

PATIENT PRESENTING CLINICAL SIGNS

Ice Brown
History: Weight loss, 4 month duration intermittent vomiting/diarrhea
Medication: Cerenia, Mirtazapine PRN, Dex inj 11.13

SPECIES
Feline
Mild lipase and SDMA elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Siamese Mix
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX
Neutered Male
The area of the residual prostate appeared normal and free of pathology.

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

10 years
The left kidney was subnormal in size with asymmetrical margination, areas of increased cortex echogenicity consistent with infarcts, mild pyelectasia, and reduced medullary volume. The left kidney measured 2.1 cm in length.

WEIGHT
7.3 Pounds
Normal size and margination was present in the right kidney. 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. A focal nonobstructive medullary renolith was noted. No evidence of pelvic dilation was present.

INTERPRETED BY

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

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

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 0.60 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Littlestown VH

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Kubala

Gastrointestinal

INVOICE

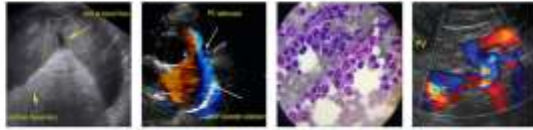
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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic gastric fluid was present. No evidence of ileus, obstruction or foreign material. The gastric body wall width measured 0.27 cm.

DATE

12.10.2021

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for mild small intestinal mural hypertrophy. No evidence of loss of intestinal



PATIENT

Ice Brown

wall layering or distinct intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.31 cm and the jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.31 cm.

SPECIES

Feline

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

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 was evident.

BREED

Siamese Mix

Free Abdomen

No evidence of significant lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Mild urinary bladder sediment.
- Left kidney marked chronic degenerative changes with cortical infarcts and mild pyelectasia.
- Right kidney mild chronic changes with nonobstructive medullary renolith.
- Mild retained gastric fluid - potential for mild gastric hypomotility.
- Suspect inflammatory enteropathy.

WEIGHT

7.3 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Baseline urine/protein/creatinine ratio could also be considered as additional further renal staging.

A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to assess for parasitic ova/ giardia recommended.

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 ARDMS/RVT

Potential for low grade to chronic pancreatitis may also be present yet ultrasonographically normal.

Full thickness intestinal biopsies may be required for a definitive diagnosis.

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Potentially, the previous steroid administration may be masking gastrointestinal mural changes.

Empirically, as needed gastrointestinal support and conservative IBD protocol which may include hydrolyzed diet trial, broad spectrum deworming, even if fecal testing is negative or if the patient is indoor/outdoor, cobalamin supplementation, +/- prednisolone trial at lowest effective dose to control clinical signs may prove beneficial.

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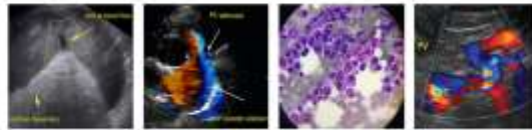
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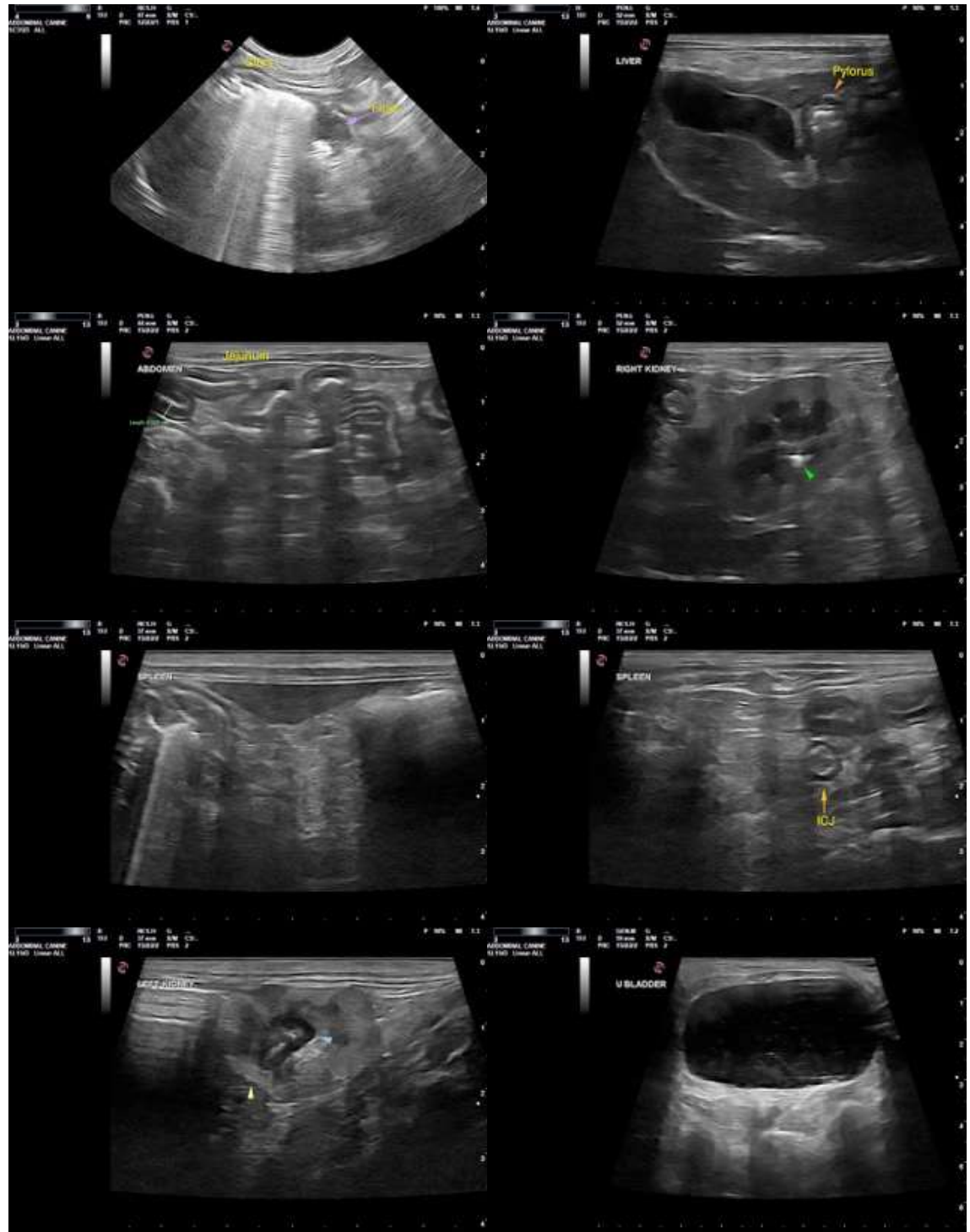
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Ice Brown **R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**
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Feline

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Siamese Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

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