



PATIENT PRESENTING CLINICAL SIGNS

Victor Sarluca History of FLUTD, weight loss.

SPECIES Medication: s/o diet

Feline ALT 158, Tbili 1.6

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

The urinary bladder was mildly distended yet exhibited subjective normal tone containing anechoic urine with mild particulate to hyperechoic nondependent sediment, which may indicate cellular debris / protein, or crystalline debris.

SEX MN The area of the aortic trifurcation was free of pathology.

AGE 2007 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. Pinpoint areas of medullary mineral were noted. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT 9.6 *Adrenal Glands*

The area of the left and right adrenal glands was free of overt pathology.

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.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT 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 0.75 cm width at the level of the hilus.

HOSPITAL NAME *Liver/ Gallbladder*

White Haven VH 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.

REFERRING VET *Gastrointestinal*

Dr. Gallagher 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.

INVOICE 15471 The small intestine presented intact wall layering with subjective propensity for segmental to generalized prominent muscularis layer without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.38 cm width.

DATE 11/15/22



PATIENT

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

Victor Sarluca

Pancreas

SPECIES

The pancreas was mildly prominent in size with areas of minor capsule asymmetry and nonhomogeneous subtly hypoechoic parenchyma compared to adjacent omentum. Subjective mild pancreatic duct dilation was present.

Feline

Free Abdomen

BREED

Intermittent midabdominal mesenteric lymph nodes were present. The lymph nodes were mildly prominent. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example lymph node measured 0.4 cm diameter. Mild associated peri ileocolic hyperechoic mesentery was noted. No omental masses or evidence of free fluid was present.

DSH

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

- Sonographically unremarkable bladder with particulate to hyperechoic urinary bladder sediment
- Mild chronic renal changes with pinpoint medullary mineral
- Intact yet prominent small intestinal walls
- Intermittent subjective benign / reactive mesenteric lymphadenopathy
- Subjective mild to chronic pancreatitis pattern
- Benign hepatopathy - suggestive of low-grade cholangiohepatitis in light of ALT elevation

2007

WEIGHT

9.6

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for Triad Disease may be a consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- screening hepatic FNA cytology assuming normal clotting status primarily to assess for or possibly identify hepatic inflammatory cell type if present. Three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the patient's weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

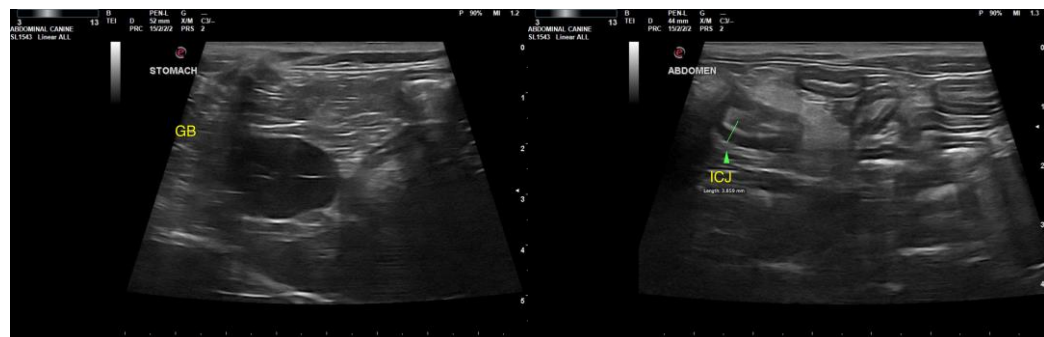
Dr. Gallagher

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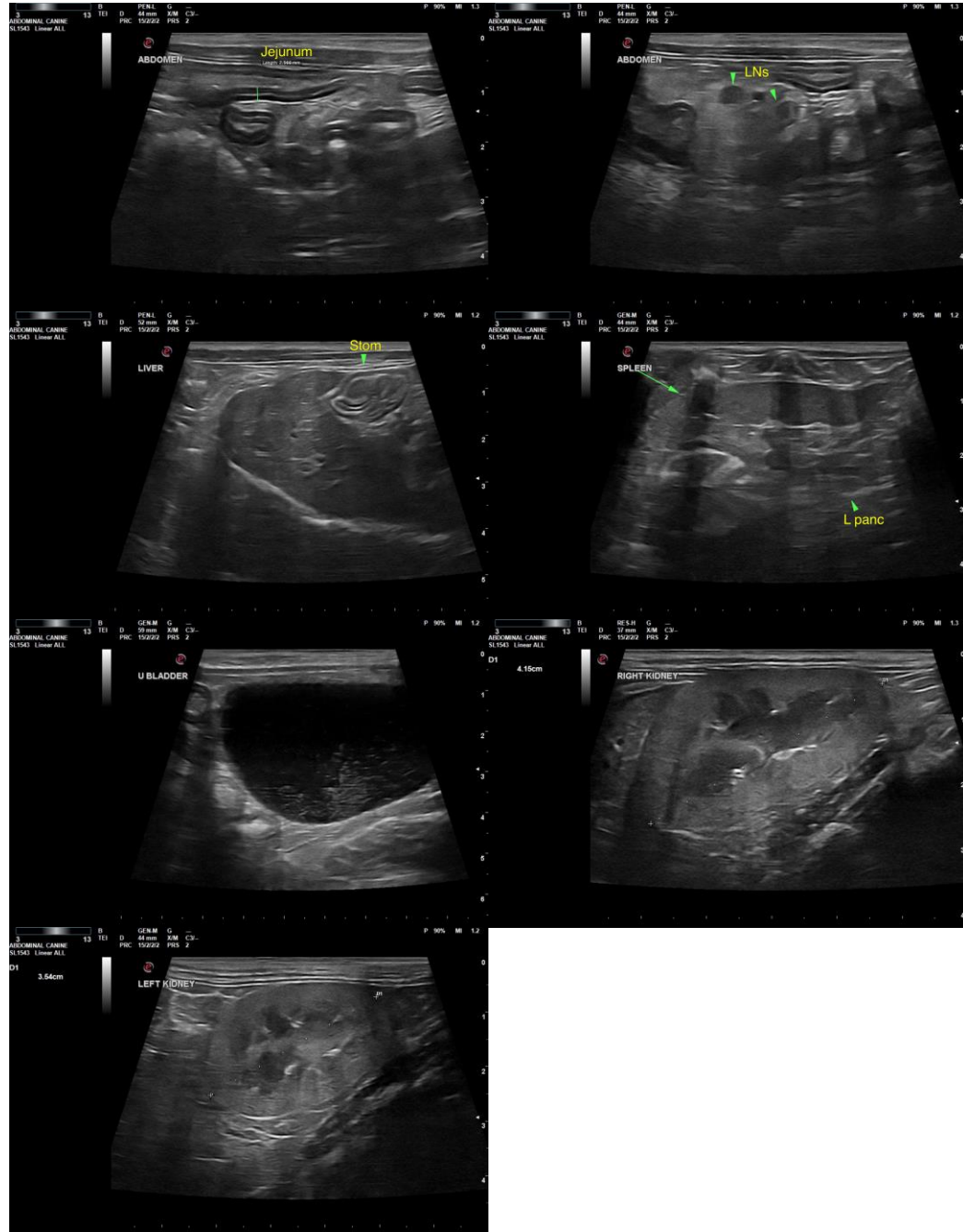
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Practitioner)

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