



PATIENT PRESENTING CLINICAL SIGNS

Squeaky Martzloff Weight loss, recent hyperthyroid diagnosis. Medication: Methimazole 7.5mg BID
 Abnormal PE/Chem/CBC/UA Results: GLU 228, ALB 4, FeLV/FIV -/- , T4 2.4, CBC wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

SEX Normal renal size with asymmetrical margination was present in the right kidney, the left kidney exhibited lateral asymmetrical margination. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

FS

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The area of the aortic trifurcation was free of pathology.

WEIGHT

Adrenal Glands

NA

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 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

Spleen

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

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 0.79 cm in width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver

HOSPITAL NAME

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.

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Gastrointestinal

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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 or obstruction. Potential for mild focal non-obstructive hairball density in the pylorus although not definitive.

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The duodenum and jejunum to the level of the ileum presented intact wall layering with 1:3 muscularis/mucosa ratio. Mildly prominent yet intact ileum walls extending caudally to the level of the ileocolic junction were present. The ileum wall measured 0.3 cm in width. Subtle evidence of peri ileocolic hyperechoic mesentery was present without evidence of significant colic lymphadenopathy. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE
 10/31/2022



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

Squeaky Martzloff

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

Subtle evidence of peri ileocolic hyperechoic mesentery was present without evidence of significant colic lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral mild chronic renal changes
- Intact yet mildly prominent ileum/ileocolic walls, mild regional peri ileocolic hyperechoic mesentery-possible ileitis
- Subtly hypoechoic pancreas-age related/patient variant, potential for low grade pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

NA

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

INTERPRETED BY

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Sonographically the mildly prominent yet intact ileo/ileocolic wall layering may suggest underlying segmental inflammatory process with early neoplastic infiltrative disease considered unlikely. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Monitoring of GLU levels with possible fructosamine level may be considered if persistent hyperglycemia.

