


PATIENT

Cat Stevens Harding

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

8 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

 Beatties East Hamilton
 PH

REFERRING VET

Dr. Wittenrich

INVOICE

12355

DATE

10/4/21

PRESENTING CLINICAL SIGNS

Chronic GI signs. Mild caudal abdominal discomfort with fluid filled loops (GI). HR=120bpm, R=32rpm
 Abnormal PE/Chem/CBC/UA Results: Slight increase in NEUT, MONO Slight decrease in PLT, UREA
 fPL normal

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. 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 was 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited mild enlargement with rounded medial capsule contour primarily in the mid spleen. The symmetrical capsule was maintained with uniform, finely textured homogeneous parenchyma. 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. No splenic masses or nodules were noted. The medial spleen measured 1.2 cm width.

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 mildly subnormal in size, likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained echogenic ingesta with mild progressive distal acoustic shadowing. The ventral gastric body wall measured 0.35 cm width.



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The small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. Segmental digesta and chyme were present with subtle dilated loops of bowel containing chyme noted in the caudal abdomen cranial to the urinary bladder. The jejunum wall measured 0.28 - 0.31 cm width. The duodenum wall measured 0.25 cm width.

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Normal visible colon wall layers were present with semi-formed to soft feces in the proximal to transverse colon and subjective formed feces in the descending colon.

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Pancreas

The right pancreatic limb was normal in size and contour with subjective mild echogenic parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Subtle reactive mesentery was noted in the caudal abdomen around the aforementioned caudal abdominal jejunum.

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Primary Findings

- Gastric and segmental small intestinal ingesta with intact wall layering
- Possible chronic pancreatitis
- Mild age-related kidney changes
- Subjective mild medial splenomegaly - nonspecific, subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric and segmental intestinal ingesta is nonspecific and may correlate with recent meal ingestion. Some degree of potential gastric or segmental intestinal stasis may be possible if documented NPO. Overall, no overt evidence of significant gastrointestinal structural pathology, although the possibility of structurally insignificant inflammatory enteropathy or gastroenteropathy is suspected, given the chronic gastrointestinal signs.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for parasitic ova / Giardia is suggested if evidence of diarrhea. Conservatively, hydrolyzed diet trial, as-needed GI support (high colony count probiotic, as-needed antibiotics), may prove beneficial pending assessment of cobalamin levels.

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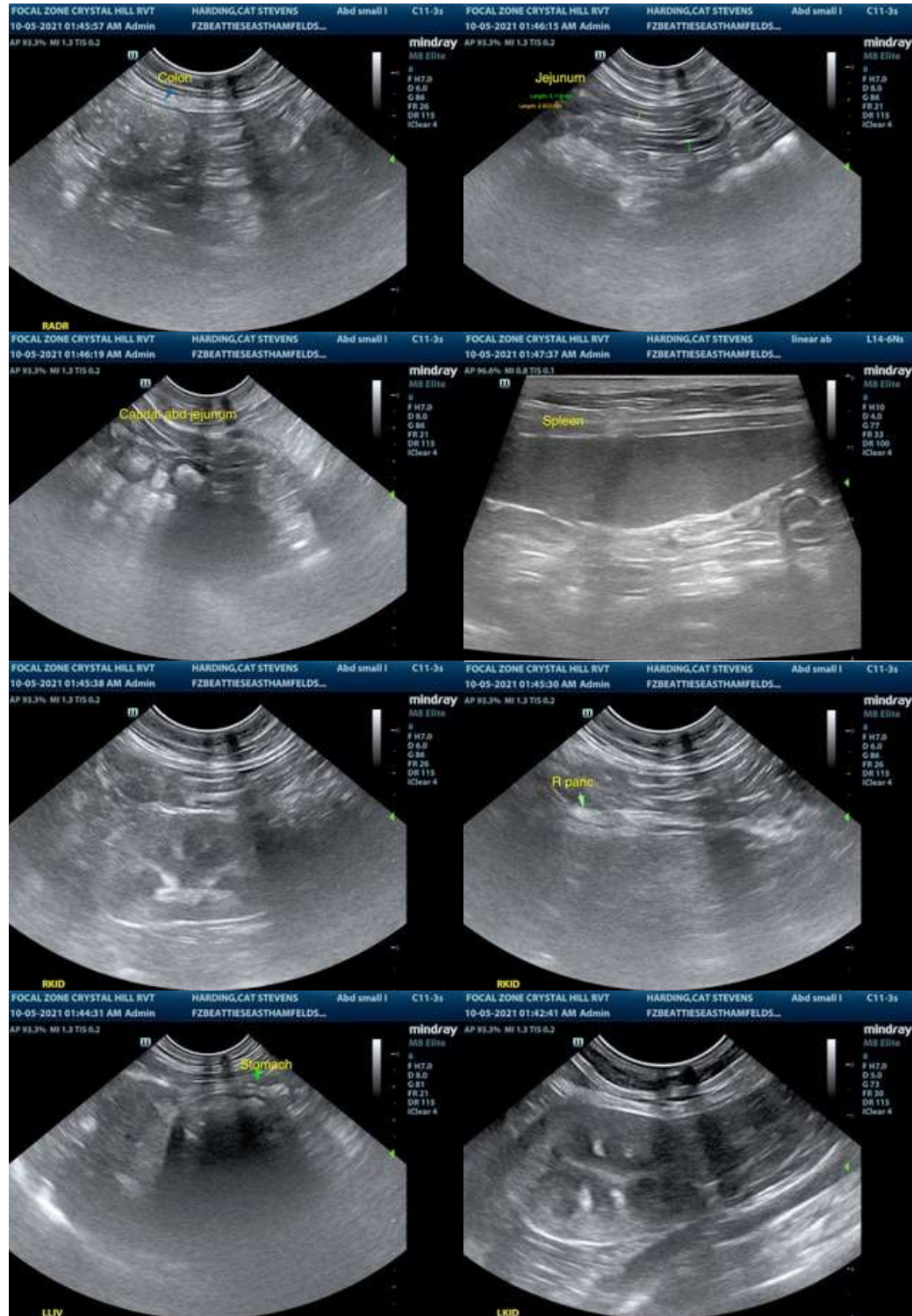
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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