

**PATIENT**

Pippin McCutchan

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

7 years

WEIGHT

10 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joy

INVOICE

12809

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Had dental on Dec 3rd with extractions. Two days later she became more lethargic, decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Radiographs unremarkable CBC/Chem WNL Extraction site healing well

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. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

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 0.83 cm width.

Liver/ Gallbladder

The liver exhibited subjective normal size. Generalized mild decreased hepatic parenchyma echogenicity exhibiting uniform, mildly coarse echotexture and subtle increased prominent of the portal vascular borders were present. No hepatic masses or nodules were noted. The gallbladder was on-0distended in size with thin walls and primary anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



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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 width measured 0.2 cm. The jejunum wall width measured 0.2 cm.

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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.

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No omental masses, lymphadenopathy or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal abdomen
- Subjective mild decreased hepatic parenchyma echogenicity

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as an obvious cause of the patient's lethargy and decreased appetite. The subjective mild decreased hepatic parenchyma echogenicity is nonspecific, given the lack of reported hepatic enzyme elevations. Potential for emerging acute hepatopathy, however, cannot be definitively excluded, given the short half-life of hepatic enzymes in cats. Likewise, potential for inflammatory bowel episode or low-grade to chronic pancreatitis, both of which may present as sonographically normal, cannot be excluded.

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Continued supportive care with monitoring of CBC/Chemistry Panel is recommended.

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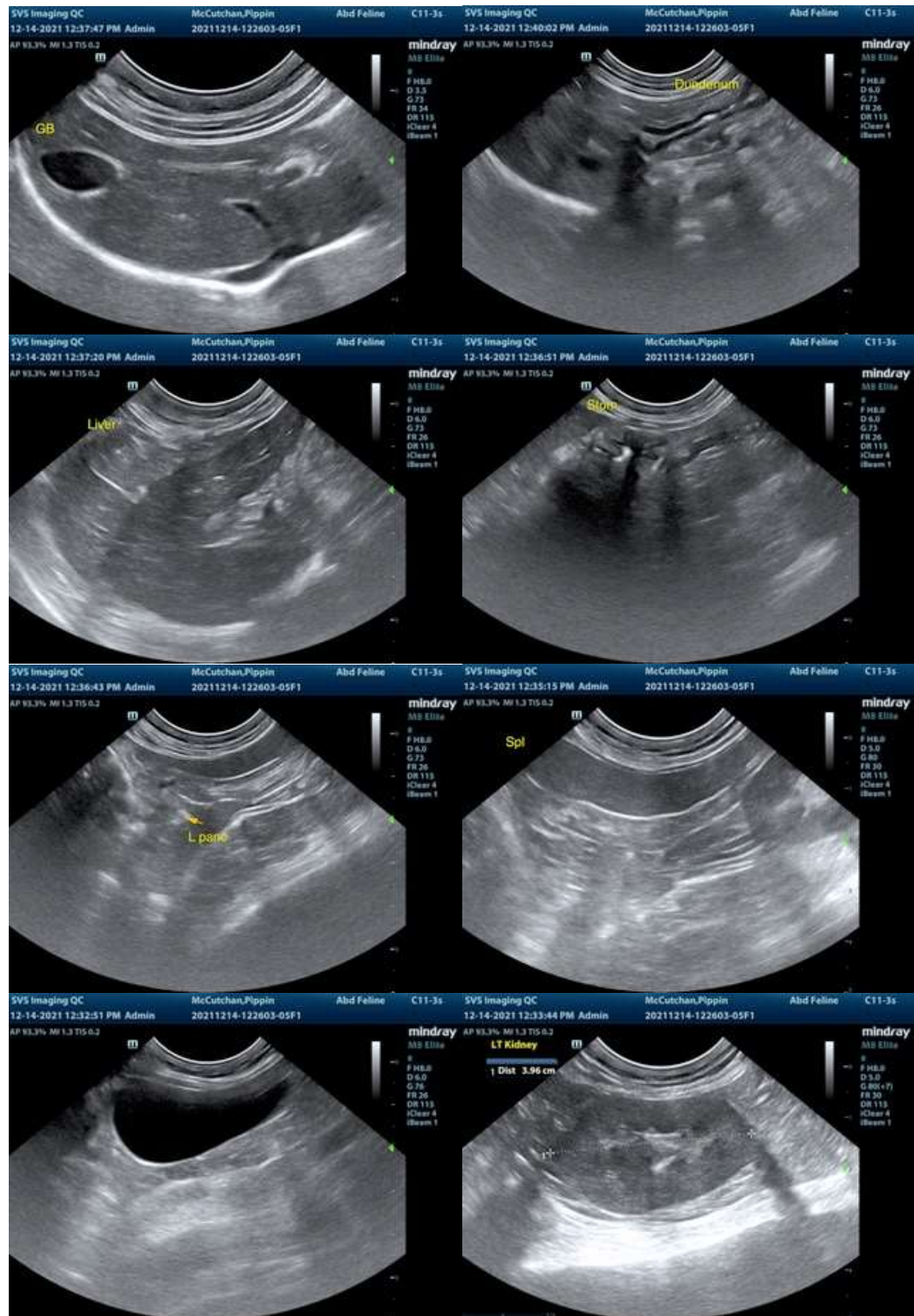
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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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