



PATIENT

Gryffin Yadouga

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Wendy Turner

INVOICE

19052

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Unexplained weight loss with increased appetite x 1 month. BW unremarkable except T4 = 4.0mg/dl. Exam offers mild epaxial muscle loss, otherwise unremarkable. Very small thyroid nodule palpated under sedation

Abnormal PE/Chem/CBC/UA Results: T4 = 4.0 mg/dl. BW attached. UA pending

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 was 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 4.2 cm in length. The right kidney measured 4.7 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.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited mild enlargement (1.2 cm in width). The mild splenomegaly was not consistent with infiltrative neoplastic criteria. This is likely a patient variant or secondary to sedation. A finely textured and homogenous parenchyma was noted, 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.

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 containing primarily anechoic content with mild echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The common bile duct was not visualized without evidence of posthepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. No evidence of



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mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The gastric body wall measured 0.25 cm.

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The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Segmental to generalized concurrent nonshadowing intestinal ingesta/chyme without evidence of loss of intestinal wall layering or visualized intestinal masses. The duodenum wall measured 0.28 cm. The jejunum wall measured 0.28 cm.

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

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Pancreas

The left pancreatic limb was normal in size with subtle nonhomogenous to hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta
- Heterogenous subtly hypoechoic left pancreas
- Minor gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Overall, no evidence of significant visceral pathology as an obvious cause of the unexplained weight loss. The gastrointestinal ingesta is suspected to indicate postprandial presentation, however, if documented NPO, some degree of gastrointestinal hypomotility or potential inefficient peristalsis could be considered. At times, in cats with underlying intestinal disease, which may present as sonographically unremarkable, loss of muscle mass may be the only clinical sign.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult low-grade pancreatitis or nonstructural intestinal disease as a contributing factor. Potential assessment for competitive eating environment or caloric plane may be considered if clinically indicated. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor, if not done.

