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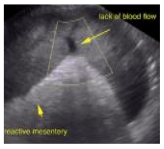

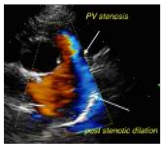

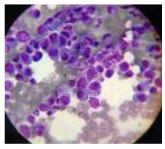
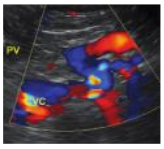

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1-800-838-4268 info@sonopath.com

PATIENT

Angie Falcone

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

9-10 yrs

WEIGHT

10 lbs. 12 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Tudor Suciu

INVOICE

12182ag

DATE

11/15/22

PRESENTING CLINICAL SIGNS

owner thinks that Angie is losing weight, her appetite has been decreased (dry Purina and canned Friskies) and she is vomiting more often than she used to (2-3 times a week, undigested or partially digested food). She's acting normal, energy level is unchanged. There is another cat in the house, sometimes they fight. Both are strictly indoors. No coughing, sneezing or diarrhea, water intake and urination are possibly increased. History of asthma, managed with Flovent inhaler.

Abnormal PE/Chem/CBC/UA Results: CBC: normal WBC (6.62) with low neutrophils (2.88) and low monocytes (0.04) – R/O consumptive versus stress high RBC (10.70) and high hemoglobin (15.6) – R/O hemoconcentration/dehydration vs open CHEM: high globulin (6.4) – R/O infection vs inflammation (IBD vs other) vs neoplasia EPOC: high creatinine 1.91 (0.5- 1.9) – R/O pre-renal versus early-stage renal disease hematocrit at high end of normal (48) – R/O hemoconcentration/dehydration

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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 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 0.3 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 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 0.72 cm in 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 normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened hyperechoic walls and primarily anechoic luminal content with mild to moderate hyperechoic to mildly mineralized luminal debris potentially extending into the cystic biliary duct. The cystic and common bile ducts were normal.

Gastrointestinal

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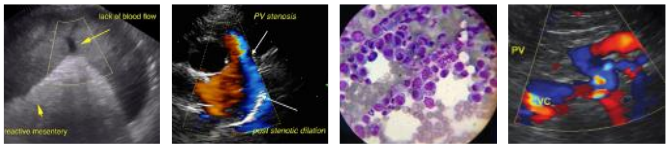

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.26 cm in width.

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 measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.26 cm width.

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

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related renal changes
- Sonographically unremarkable GI tract
- Mild heterogeneous left pancreas
- Hyperechoic to mildly mineralized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs and weight loss. Pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation.

The gallbladder debris is of unclear clinical significance given the lack of hepatic enzyme elevations or evidence of cholestasis. At times, gallbladder debris/minor mineral has been associated with inflammatory hepatobiliary disease if previous history of hepatic enzyme elevations. Monitoring of hepatic enzymes going forward is suggested.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Baseline renal staging to included C/S and/or UPC level if evidence of proteinuria may be considered. Empirically canned hydrolyzed diet trial and as needed GI protectant protocol with assessment of clinical response would be reasonable. Sonographic reassessment of the gallbladder, pancreas and GI tract is suggested if persistent weight loss and/or decreased appetite despite dietary and conservative GI support.

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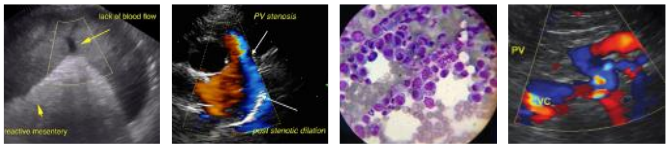

