

PATIENT

Smokey Altshuler

SPECIES

Feline

BREED

7.89

SEX

M/N

AGE

15

WEIGHT

7.89

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush Animal
Hospital

REFERRING VET

Dr. Blystone

INVOICE

11814ag

DATE

10/4/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented for PU/PD. On exam, was BAR. Thickened intestines. Grade II Heart murmur. Weight loss of 1.8 (over unknown time).

Abnormal PE/Chem/CBC/UA Results: Lab Findings: Bloodwork NSA Current Medications: None
Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 minor focal dependent luminal mineral. 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. Minor bilateral medullary mineral was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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 measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. The suspected ileum exhibited mildly prominent intact wall layering with prominent to mildly hyperechoic ileal submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.



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The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm width. Ileal wall measured 0.30 cm width.

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

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Pancreas

The pancreas exhibited mild prominent size with areas of capsule asymmetry and mild non-homogeneous isoechoic to hypoechoic parenchyma compared to the adjacent omental fat. Mild to tortuous pancreatic duct dilation was present.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal urinary bladder luminal mineral
- Mild chronic renal changes exhibiting minor medullary mineral
- Overtly normal general GI tract with suspect intact yet mildly prominent ileal wall layering-normal variant, potential for ileitis
- Suspect chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis 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 given potential for ileal disease.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor to the weight loss.

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No overt evidence of GI/pancreatic neoplastic criteria was present which is thought unlikely. Pending additional diagnostics, GI biopsies are likely required for a definitive diagnosis.

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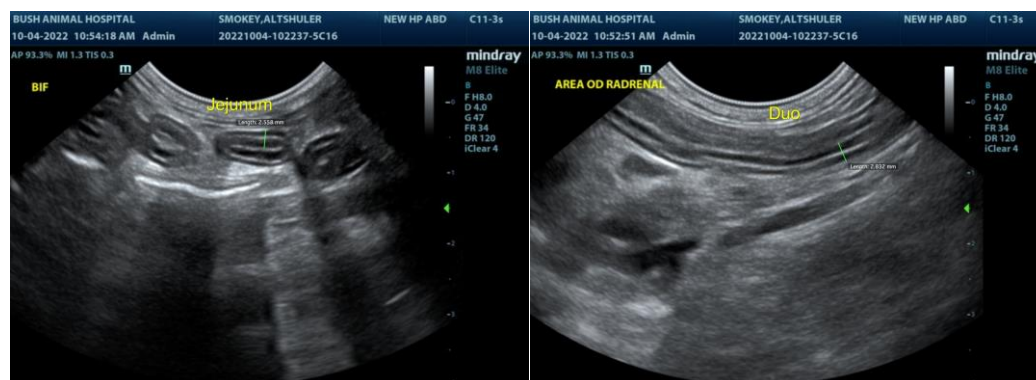
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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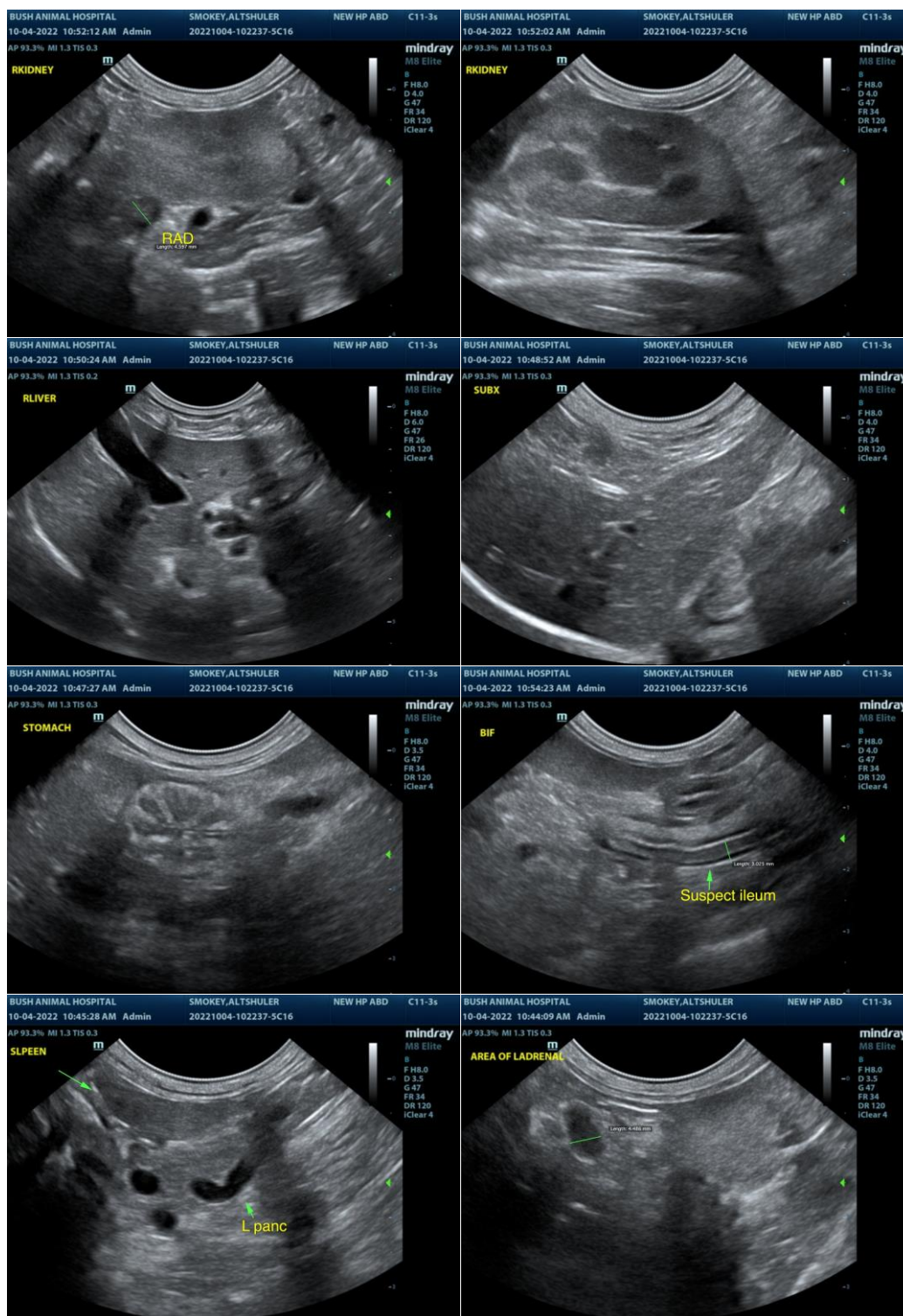
Dr. Blystone

