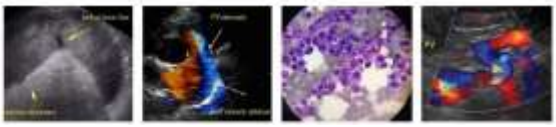


PATIENT

Tyche Mansfield

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

3.51 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Gilmer

INVOICE

12932

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Presented for stumbling, losing control of back end. Eating and drinking okay, no vomit or diarrhea. Radiographs taken, potentially gas filled structure in cranial abdomen. Painful abdomen. Suspect tumour. Felimazole BID.
Abnormal PE/Chem/CBC/UA Results: SDMA 19, urea 13.6 There is an air filled tube; appears to be the proximal colon. The colon is shifted to the right side (abnormal) and the intestines are bunched caudally. There is stool in the colon but not distended/constipated (did rectal exam and the stool is soft as well). Left kidney is larger than the right liver/Bladder small/normal

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 subjective blood flow was noted. No evidence of saddle thrombus.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

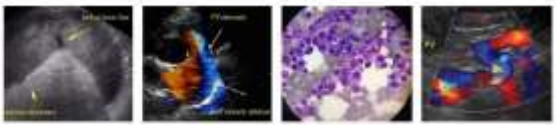
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.22 cm width.

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 0.81 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited subjective mild distention with anechoic content. No evidence of inflammatory criteria was noted. The proximal common bile duct was dilated



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and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

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.

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 jejunum wall width measured 0.26 cm.

The colon was sonographically unremarkable containing semi-formed to soft feces. No evidence of colonic mural pathology or masses was noted.

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 omental masses or lymphadenopathy was present. Intermittent small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

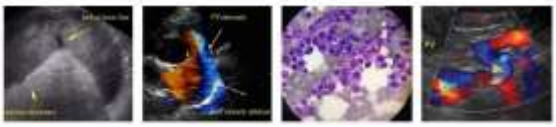
- Mild urinary bladder sediment
- Bilateral chronic renal changes exhibiting mild cortical hypertrophy - potential for Interstitial nephritis
- Sonographically unremarkable colon containing semi-formed to soft feces
- Overtly normal stomach / small intestine
- Mild nonobstructive proximal common bile duct dilation
- Intermittent small pockets of scant peritoneal free fluid - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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.

No overt evidence of an intraabdominal mass was noted.



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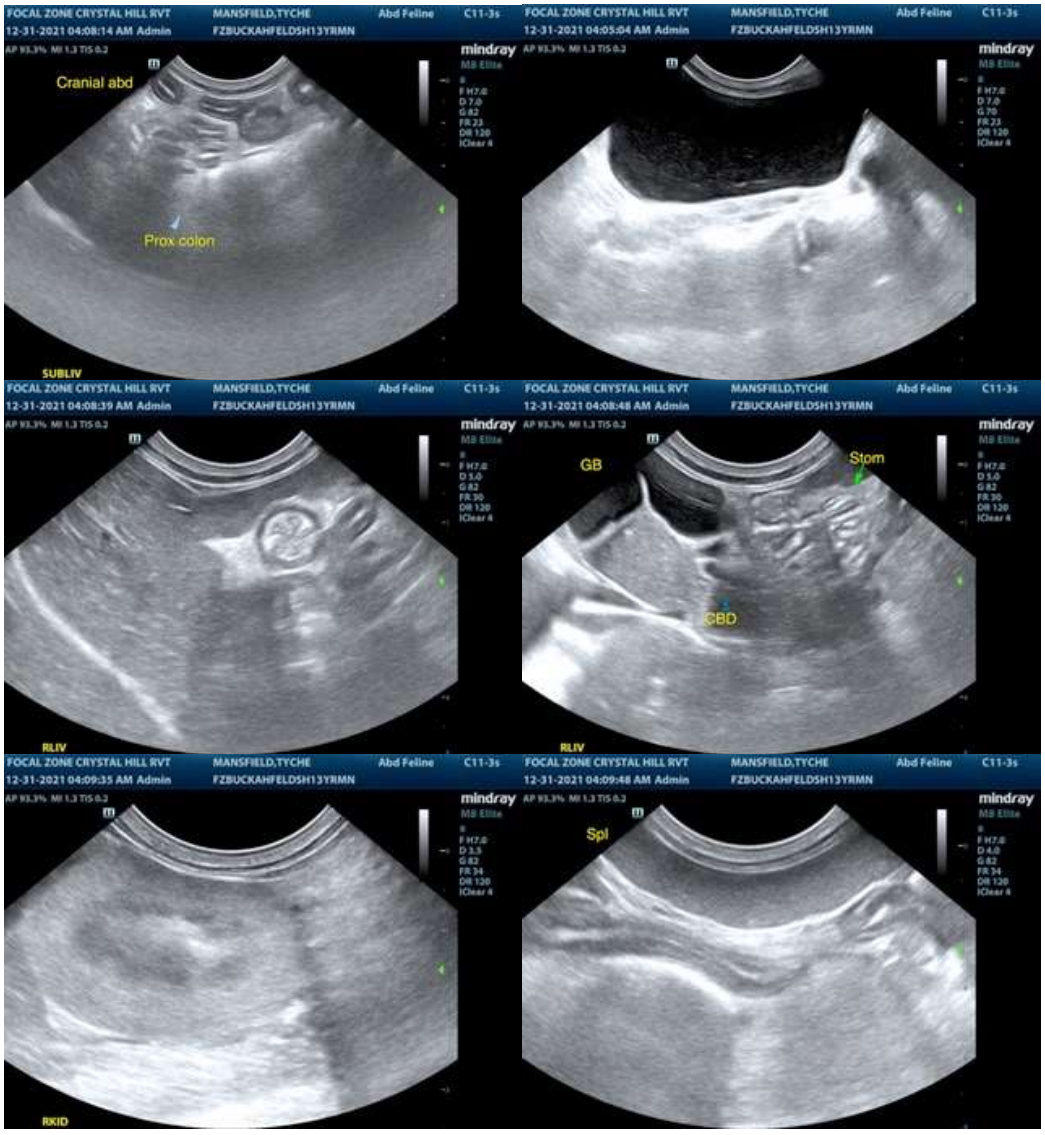
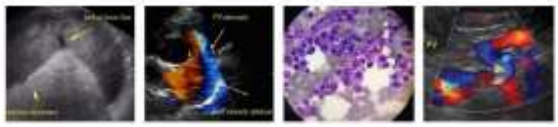
If persistent soft to non-formed stool, potential for structurally insignificant enteropathy could be considered, yet may be less likely given the lack of gastrointestinal signs or reported weight loss.

