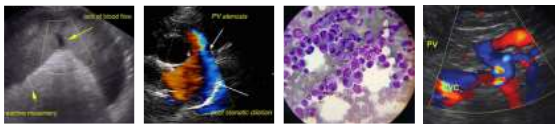


PATIENT

Dewy Davis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

11.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

12499

DATE

11/1/21

PRESENTING CLINICAL SIGNS

10/25: For past 3 months vomiting more frequently. Previous instances of vomit had been undigested food. Now he is vomiting bile. For concern that he needed to have something in his stomach to reduce acid she began giving him free choice kibble. For last two weeks he had been vomiting daily. No vomit seen for last 5 days. Hematuria seen with urine sample. weight loss on 1lb since May Abnormal PE/Chem/CBC/UA Results: spgr 1.046, ph = 7, 2+ protein, 3+ blood, 2-5 wbc, > 100 rbc, rare epi cell CBC is wnl. Chem wnl. T4 is wnl at 2.1 Free T4 wnl at 0.7

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, particulate, nondependent 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 criteria was noted.

The area of the aortic trifurcation was free of pathology.

The kidneys maintained a normal 1:3 cortex / medulla ratio. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint corticomedullary mineralization was note primarily in the latera left kidney. No evidence of pyelectasia was noted in either kidney. The left kidney was mildly subnormal in size compared to the right, yet was within normal limits measuring 3.2 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

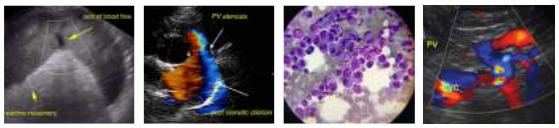
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

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. The spleen measured 0.7 cm width at the level of the hilus.

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



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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 0.26 cm. The pylorus wall width measured 0.28 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.21 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with left kidney pinpoint corticomedullary mineral
- Mild particulate urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract
- Sonographically unremarkable pancreas

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.

Dietary indiscretion / food intolerance, occult parasitism if the patient if indoor/outdoor, or structurally insignificant Inflammatory bowel are possible. Potential for low-grade to chronic pancreatitis may be present yet ultrasonographically normal. Further correlation, given the patient's weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirically, hydrolyzed diet, as-needed gastrointestinal support +/- gastroprotectant trial may be considered with an assessment of clinical response. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology. Heartworm antigen and antibody testing may be considered if clinically indicated, as cats that are heartworm positive often exhibit persistent vomiting.

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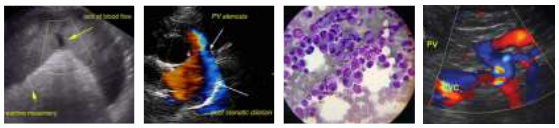

