



**PATIENT**

Houdini Hoffman

**SPECIES**

Feline

**BREED**

DLH

**SEX**

NM

**AGE**

13 Years

**WEIGHT**

8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hook

**INVOICE**

48922

**DATE**

12-10-21

## PRESENTING CLINICAL SIGNS

Losing weight; on and off from solid to soft stools
Abnormal PE/Chem/CBC/UA Results: CBC: unremarkable Chem 17: ^ CA 12.0, ^ GLOB 5.7 SDMA: ^ 16, TT4: 1.7, ProBNP: Normal

## 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 residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls along with echogenic to hyperechoic mildly shadowing luminal debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The visualized gastric walls were sonographically unremarkable. The stomach contained echogenic to hyperechoic mildly shadowing ingesta without overt evidence of obstruction to pyloric outflow. The gastric body wall measured 0.24 cm 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 jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.36 cm.





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Normal visible colon wall layers were present with mixed formed to semi-formed feces in lumen.

***Pancreas***

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

***Free Abdomen***

No omental masses, lymphadenopathy, or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys.
- Mild active to chronic active pancreatitis.
- Gastric ingesta.
- Sonographically unremarkable small bowel and colon.
- Suspect mild chronic cholecystitis with moderate hyperechoic to mineralized gallbladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, potential for gastric hypomotility may be possible. Likewise, structurally insignificant gastroenteropathy given the patient's weight loss and intermittent soft stools cannot be excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

No overt evidence of intraabdominal neoplastic criteria in the face of the hypercalcemia.

Three view chest radiographs suggested to rule out occult thoracic pathology as potential cause of weight loss and hypercalcemia if not done.

Dietary intolerance/food hypersensitivity, dysbiosis, or occult parasitism if the patient indoor/outdoor may also be possible.

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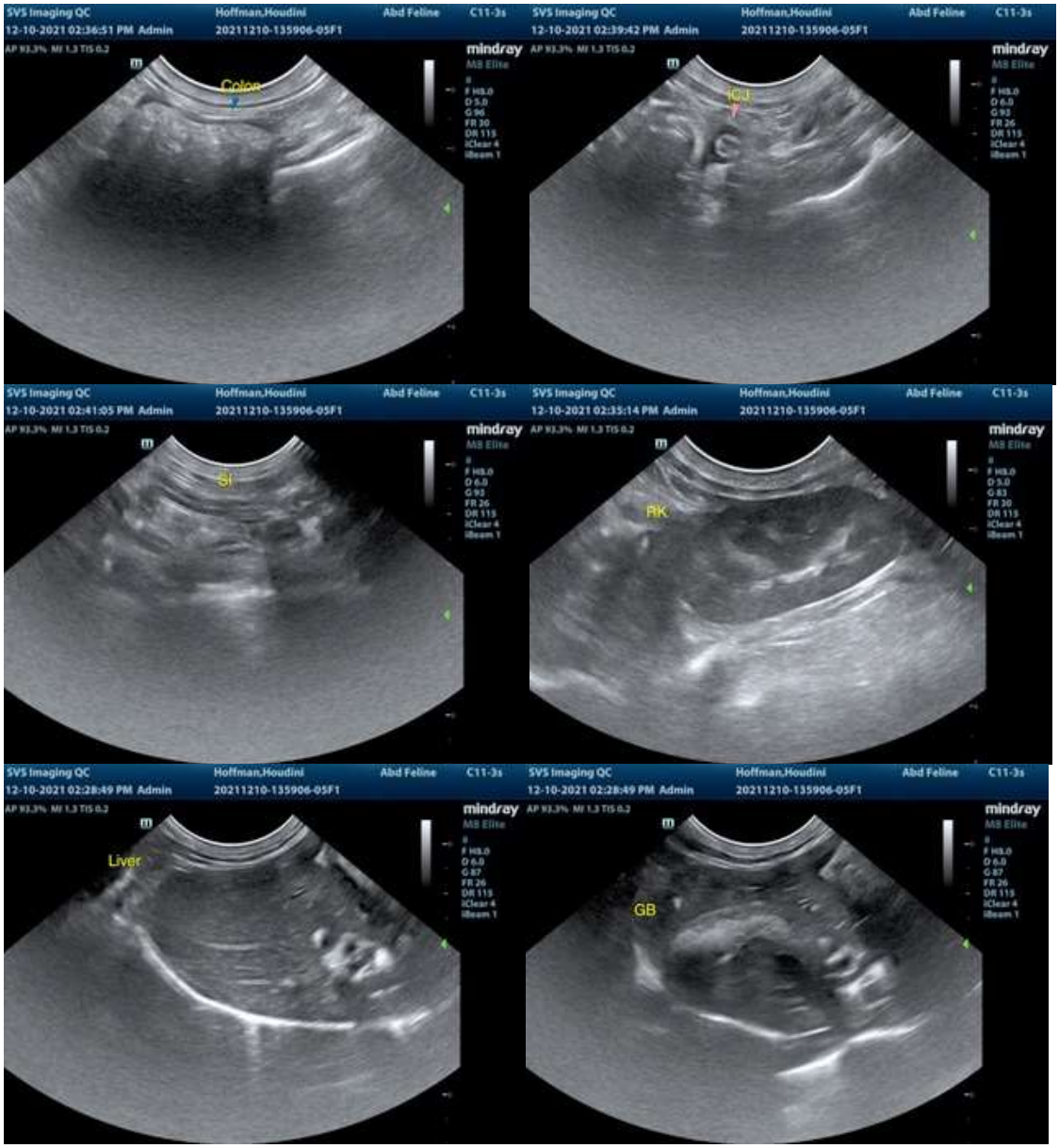

