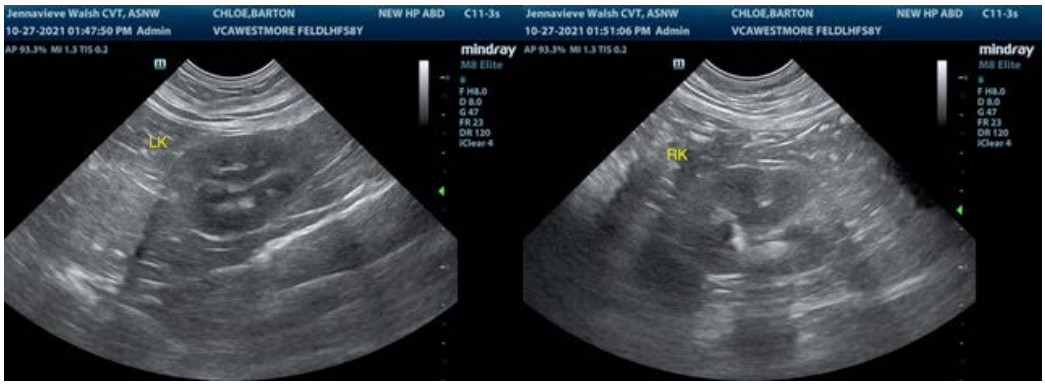

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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