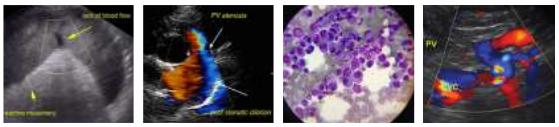


PATIENT

Pandora Schreiber

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17.75 lbs

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks AH

REFERRING VET

Dr. Schulke

INVOICE

13330

DATE

2/11/22

PRESENTING CLINICAL SIGNS

- Elderly cat with polyphagia and weight loss -No GI signs (No V or D) -controlled hyperthyroidism on methimazole -Other comorbidities = CKD stage 2, un-diagnosed murmur, history of UTI Current Medications methimazole
Abnormal PE/Chem/CBC/UA Results: Generally normal >>most recent = creatinine 2.2; T4 3.2

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.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

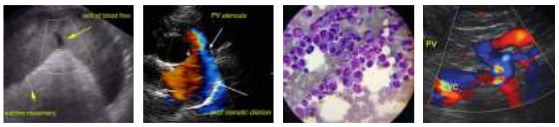
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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 0.67 cm width at the level of the hilus.

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 was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.



PATIENT

Pandora Schreiber

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17.75 lbs

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks AH

REFERRING VET

Dr. Schulke

INVOICE

13330

DATE

2/11/22

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 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent yet intact jejunal wall layering including subtly prominent muscularis. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.21-0.25 cm. The Ileocolic wall width measured 0.34 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No evidence of significant lymphadenopathy was present. No peritoneal effusion was noted.

Intermittent, jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.31 cm width. Subtle peri intestinal reactive mesentery was noted.

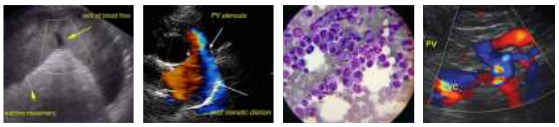
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral moderate chronic renal changes
- Probable mild chronic to chronic active pancreatitis
- Nonobstructive proximal common bile duct dilation
- Probable chronic inflammatory enteropathy with associated subjectively benign minor jejunal lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This CBD 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.



