



PATIENT PRESENTING CLINICAL SIGNS

Gracie Cox
Decreased appetite and weight loss. Recently change to K/D
Abnormal PE/Chem/CBC/UA Results: USG: 1.012, Blood 3+, Renal tech positive, Protein 2+. UPCr: 0.8 Creat: 1.2, Chol: 459, Chlor: 95, Sodium 136 pot: 4.6, T4: 2.7

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

Normal size and margination were present in the kidneys. Both kidneys exhibited normal 1:3 cortex/medulla ratio with minor loss of corticomedullary border demarcation. No evidence of pyelectasia or retroperitoneal inflammation. The left kidney measured 3.6 cm. The right kidney measured 3.6 cm.

AGE

7 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

7 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm. Potential pinpoint mineralization present, which is not indicative of underlying pathology and is normal/age related variant in a cat. The right adrenal gland measured 0.40 cm.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.59 cm in width. 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.

IMAGING PERFORMED BY

Dr. Rodriguez

Liver

HOSPITAL NAME

Foxfield Vet Services

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. Rodriguez

Gastrointestinal

The stomach exhibited moderate to marked distention with retained anechoic fluid and non-shadowing echogenic ingesta and chyme. Gastric body wall measured 0.24 cm. Pylorus wall measured 0.26 cm. Overt evidence of gastric foreign material or mechanical pyloric outflow obstruction was not definitely evident.

INVOICE

33223

The visualized duodenum exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio without evidence of concurrent duodenal retained fluid or distention. The jejunum and ileum to the level of the colon were sonographically unremarkable without evidence of mechanical or metabolic stasis. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.23 cm.

DATE

12/3/21

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



PATIENT *Pancreas*

Gracie Cox The area of the pancreas base and right pancreatic limb exhibited subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum, yet overall normal size.

SPECIES *Free Abdomen*

Feline No overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked gastric distention with retained anechoic fluid and non-shadowing echogenic ingesta/chyme – suggestive of metabolic versus potential mechanical gastric stasis.
- Possible low-grade pancreatitis
- Normal renal size with minor subjective loss of corticomedullary border demarcation, no overt pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of mechanical pyloric outflow obstruction, the retained gastric fluid, ingesta and chyme may suggest metabolic gastric stasis. However, the possibility of non-obvious mechanical obstruction within the upper gastrointestinal tract technically cannot be definitively excluded. Potential low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

WEIGHT
7 Pounds

Correlation with spec fPL or ideally GI panel to include PLI, TLI, cobalamin and weight loss given the patient’s weight loss. Hospitalization with 48-72 hour IV fluid and gastrointestinal supportive protocol with monitoring of gastric emptying +/- contrast study could be considered. If persistent gastric stasis, laparotomy for gross assessment with intestinal biopsies considered essentially may be indicated. If not done, 3-view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor to the patient’s clinical signs or weight loss.

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PATIENT

Gracie Cox

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7 Pounds

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PATIENT

Gracie Cox

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.

SPECIES

Feline

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.

BREED

DSH

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SEX

Spayed Female

AGE

7 Years

WEIGHT

7 Pounds

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