**PATIENT**

Oscar Bundy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.6 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

18894

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: V/D, weight loss, not as active, decreased urine output and water intake. NPO 14 hours prior to scan

Abnormal PE/Chem/CBC/UA Results: intestines feel thickened, uncomfortable on cranial abdominal palpation, WBC: 23.0, Neutrophils: 18.952. Monocytes: 0.92, RBC: 6.39. ProBNP: 108. ALT: 22, TCO2 (Bicarbonate): 11,

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 were noted.

The area of the aortic trifurcation was free of pathology.

The kidneys were normal in size and margination with a 1:3 cortex to medulla ratio with mild uniform increased cortex echogenicity with mildly enhanced yet indistinct corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 4.2 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm.

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

Spleen

The spleen was mildly volume contracted in size, exhibiting symmetrical capsule contour and subtle parenchyma heterogeneity, measuring 0.5 cm in width. No evidence of splenic neoplastic criteria.

Liver

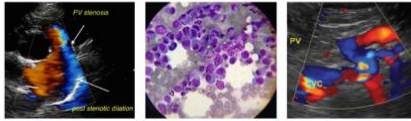
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This is a minor change, not consistent with posthepatic obstructive criteria.

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.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio to the level of the ileum. Prominent to mildly thickened yet intact ileum to ileocolic walls were present. No

**PATIENT**

Oscar Bundy

evidence of loss of ileal to ileocolic wall layering or masses. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.21 cm. The ileum wall measured 0.46 cm.

SPECIES

Feline

The colon exhibited sonographically unremarkable visualized wall layering. The colon appeared to exhibit generalized potential distention with strongly shadowing fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

DSH

Free Abdomen

A small pocket of scant caudal abdominal peritoneal free fluid noted adjacent to the urinary bladder.

SEX

Neutered Male

A solitary mildly prominent uniform colic lymph node was noted, exhibiting maintained normal width to length ratio <0.5, measuring 2.2 cm x 1.0 cm. No other additional lymphadenopathy was noted or omental masses.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- Intact yet prominent to mildly thickened ileum/ileocolic walls, otherwise sonographically unremarkable gastrointestinal tract
- Possible constipation pattern
- Focal, nonspecific yet subjective benign colic lymphadenopathy- suspect associated lymphadenitis or reactive hyperplasia. Emerging colic neoplastic lymphadenopathy is considered less likely.
- Heterogenous pancreas- suspect low grade chronic to chronic active pancreatitis
- Minor nonobstructive proximal common bile duct dilation- suspect potential patient or age-related variant, potential for low grade cholangitis
- Minor nonspecific age-related renal changes

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING**PERFORMED BY**

Sarah Pender, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

SVS Imaging QC

A GI panel to include PLI/TLI/Cobalamin/Folate, given the weight loss and GI signs in this patient, is warranted for further assessment of the distal small intestine, as well as the pancreas for evidence of occult disease. No overt evidence of intraabdominal neoplastic criteria. Although no reported hepatic enzyme elevations, potential for triad disease could be possible in this patient given the short half-life of hepatic enzymes in cats. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

REFERRING VET

Dr. Rigg

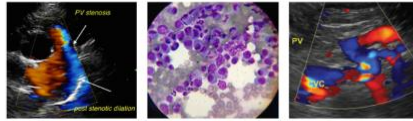
Pending additional diagnostics, as needed gastrointestinal support +/- empirical IBD/pancreatitis/triaditis protocol and assessment of clinical response could be considered.