A thorough muscular/skeletal and neurological examination is recommended if not done.





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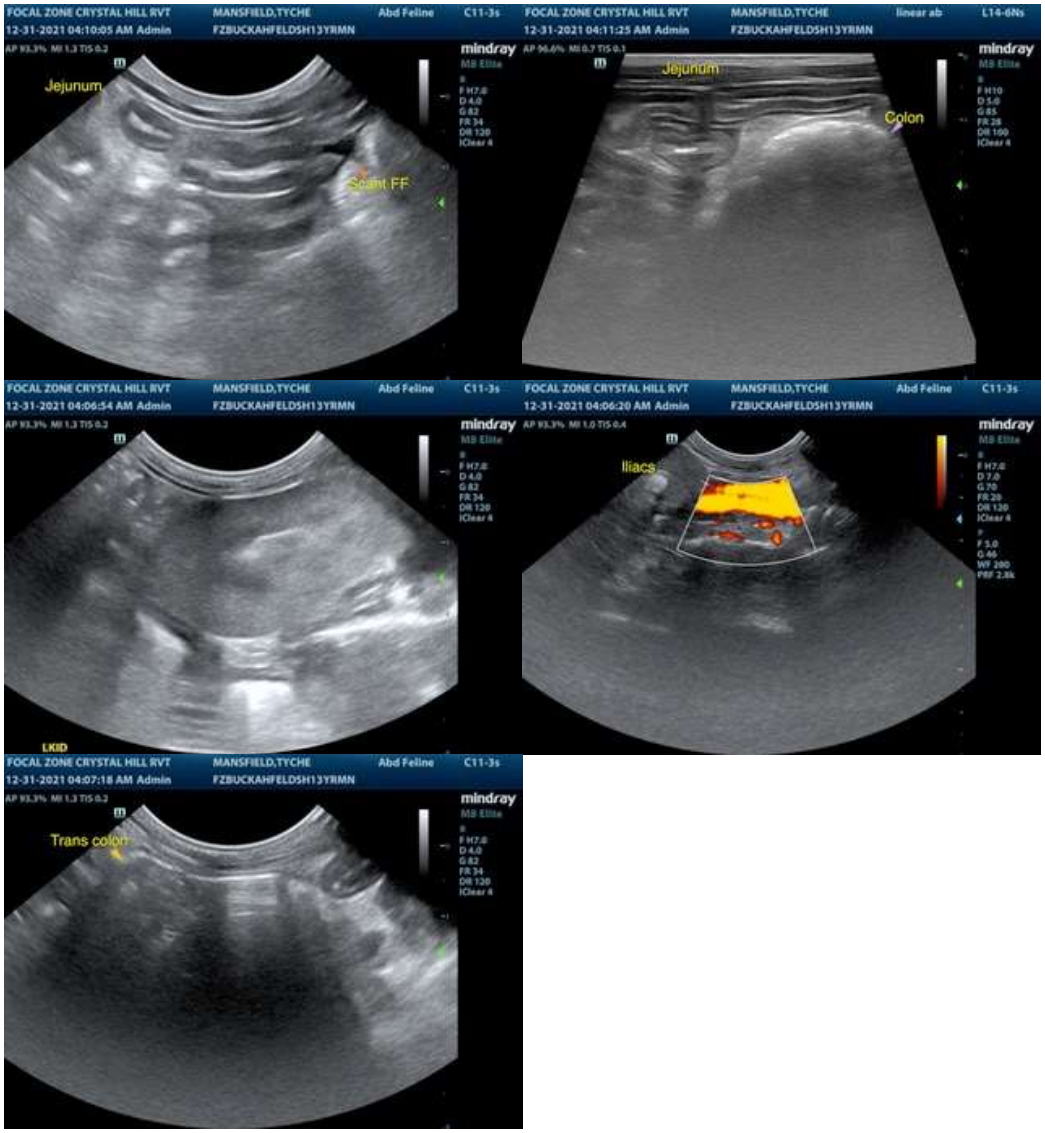
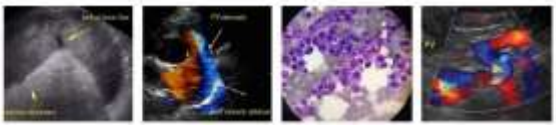


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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