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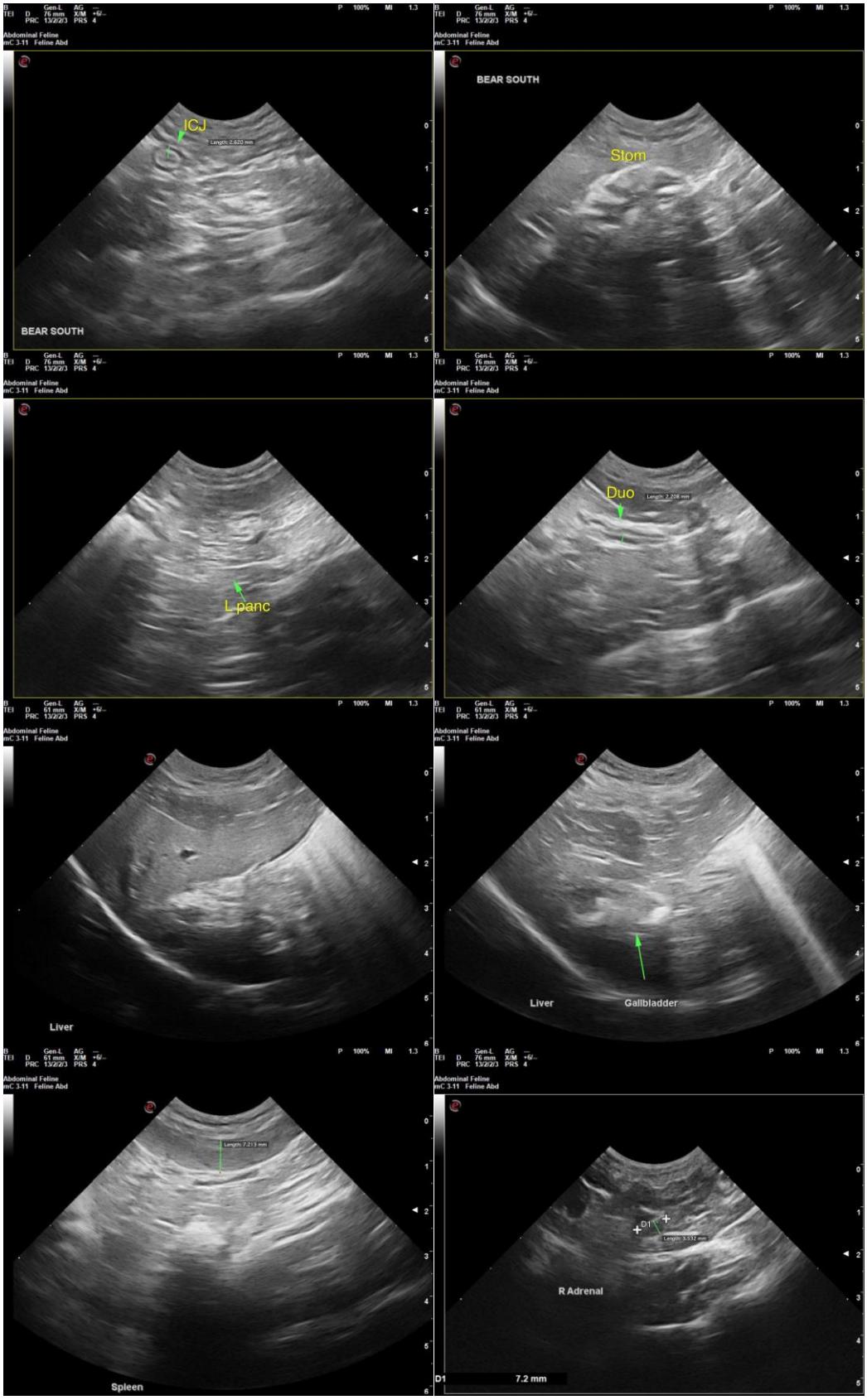

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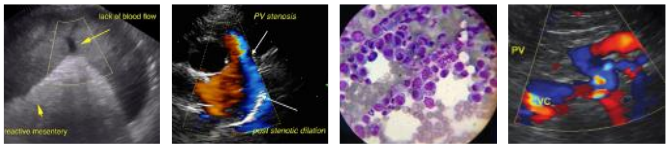

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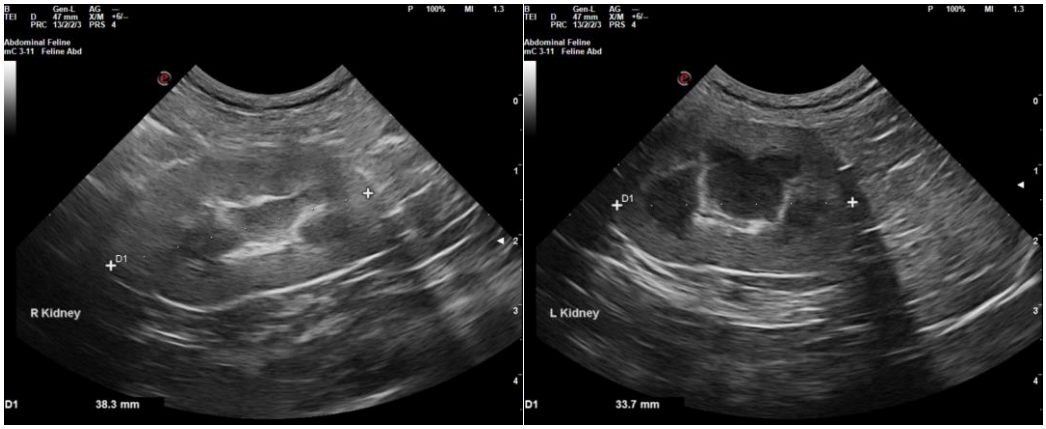

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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