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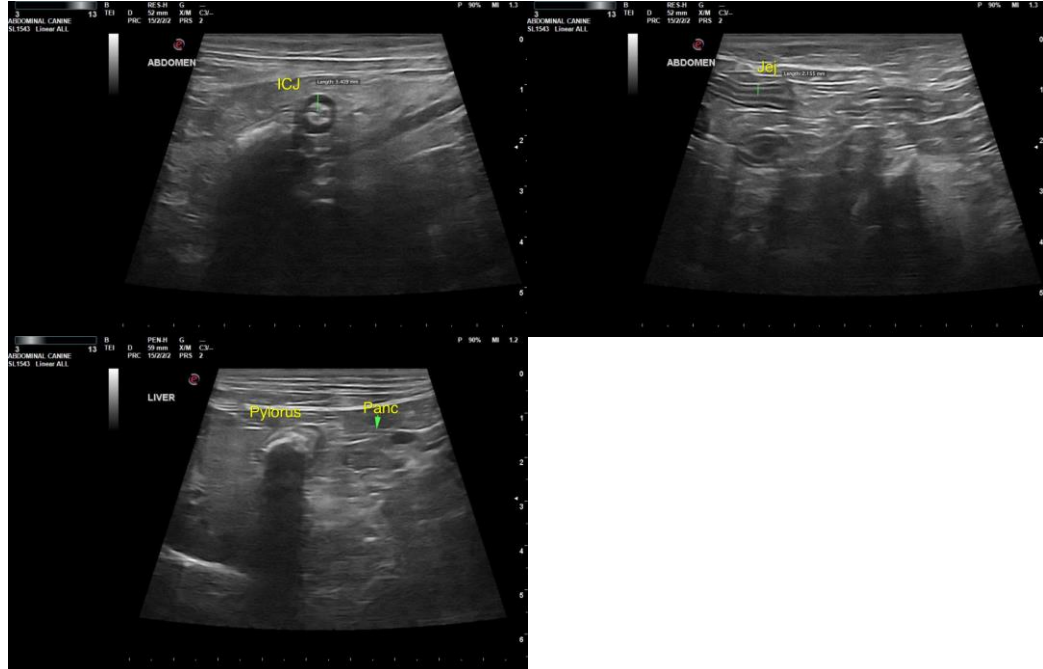
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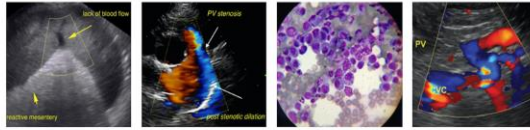
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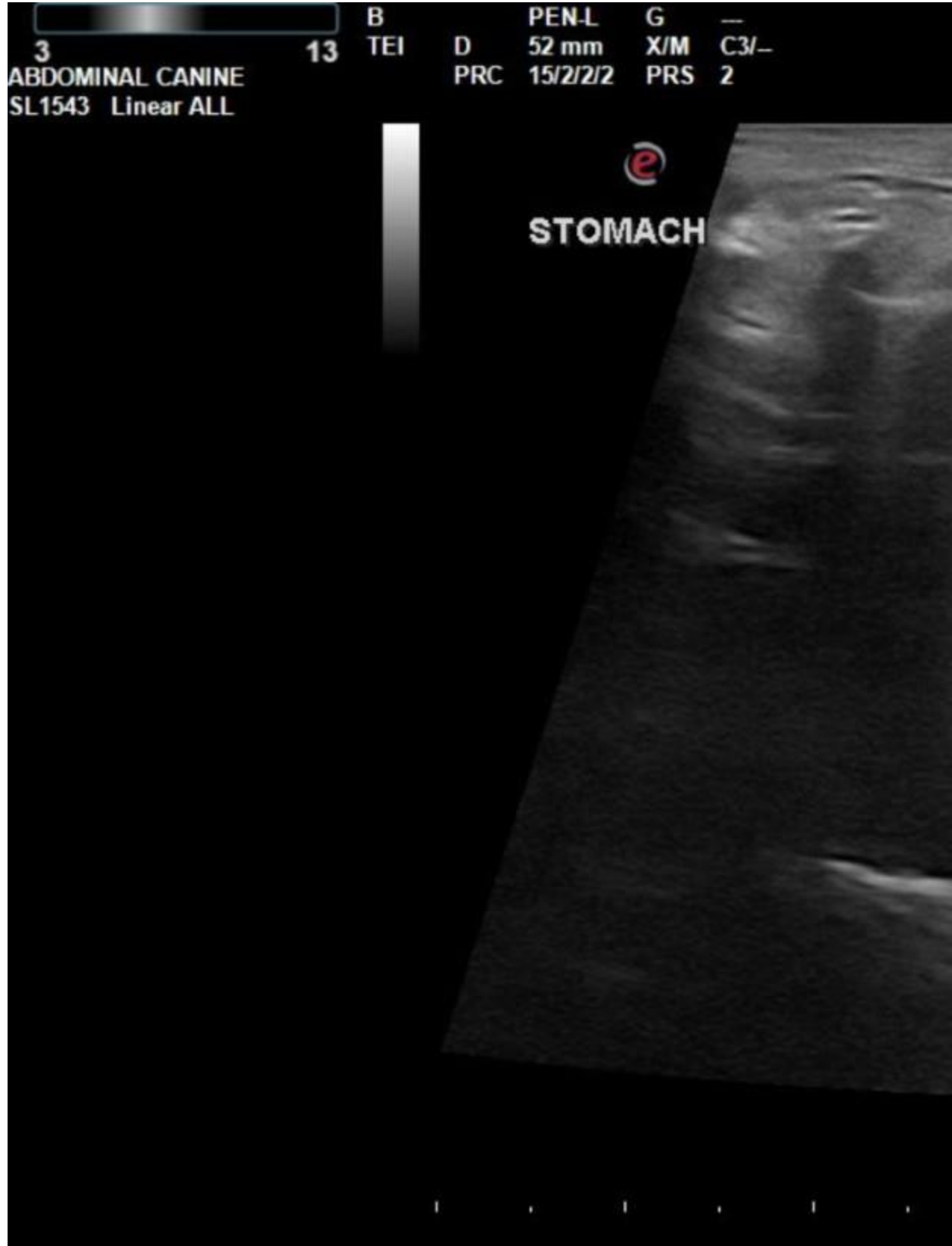
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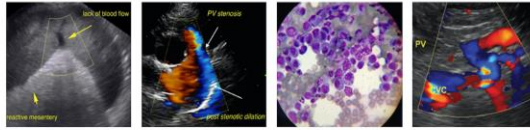
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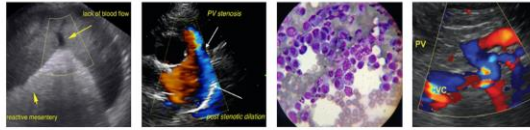
