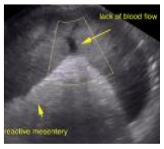
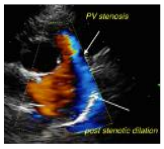
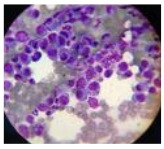
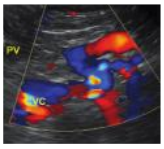
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dude Poore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

La Pine AH

REFERRING VET

Lani Voyles, DVM

INVOICE

20067

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Dude, 13yo DSH, presented today (11/29/22) for vomiting regularly after eating kibble. Pet does not vomit after eating wet food. PU/PD going on a couple of months. Sleeping more than usual, doesn't go outside as much. no C/S, no diarrhea Mostly indoor No noted weight loss No current meds PPH of reported pancreatitis (diagnosed with markedly elevated fPL)
Abnormal PE/Chem/CBC/UA Results: PE: slightly overweight. Dental disease. The appearance of fullness to the cranial abdominal palpation Full blood work (senior panel) performed ~ 1 year ago was unremarkable. 11/29/22 small panel: - BUN: 40 mg/dL (15-32) - Creat: 1.8 mg/dL (0.8-1.8) - TP: 7.5 g/dL - BG: 114 mg/dL (70-130) - ALT: wnl @ 76 U/L - ALP: wnl @ 43 U/L No UA obtained
RADIOGRAPHS (LAT & VD ABDO) 11/29/22: - Possible mass effect in the cranial abdomen; possible gastric FB vs hairball vs mass? Formed, slightly dehydrated feces in the colon. Large urinary bladder. No other significant findings.

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. Aortic trifurcation was normal.

Normal size and margination were 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 3.2 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 0.37 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 1.0 cm in width at the level of the hilus.

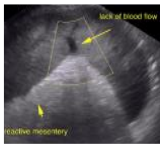
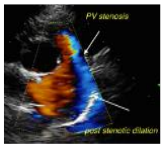
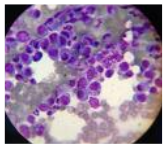
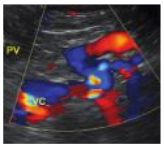
Liver

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 cystic and common bile ducts were normal.

Gastrointestinal

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dude Poore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

La Pine AH

REFERRING VET

Lani Voyles, DVM

INVOICE

20067

DATE

12/13/22

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic ingesta, exhibiting areas of subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall measured 0.25 cm.

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 duodenum wall measured 0.26 cm. The jejunum wall measured 0.26 cm. The ileocolic wall measured 0.45 cm.

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

Pancreas

The pancreas was normal in size with subtle capsule asymmetry and isoechoic mild heterogenous parenchyma compared to adjacent nonreactive peripancreatic omentum.

Free Abdomen

Focal gastric and colic lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). an example of colic lymph node size measured 0.56 cm. No omental masses or evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Heterogenous pancreas
- Intermittent minor benign/reactive gastric and colic lymphadenopathy

Secondary Findings

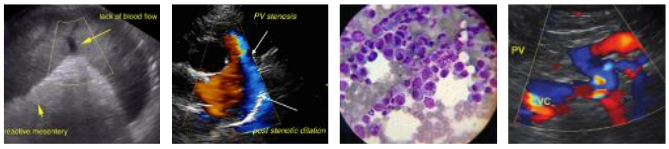
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology, specifically no evidence of overt gastrointestinal mural changes, significant pancreatitis, or neoplastic criteria. Dietary intolerance/food hypersensitivity, persistent low-grade to chronic pancreatitis, structurally insignificant inflammatory bowel, which may be considered less likely, given no reported weight loss or evidence of diarrhea, are possible. Potential for minor nonobstructive hairball density in the stomach is possible, although not definitive. Spec FPL or full GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

Empirically, canned hydrolyzed diet trial with as needed gastroprotectant protocol +/- conservative therapy for persistent low grade to chronic pancreatitis with potential long-term dietary therapy and assessment of clinical response would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dude Poore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

