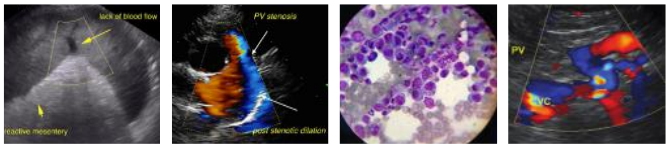
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Polkie Kuhns

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

5.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

20909

DATE

2/1/23

PRESENTING CLINICAL SIGNS

History: Weight loss

Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/9 with significant muscle wasting HCT 26%, Retics 65k, Plts 110, Alb 2.1, , Ca 7.8, Phos 2.6.

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.

No evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. 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. No evidence of pelvic dilation was present. A focal discrete lateral cortical infarct was present in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size, exhibiting subtle nonhomogenous, nonmineralized parenchyma, measuring 0.54 cm.

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

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 0.9 cm in width.

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 minor echogenic luminal debris, primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. 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 measured 0.24 cm.

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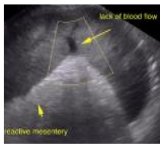
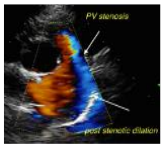
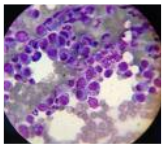
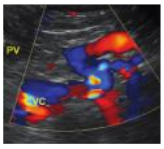

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The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio without evidence of mechanical/metabolic ileus, overt or significant altered wall layer detail, loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.2-0.23 cm.

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

Pancreas

The left pancreas was prominent in size with symmetrical to mildly rounded pancreatic capsule contour with mildly hypoechoic, subtle nonhomogenous parenchyma.

Free Abdomen

Intermittent very scant pocket of nonspecific peritoneal free fluid was noted. No overt or visualized significant omental lymphadenopathy or omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Intact, overtly normal gastrointestinal walls
- Prominent to mildly hypoechoic left pancreas
- Mild chronic renal changes with discrete lateral left kidney cortical infarct
- Intermittent small pocket of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild to chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. No overt evidence of structural gastrointestinal pathology, yet possible structurally insignificant to chronic gastrointestinal disease, given the muscle wasting and weight loss in this patient, is possible.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs, as well as thorough neurological and musculoskeletal examination to rule out occult pathology as a contributing factor is suggested. Full thickness intestinal biopsies are likely required for a definitive diagnosis. Potentially, screening left pancreatic limb FNA cytology could be considered. CBC pathology review and recheck retroviral status, if not recently done, could be considered.

Empirically, cobalamin supplementation, as needed gastrointestinal support, +/- prednisolone trial at lowest effective dose to control clinical signs, and monitoring of clinical response and body weight, going forward, may be considered.

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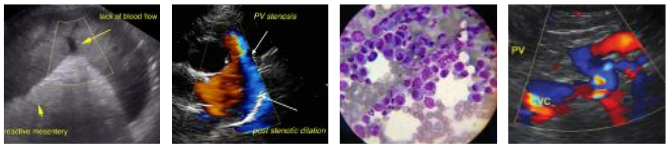