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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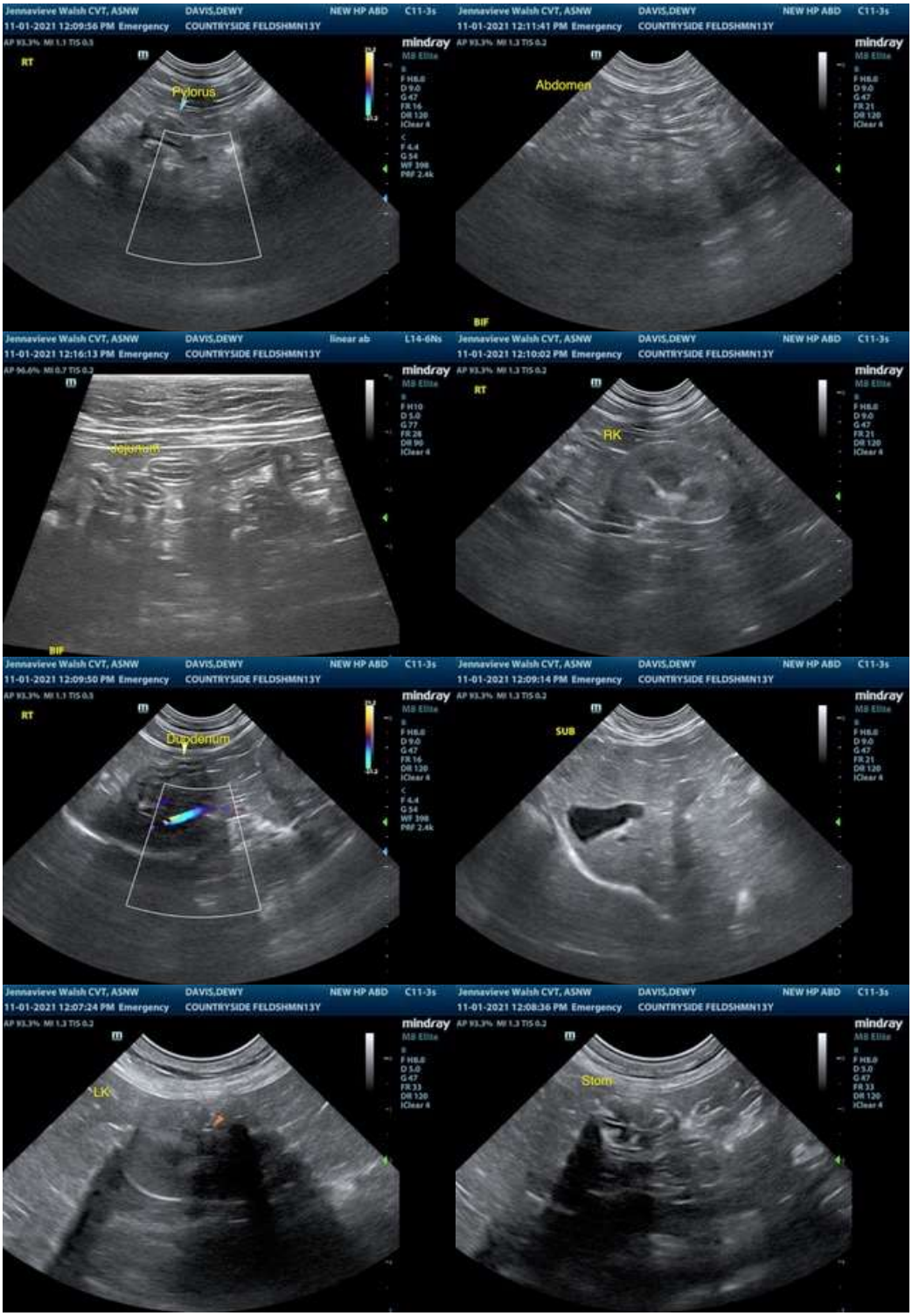

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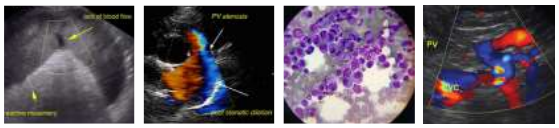

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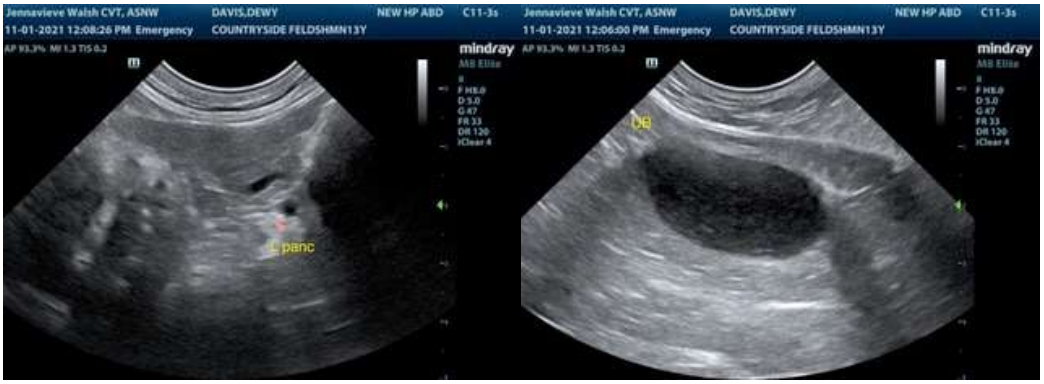

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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