SonoPath
Clinical Sonography & Telecytology
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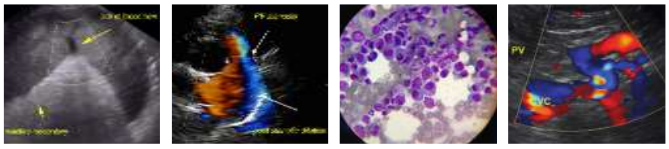

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Minou Macher

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
14 years

WEIGHT
5.5 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
12897

DATE
12/28/21

PRESENTING CLINICAL SIGNS

Presents for weight loss and decreasing appetite (preferring wet food over dry food most recently). No significant changes on PE or BW. A thyroid profile to MSU is pending.
Abnormal PE/Chem/CBC/UA Results: T4 3.1 Amylase 1314 UA WNL

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.

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. Focal small cortical Infarctions were present in both the left and right kidneys. No evidence of pelvic dilation was present. The left kidney was borderline subnormal in size compared to the right kidney and normal renal parameters for the species, measuring 3.0 cm in length. The right kidney measured 3.4 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the.

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 0.67 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 thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post-hepatic obstruction. The common bile duct measured 0.22 cm diameter. The degree of proximal common bile duct dilation was not consistent with post-hepatic obstruction.

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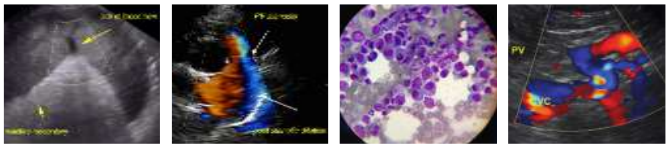

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Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The stomach was empty with luminal gas and without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.30 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental muscularis layer, yet without evidence of loss of intestinal wall layering, mural hypertrophy, or evidence of intestinal masses. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.30 cm.

Normal visible colon wall layers were present with apparent 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 were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspect mild chronic to chronic active pancreatitis
- Possible low-grade IBD
- Mild bilateral chronic renal changes with focal small cortical infarctions
- Mild nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This proximal common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

Subjectively, the small intestine exhibited subtle mural changes which may potentially suggest low-grade, possibly chronic inflammatory enteropathy. However, given the lack of gastrointestinal signs, i.e., vomiting, diarrhea with only weight loss reported, this finding is nonspecific. Chronic to chronic active pancreatitis, however, may at times be seen with an underlying intestinal disease in cats.

Pending thyroid panel, further assessment may include a GI panel with PLI/TLI/Cobalamin and folate. Three view chest radiographs are recommended to rule out occult thoracic pathology, which may cause weight loss in geriatric cats.

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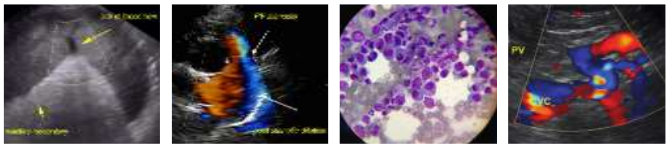

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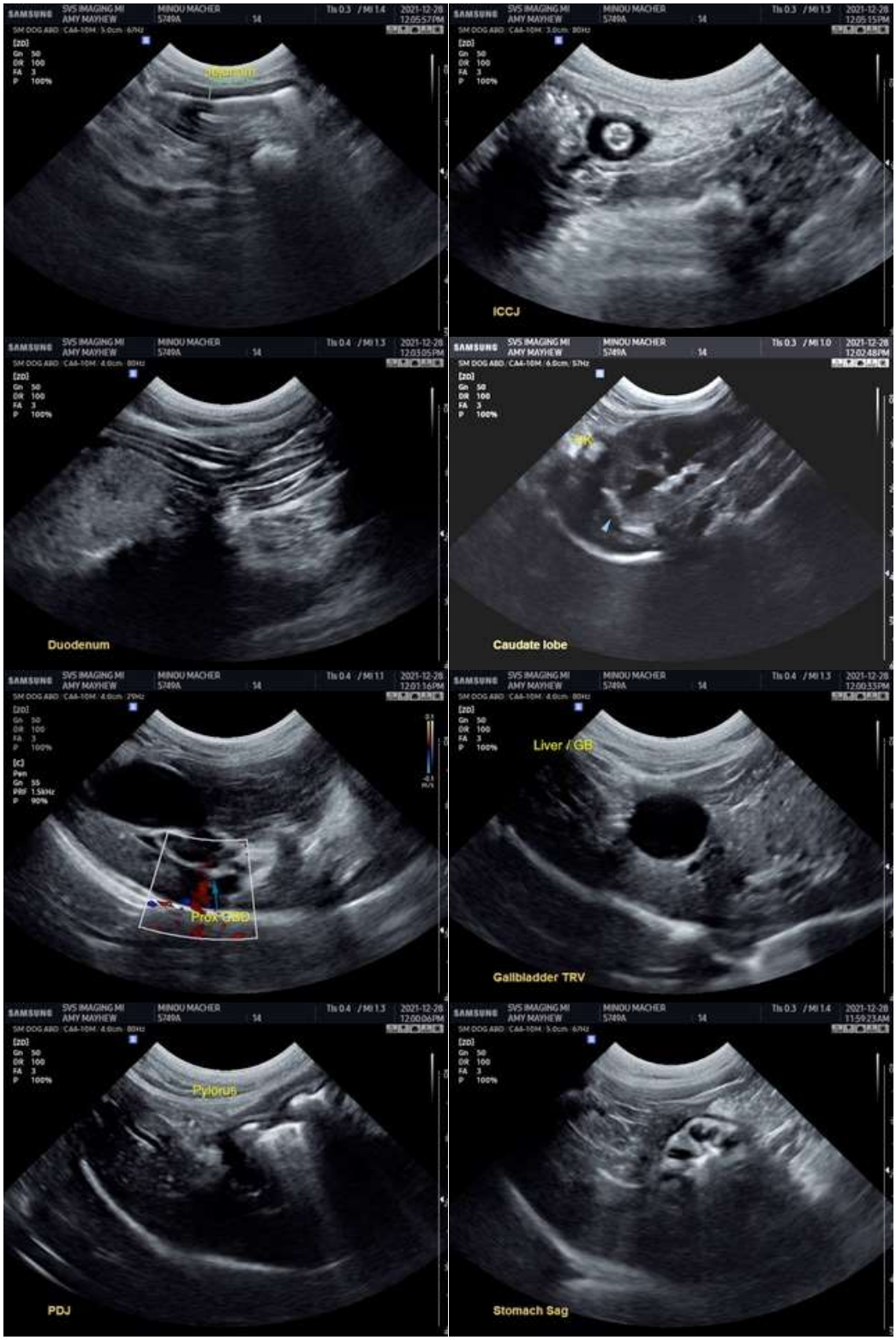

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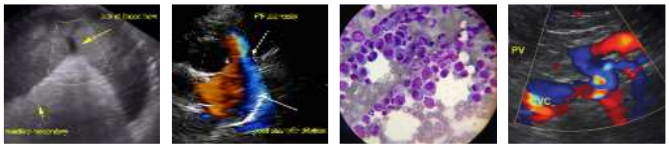

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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