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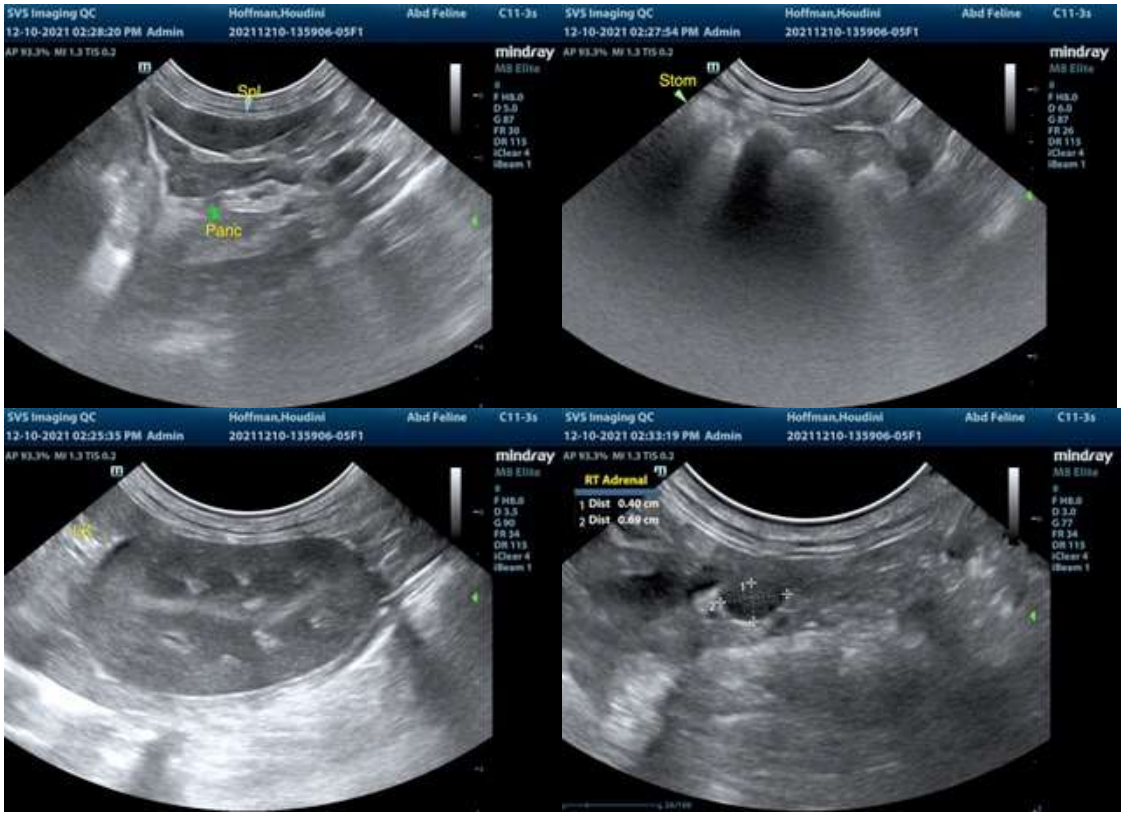


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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**