La Pine AH

REFERRING VET

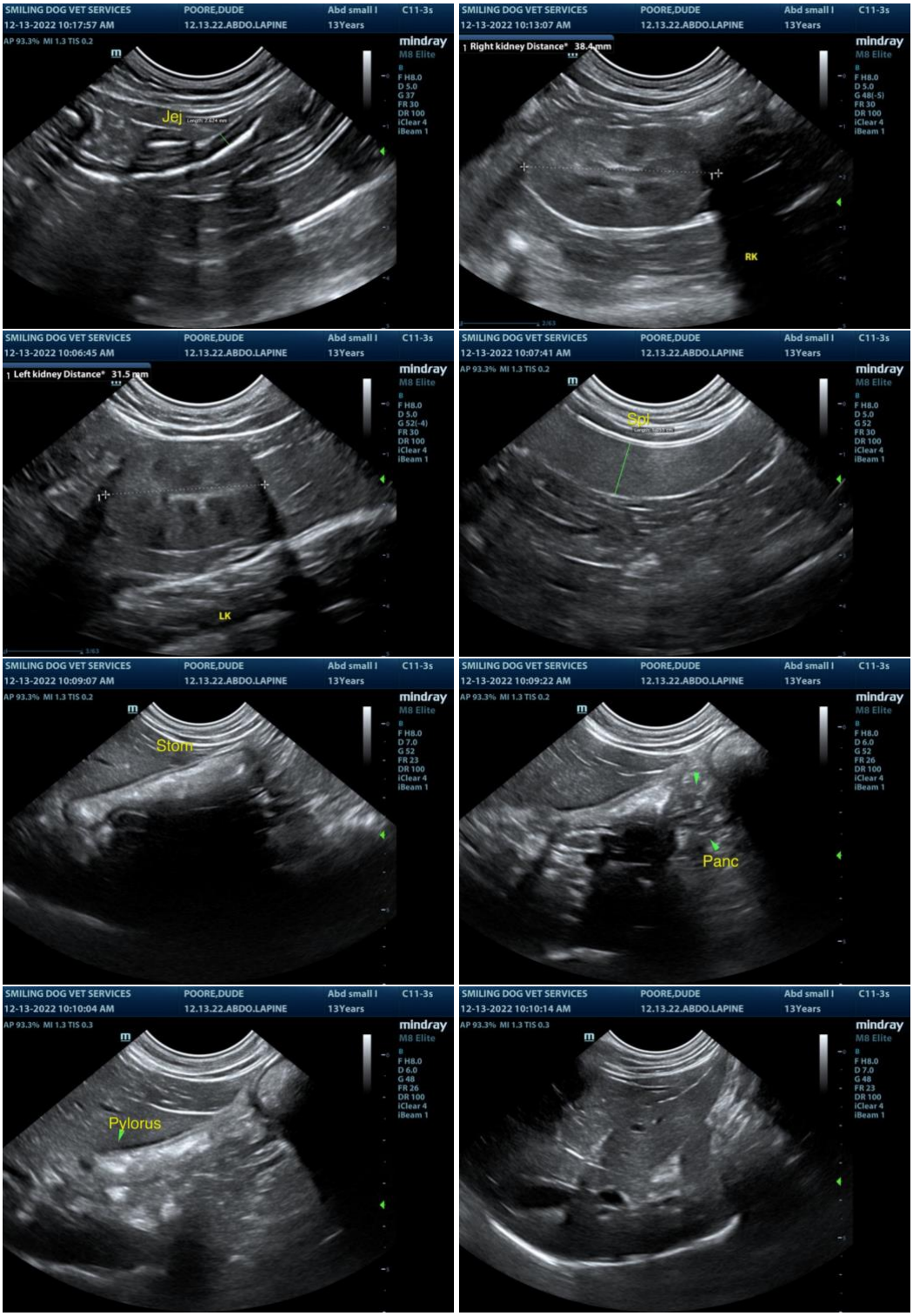
Lani Voyles, DVM

INVOICE

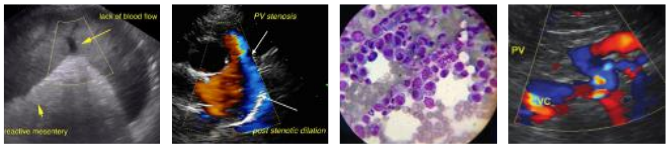
20067

DATE

12/13/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dude Poore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

La Pine AH

REFERRING VET

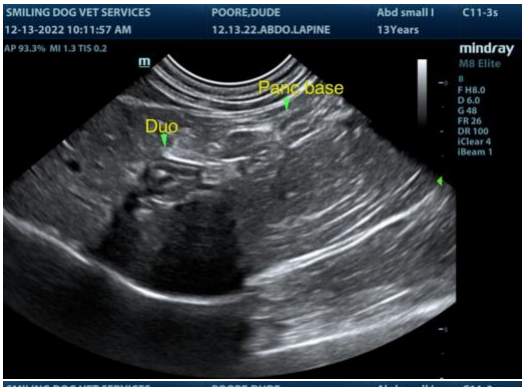
Lani Voyles, DVM

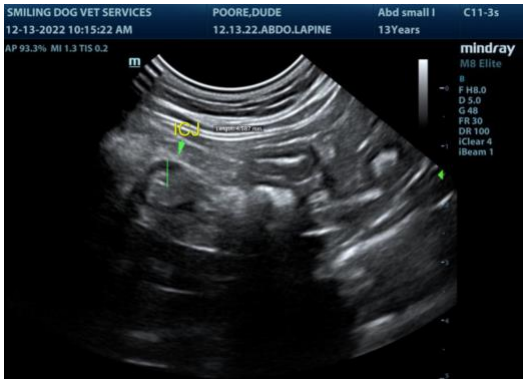
INVOICE

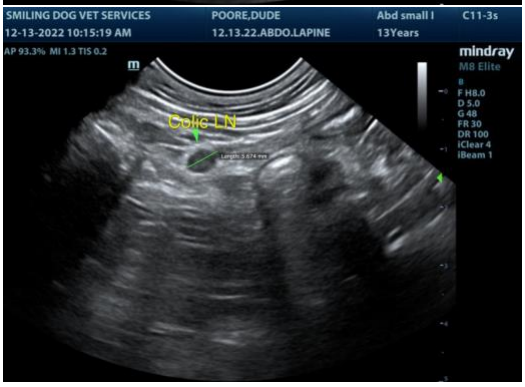
20067

DATE

12/13/22







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