



PATIENT	PRESENTING CLINICAL SIGNS
Oakley Katz	Diarrhea (urgency, liquid, mucoid) started 10/2022, had for ~6 weeks without improvement. Weight loss ~1.7 lbs over that time Responsive to metronidazole + B-12 SQ (B-12 given 12/12/22) Stools relatively normal as of mid Dec 2022 Had abnormal labwork (repeatable); AUS to screen for abdominal pathology. Past 1-2 weeks appetite down. Has lost 0.2 lbs over past 2 weeks.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 9/27/22: hypoglobulinemia (2.8) 10/25/22: Fecal neg for parasites 12/10/22: fPL 6.0 ug/L, B-12 462 ng/L, Folate >24 ug/L, TLI wnl 1/24/23: fPL: 5.4 ug/L, B-12 1455 ng/L, Folate > 24 ug/L
Feline	
BREED	
Domestic Shorthair	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
M/N	Urinary System
AGE	The urinary bladder and visible pelvic urethra to a depth of 2.0 cm exhibited normal size and tone. Anechoic urine was present in the lumen with mild dependent to congealed mineral or sediment. No evidence of inflammatory or neoplastic urinary bladder criteria was noted.
15 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	The left kidney was mildly prominent in size yet maintained a symmetrical capsule contour. Moderate hydronephrosis exhibited by anechoic fluid distention of the pelvis extending into the lateral diverticuli was noted. Mild increased echogenicity of the renal sinus was present. Concurrent, mild, proximal left hydroureter measuring 0.24 cm diameter exiting the left kidney visualized to 1.0-2.0 cm distal to the left kidney. Focal areas of left kidney medullary mineral were noted.
10.9 lbs.	The right kidney was borderline subnormal in size with mild asymmetrical margination and moderate loss of corticomedullary border demarcation. Minor medullary mineral to small renolithiasis was noted primarily in the lateral diverticuli. Mild right kidney pyelectasia was present. The right kidney measured 3.0 cm in length. No evidence of right hydroureter was noted.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Dr. Graham Sager-Gellerman	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 uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.
HOSPITAL NAME	Spleen
Back Bay VC	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 changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.87 cm width at the level of the hilus.
REFERRING VET	Liver/ Gallbladder
Dr. Graham Sager-Gellerman	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.
INVOICE	
16121	
DATE	
2/10/23	



PATIENT

Gastrointestinal

Oakley Katz

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction, retained ingesta, or gastric foreign material was noted. The pylorus wall width measured 0.30 cm.

SPECIES

Feline

BREED

Domestic Shorthair

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 duodenum wall measured 0.21 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.25 cm width.

SEX

M/N

Intact, sonographically unremarkable, visualized colon wall layers were present. The colon appeared to contain semi-formed to possible soft fecal matter.

AGE

15 years

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.

WEIGHT

10.9 lbs.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mild dependent to congealed urinary bladder mineral / sediment
- Left kidney hydronephrosis with mild medullary mineral, concurrent mild proximal left hydroureter
- Right kidney moderate chronic degenerative changes with minor medullary renolithiasis and mild pyelectasia
- Mild hypomotile gastritis pattern, sonographically normal small bowel
- Normal colon walls with subjective semi-formed to possible soft fecal matter
- Normal pancreas

IMAGING PERFORMED BY

Dr. Graham Sager-Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Graham Sager-Gellerman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Passage of mineral from the left kidney into the urinary bladder is suspected, while the possibility of emerging left ureter obstruction is of concern given the degree of left kidney hydronephrosis. Urine C/S to assess for underlying infection is recommended.

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The persistent elevated folate is of unclear clinical significance yet may potentially indicate upper small intestinal disease. Concurrent low-grade to chronic pancreatitis could be present yet sonographically normal. No overt evidence of intraabdominal or gastroenterocolic neoplastic criteria was noted. Gastrointestinal biopsies are likely required for a definitive diagnosis.



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SPECIES

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SEX

M/N

AGE

15 years

WEIGHT

10.9 lbs.