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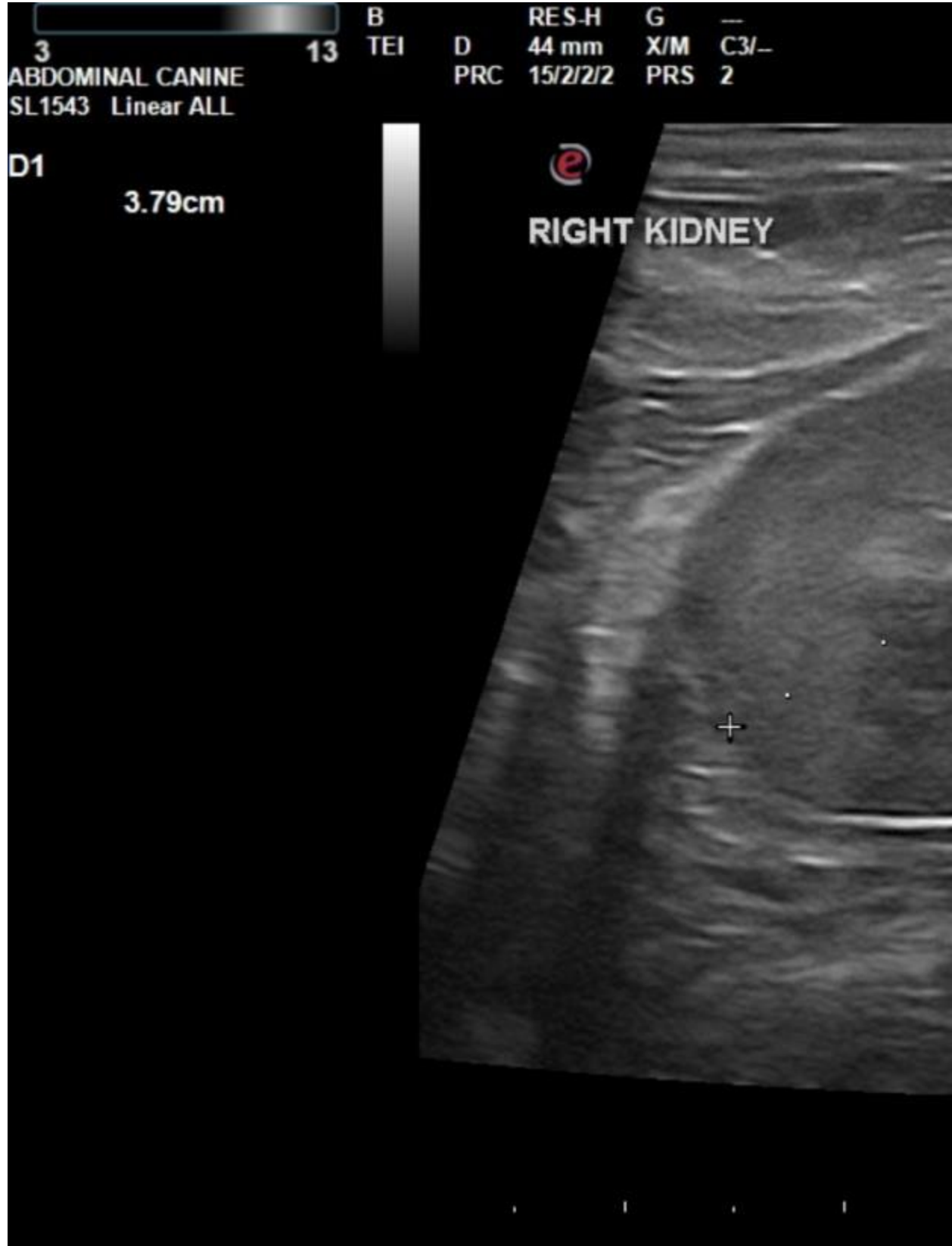
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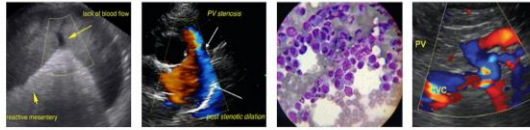
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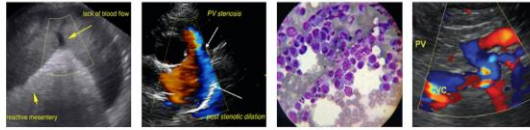
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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