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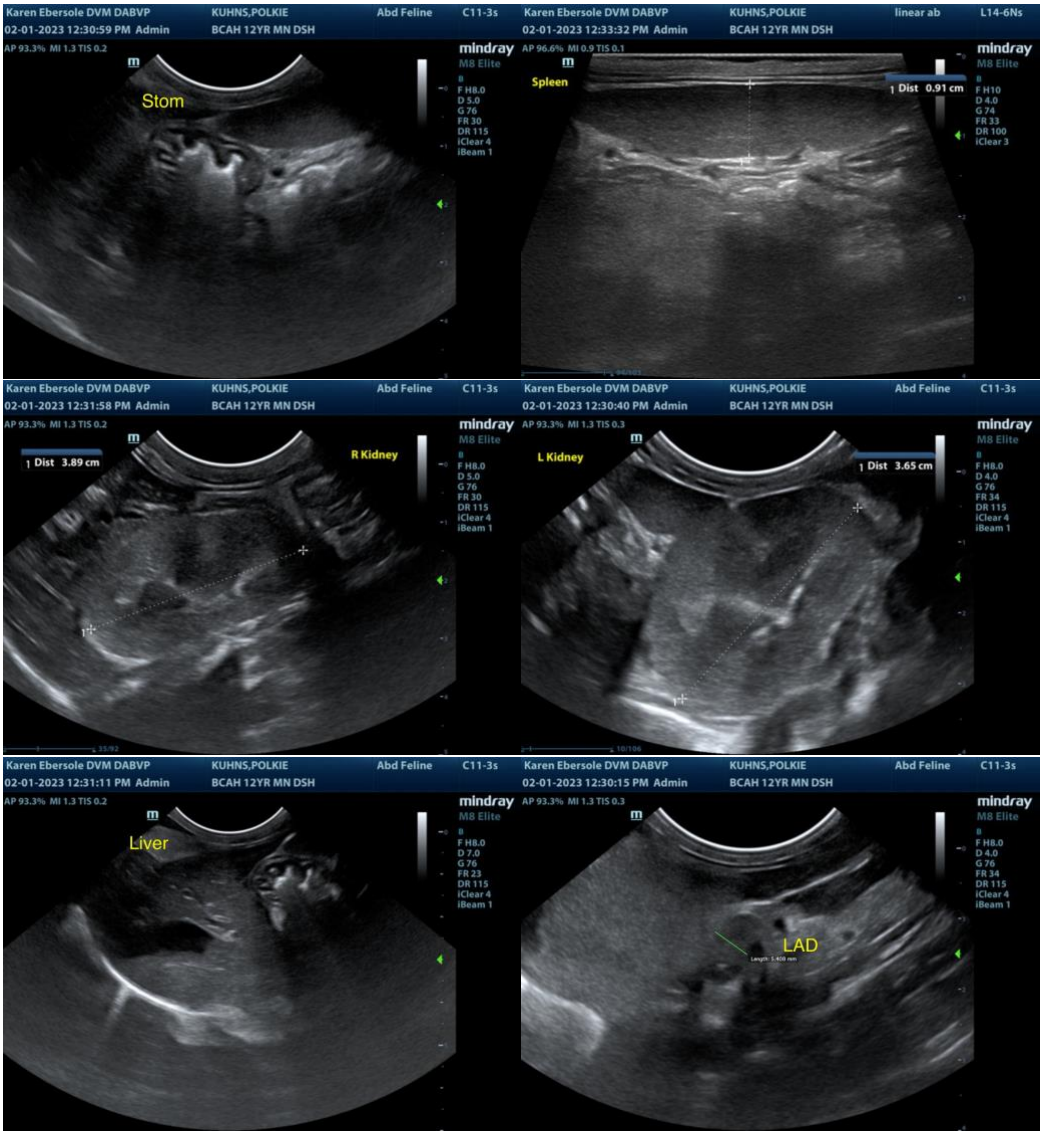

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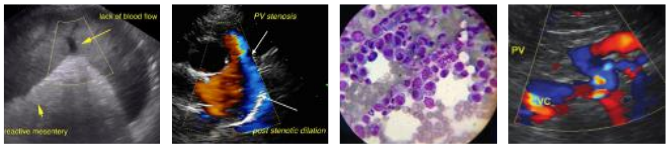

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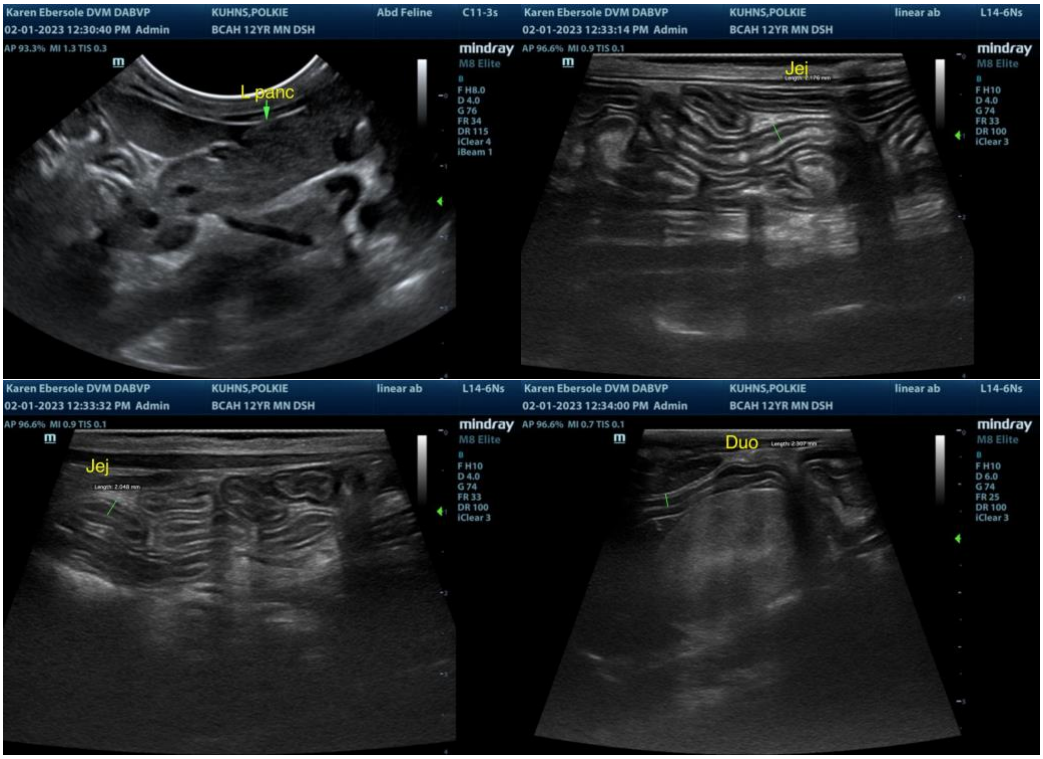

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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