PATIENT

Pandora Schreiber

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17.75 lbs

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks AH

REFERRING VET

Dr. Schulke

INVOICE

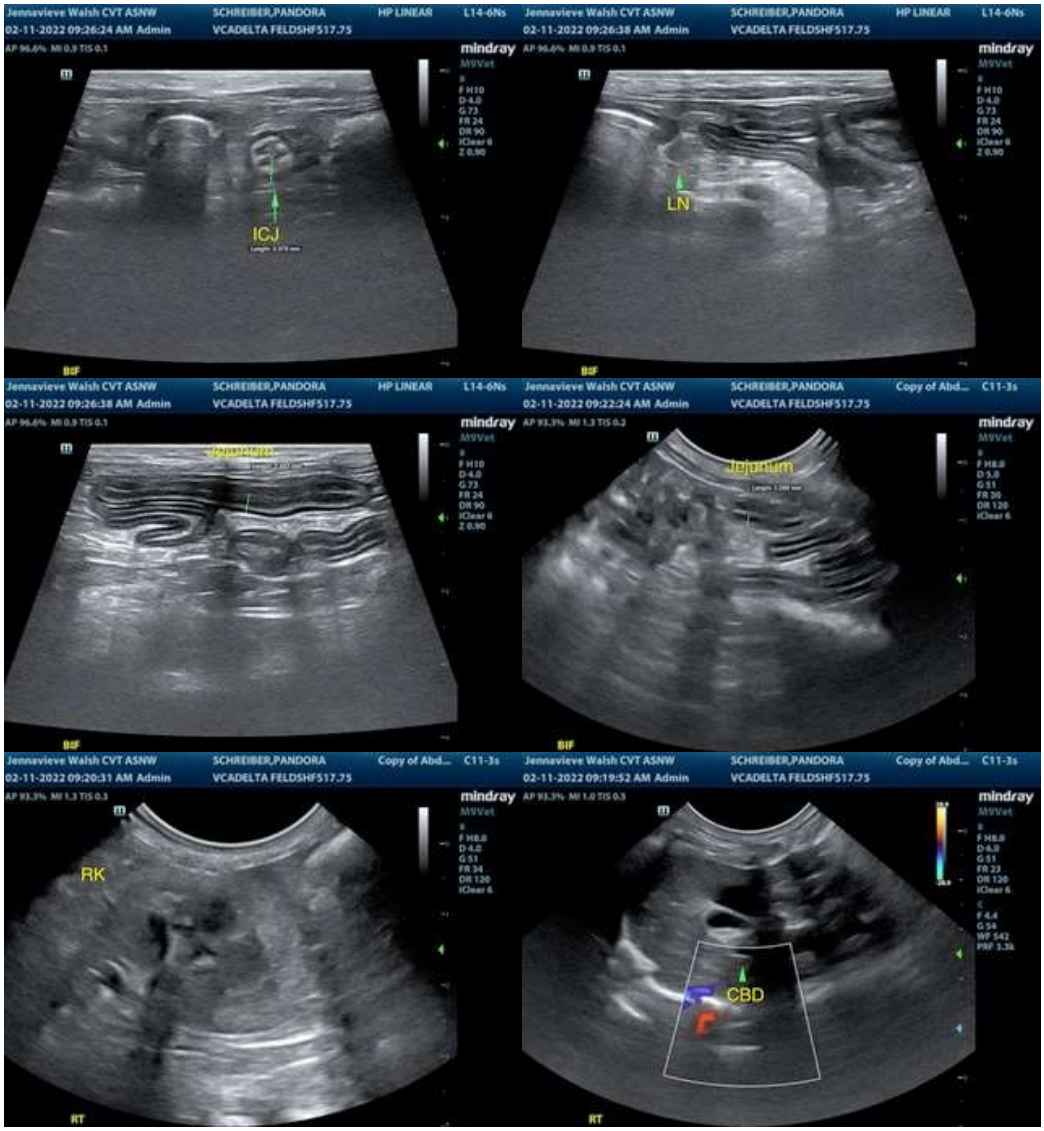
13330

DATE

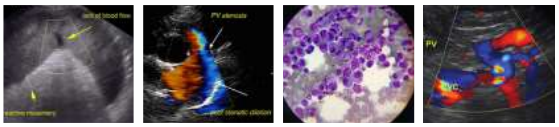
2/11/22

The small Intestine exhibited subtle mural changes which are suggestive of probable chronic inflammatory enteropathy. However, given the lack of GI signs, with only weight loss present, this finding Is nonspecific. However, cats with underlying gastrointestinal disease often exhibit only weight loss as a sole clinical sign. Potential for Triad disease may be a possibility in this patient if previous history of hepatic enzyme elevations.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs if not done to rule out occult thoracic pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Pandora Schreiber

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17.75 lbs

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks AH

REFERRING VET

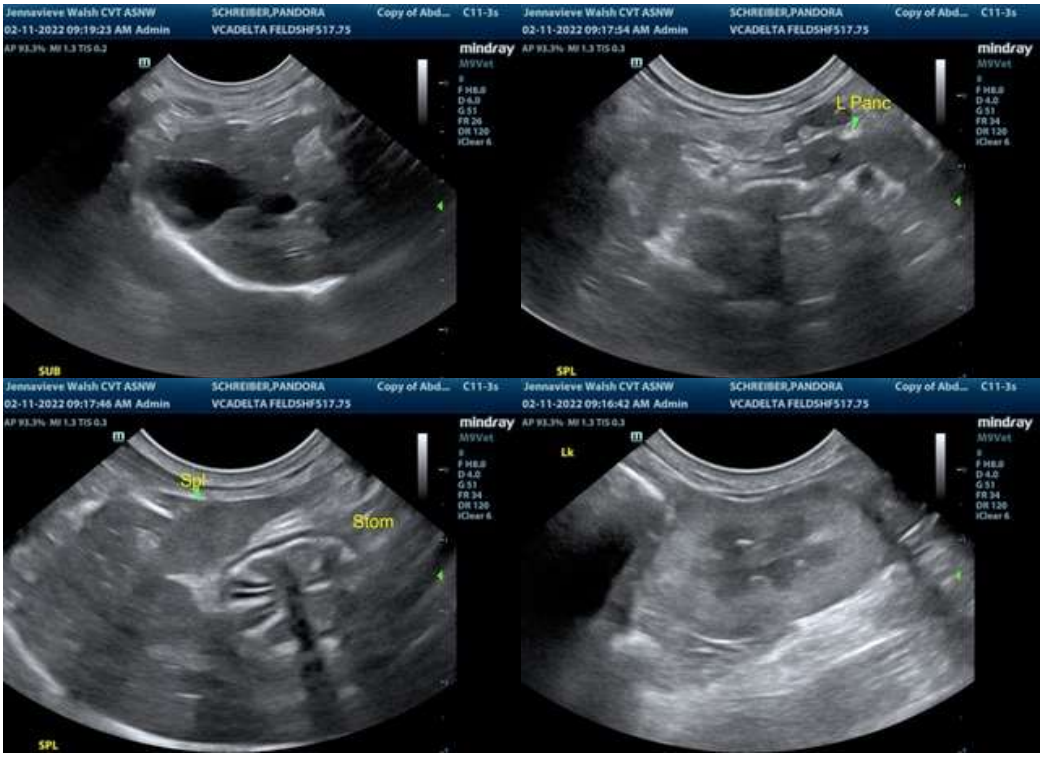
Dr. Schulke

INVOICE

13330

DATE

2/11/22



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