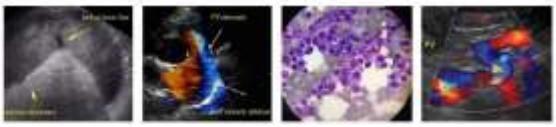


PATIENT

Stanley Poulin

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 years

WEIGHT

3.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Murphy

INVOICE

12792

DATE

12/13/21

PRESENTING CLINICAL SIGNS

Examined December 9/21 as had not been eating for the last 5-7 days, O had been force feeding. O hearing grinding noises when swallowing -On Gastrointestinal diet for chronic GI issues (vomiting/diarrhea), was eating it well until this point and was helping -M2 calc/gingivitis, chattering when probing along gingiva at 308/408. Empty/prominent intestines. Coat M1 unkempt. -BCS 2/5 - Previously diagnosed with FIV currently on : Mirtazipine 15mg - 1/4 tab q 72 hours. Gabapentin 50mg prior to appt.
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

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. 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio with mild uniform increased cortex echogenicity was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

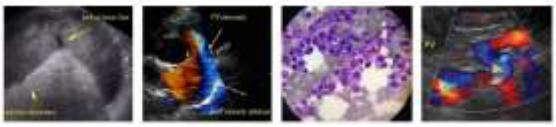
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width.

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 0.89 cm in width.

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.



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Gastrointestinal

The visualized stomach walls were sonographically unremarkable. The lumen of the stomach contained moderate ingesta exhibiting nearfield hyperechogenicity with mild progressive distal acoustic shadowing. The gastric body wall width measured 0.29 cm.

The small intestine presented intact wall layering with a generalized propensity for a mildly prominent muscularis layer. The jejunum wall width measured 0.29-0.31 cm. No evidence of loss of intestinal wall layering or masses.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

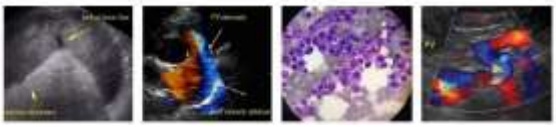
Primary Findings

- Mild urinary bladder sediment
- Bilateral nonspecific increased renal cortex echogenicity - patient variant, early age-related to chronic changes, or potential interstitial nephritis
- Gastric Ingesta - suspect post prandial presentation with minor potential for hairball density
- Probable IBD
- Mildly prominent right adrenal gland - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The small Intestine exhibited generalized mild mural changes suggestive of underlying inflammatory bowel disease. A minor potential for early neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, is possible yet thought less likely. A definitive diagnosis would be required full-thickness intestinal biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, if persistent to progressive gastrointestinal signs or evidence of weight loss, IBD protocol which may include hydrolyzed diet,



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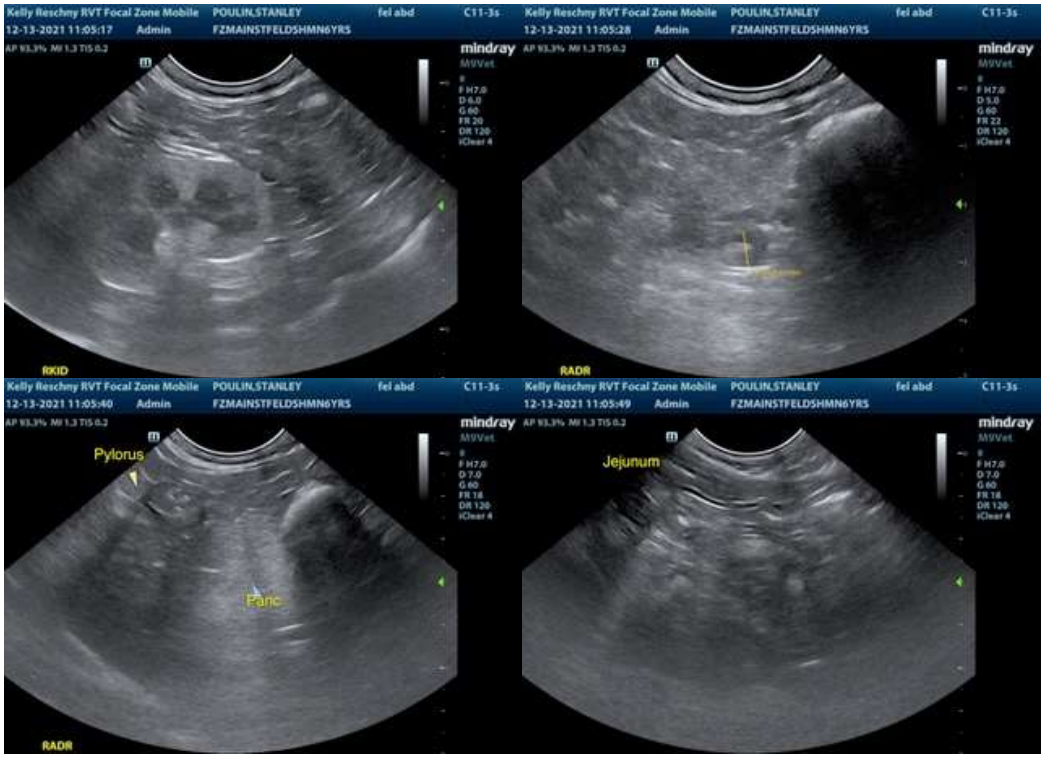
cobalamin supplementation, +/- Prednisolone at the lowest effective dose to control clinical signs could be considered If biopsies are not possible.