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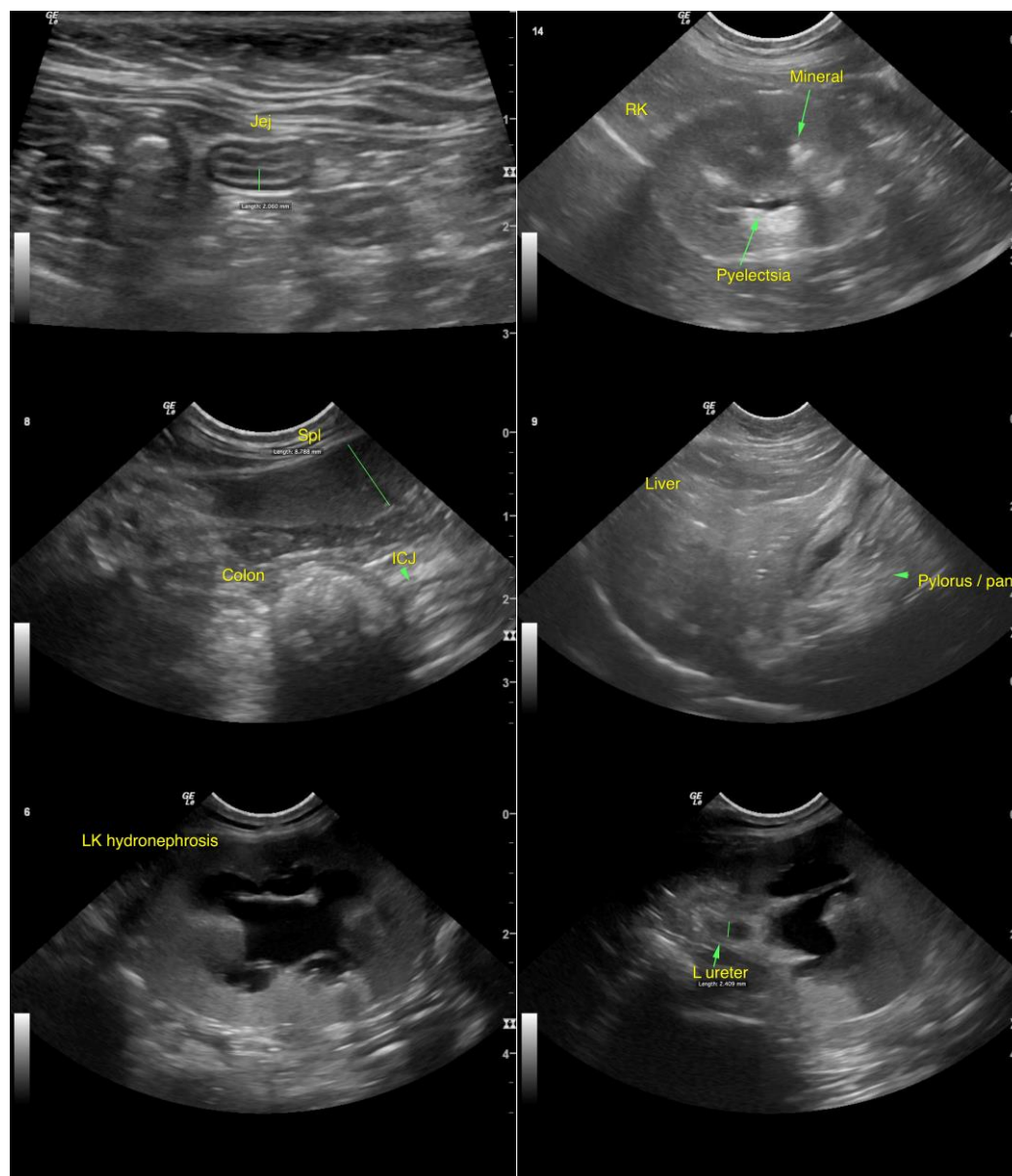
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Empirical therapy for gastritis / possible low-grade pancreatitis, which may include gastroprotectants, dietary therapy, and as-needed gastrointestinal support with assessment of caloric plane, monitoring of GI panel, and three view chest radiographs to rule out occult thoracic pathology as a contributing factor to the patient's weight loss, is suggested.





PATIENT

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SPECIES

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SEX

M/N

AGE

15 years

WEIGHT

10.9 lbs.



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.

INTERPRETED BY

R. McKenzie Daniel,
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