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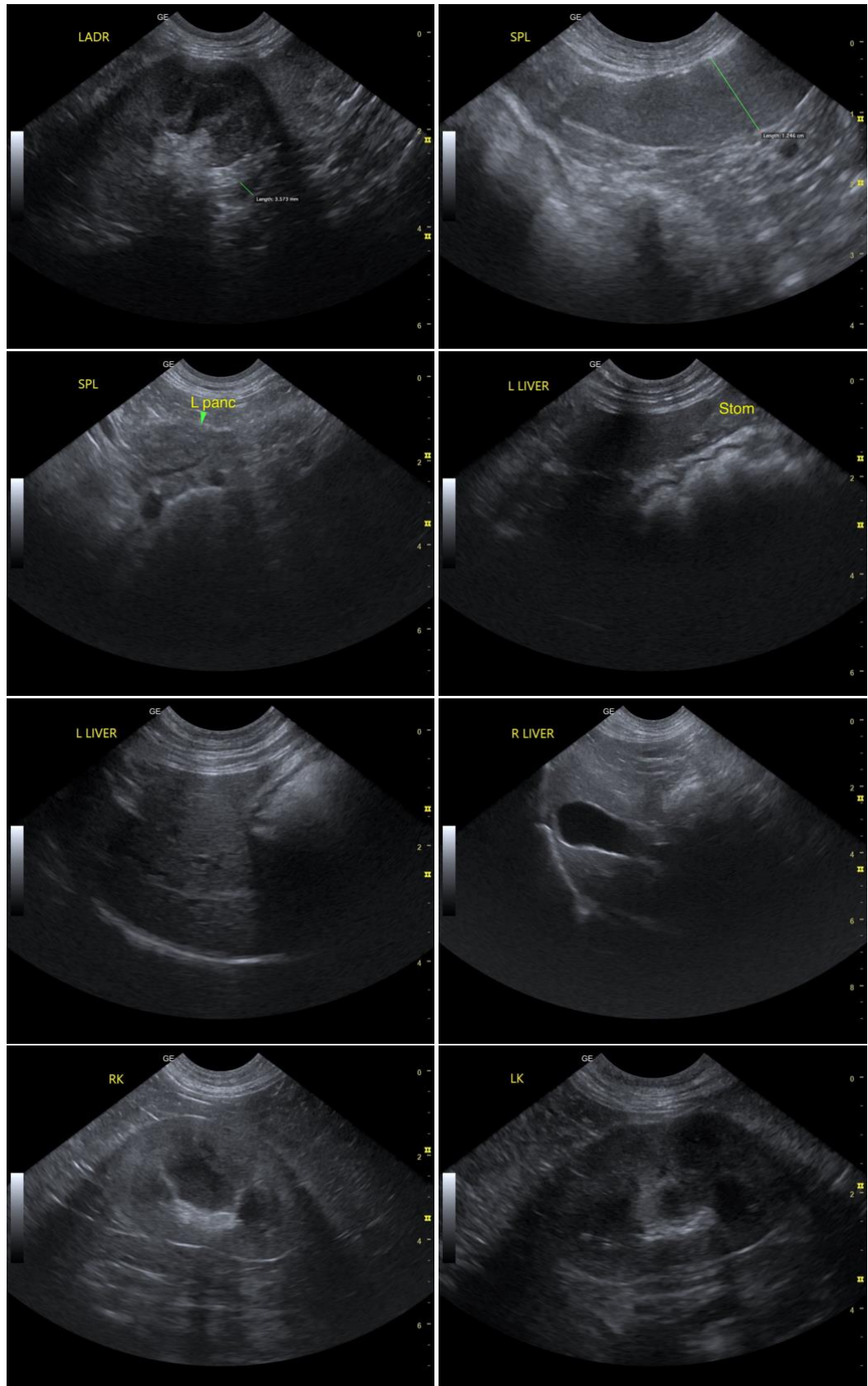
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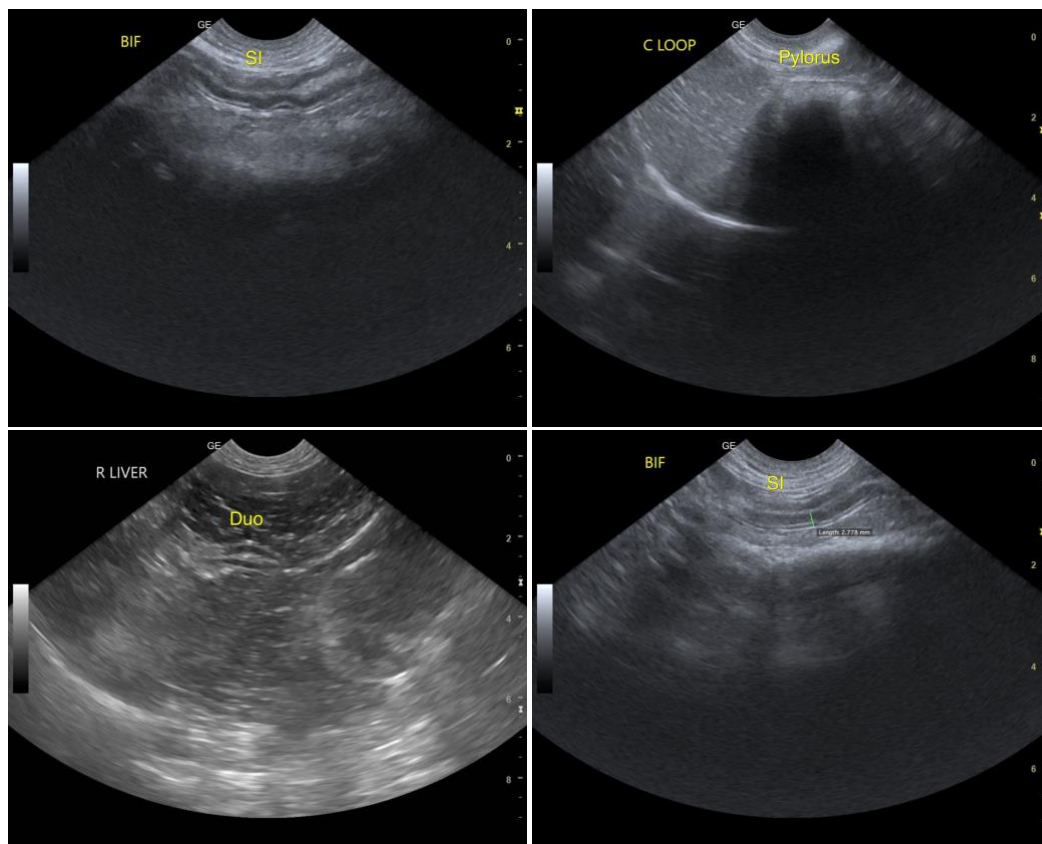
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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