



PATIENT

Cuddles Simonson

SPECIES

Feline

BREED

DMH Ragdoll Mix

SEX

FS

AGE

5 years

WEIGHT

3.77 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Patti Mayfield

REFERRING VET

Emily Kent DVM

INVOICE

15367

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Patient was adopted by client from a shelter ~ 2 years ago. Patient lives with 4 other cats. Patient is indoors only, but some of the other cats in the household have access outdoors. Client reports patient has always had soft stools, but intermittently they are now soft to diarrhea with hematochezia. No significant vomiting. Patient is chronically hyporexic and has been losing weight. Patient has been dewormed No sedation utilized for AUS, as patient was compliant.

Abnormal PE/Chem/CBC/UA Results: PE: Unkempt, very quiet. Dehydrated. Obvious lean muscle atrophy over the paraspinal region (epaxials). Blood work (10/28/22): CBC: - WBC: 23,300/uL (3900-19,000) - PMN: 15,215/uL (2620-15,170) - LYMPH: 6081/uL (850-5850) - BASO: 0.117 K/uL (0-0.1) CHEM: - SDMA: 16 ug/dL (0-14) - Na: 146 mmol/L (147-157) - Cl: 112 mmol/L (114-126) - ALB: 2.5 g/dL (2.6-3.9) UA: - dark yellow, cloudy, USG: 1.062, pH: 6.5, - 3+ proteinuria - UPC ratio: 0.3 (0.2-0.4 = borderline proteinuric) - Inactive sediment T4: WNL at 1.6 ug/dL (0.8-4.7) FeLV/FIV/HW: Neg x 3 Fecal: Neg for ova/parasites/giardia

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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 0.74 cm width at the level of the hilus.



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Liver/ Gallbladder

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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 mildly subnormal in size likely owing to the presence of gastric ingesta, yet no overt gallbladder or common bile duct pathology was noted.

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Gastrointestinal

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing. No overt evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing ingesta / chyme was noted. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.35 cm width.

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Normal visible colon wall layers were present with semi-formed to potential soft fecal matter.

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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.

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Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of surrounding perilymphatic hyperechoic mesentery was evident. An example of lymph node size was 1.2 cm x 0.56 cm. No omental masses or free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral nonspecific renal medullary rim sign
- Sonographically unremarkable gastrointestinal tract / colon with moderate progressively shadowing gastric ingesta and subjective semi-formed to soft fecal matter.
- Suspect intermittent mild mesenteric lymphadenitis - potentially owing to inflammatory enterocolonopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times, the sonographic gastroenterocolic presentation does not always correlate with history of chronic gastrointestinal signs, loss of muscle mass, or weight loss. Considerations in this patient may potentially include; dietary intolerance / food hypersensitivity, dysbiosis, structurally insignificant inflammatory bowel disease, low-grade chronic colitis, low-grade to chronic pancreatitis, which may present as sonographically normal, or less likely infiltrative neoplasia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment. Empirically, a hydrolyzed diet trial with potential long term dietary therapy, +/- fiber supplementation, high colony



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count probiotic (Proviable), empirical cobalamin supplementation pending assessment of cobalamin levels, and assessment of clinical response would be reasonable. Baseline urine protein / creatinine ratio, given proteinuria with quiet urinary bladder sediment, is suggested.