The mildly prominent right adrenal gland is nonspecific with considerations including normal patient variant given normal potassium levels, screening blood pressure is suggested. Periodic sonographic monitoring of the gastrointestinal tract and right adrenal gland is likely ideal to assess for progressive changes or if evidence of hypokalemia.



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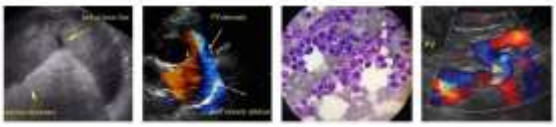

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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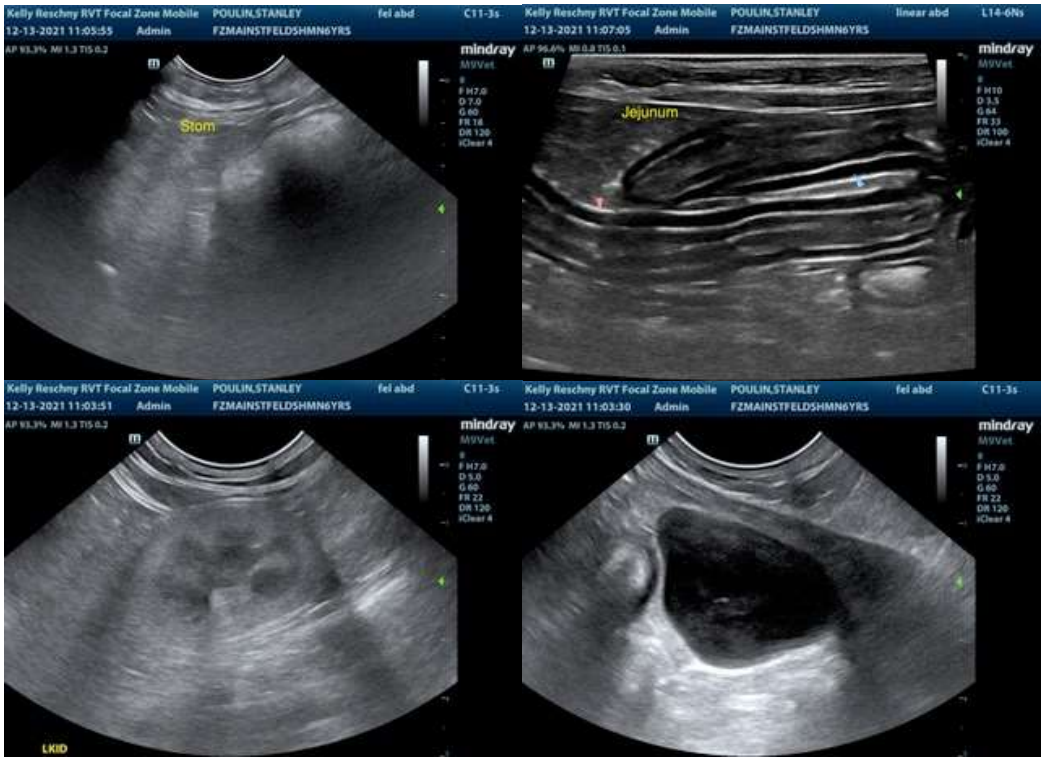

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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