INVOICE

18894

DATE

11/29/22



PATIENT

Oscar Bundy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

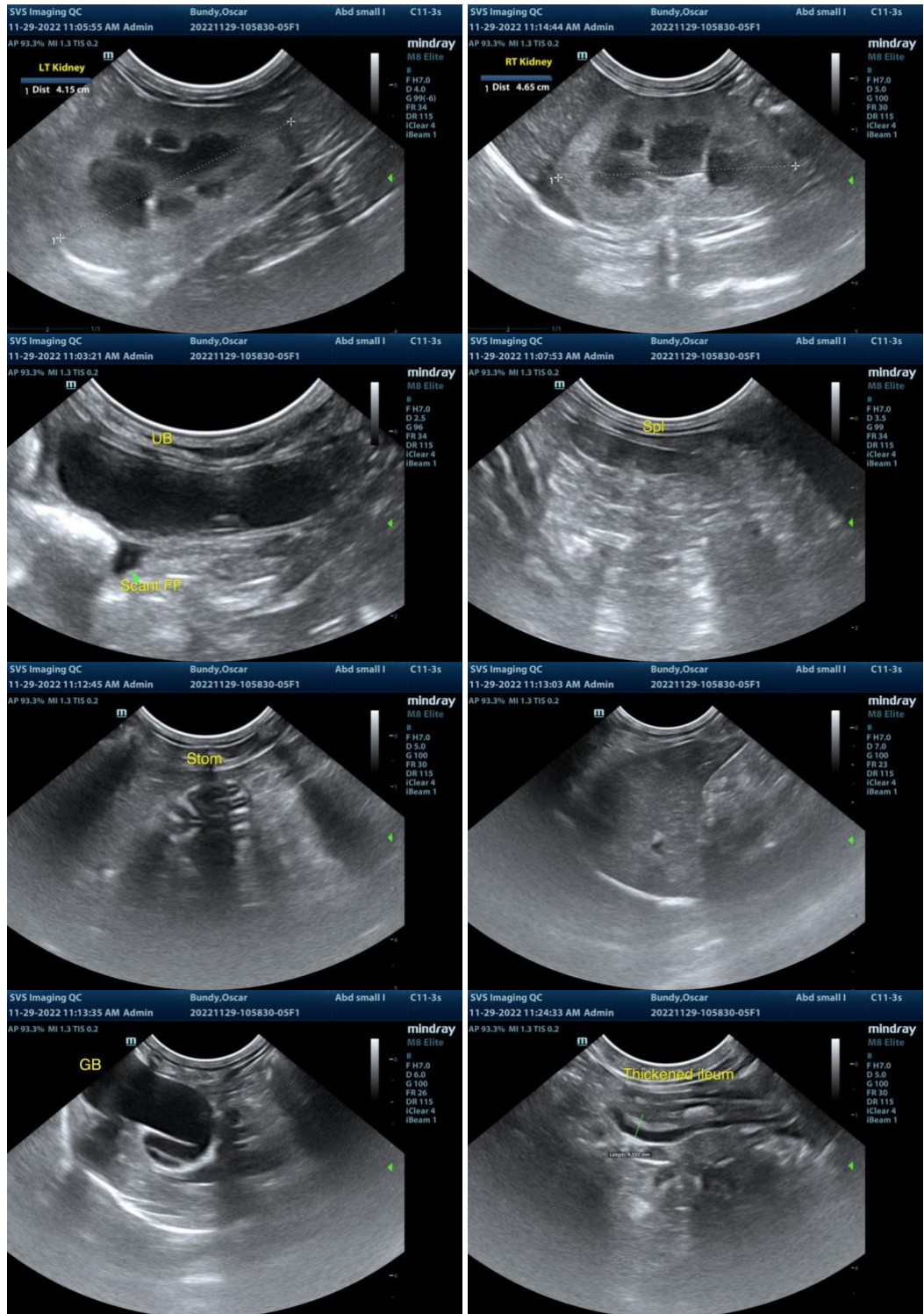
Dr. Rigg

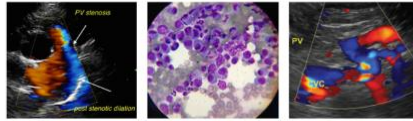
INVOICE

18894

DATE

11/29/22





PATIENT

Oscar Bundy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

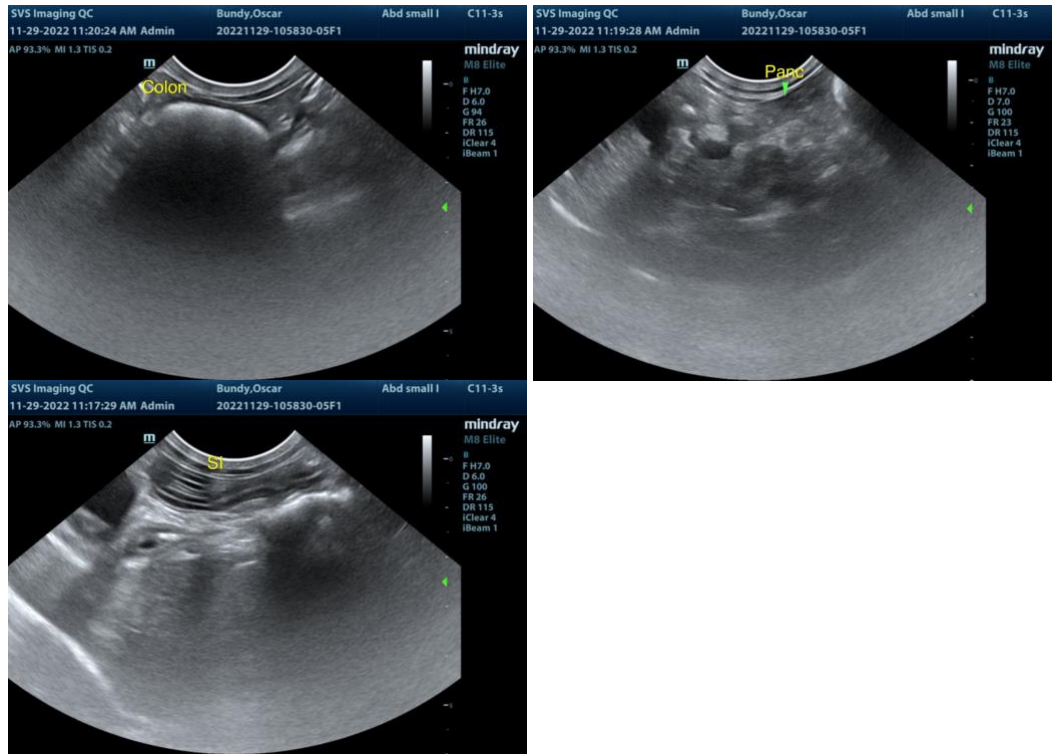
Dr. Rigg

INVOICE

18894

DATE

11/29/22



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