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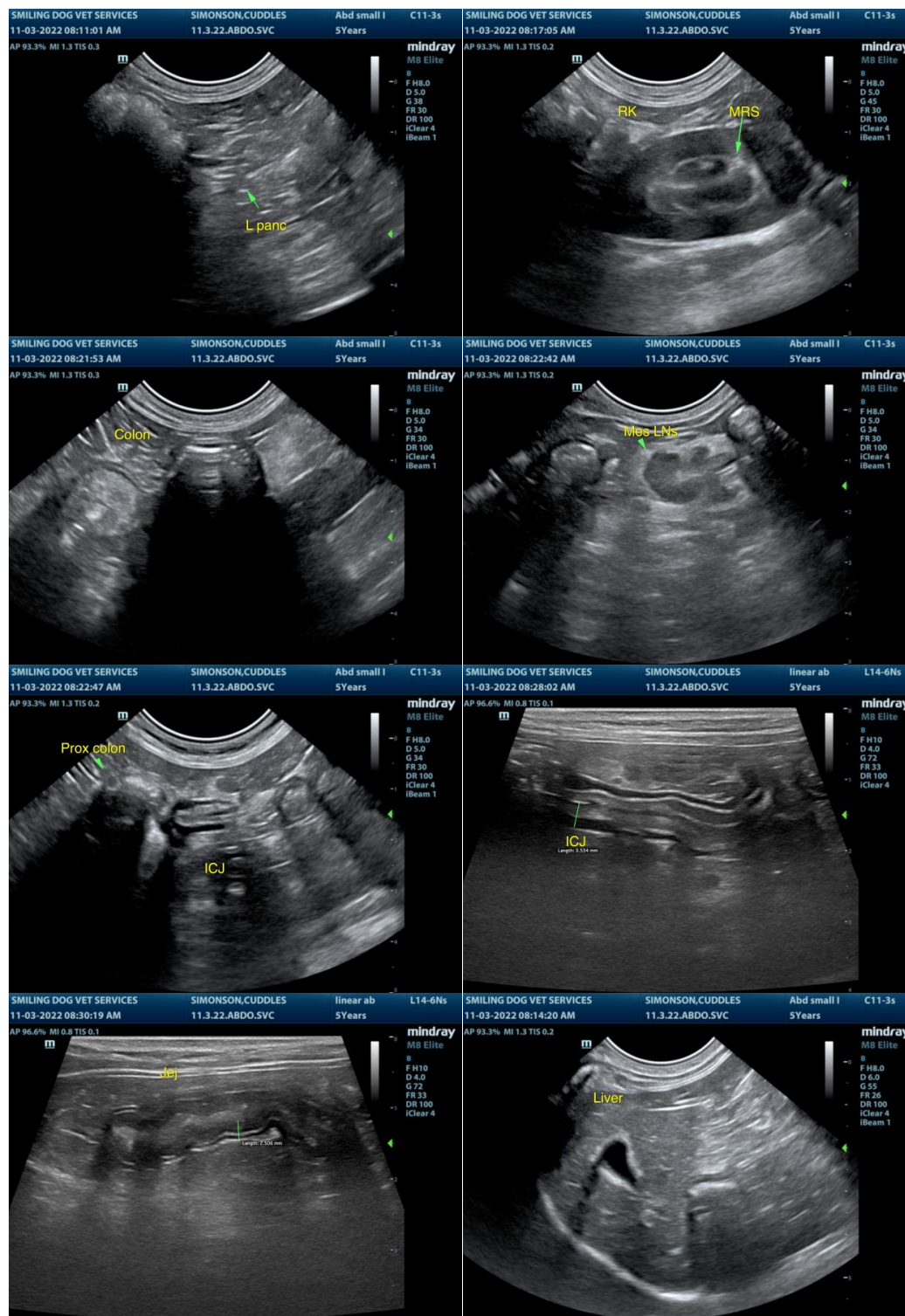
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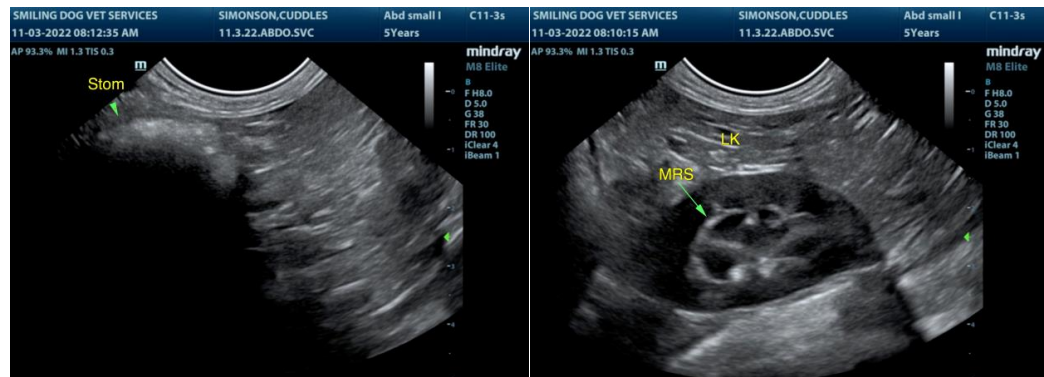
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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