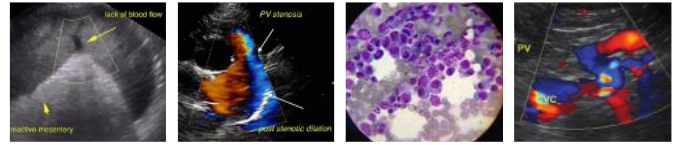
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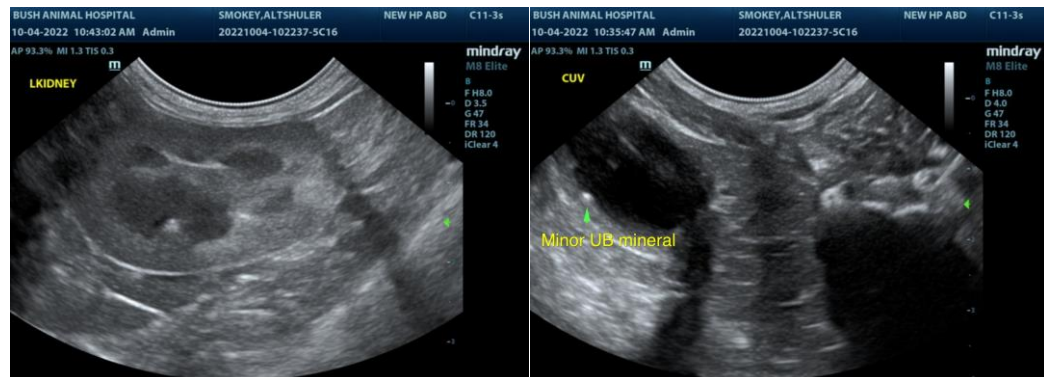
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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