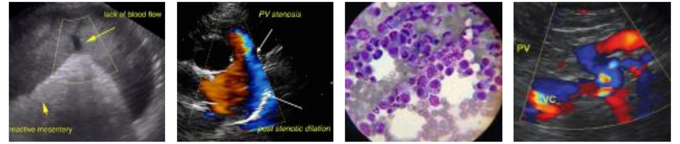


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Bebe Weisz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

8.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME
Mill Brook Animal Clinic - VBF

REFERRING VET

Dr. Sorbo

INVOICE

16168

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Weekly vomiting. Wheezes at home (CXR sent to Idexx for evaluation).

Abnormal PE/Chem/CBC/UA Results: Lost 2lbs in the last 18 months, otherwise normal CE. Normal senior lab screen.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

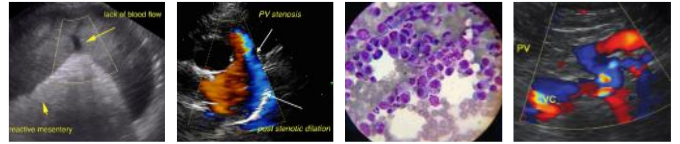
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing pyloric chyme was present. The pylorus wall width measured 0.24 cm. The gastric body wall width measured 0.25 cm.



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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 0.22 cm width. The jejunum wall measured 0.21 cm width.

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

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, lymphadenopathy, or peritoneal effusion were noted.

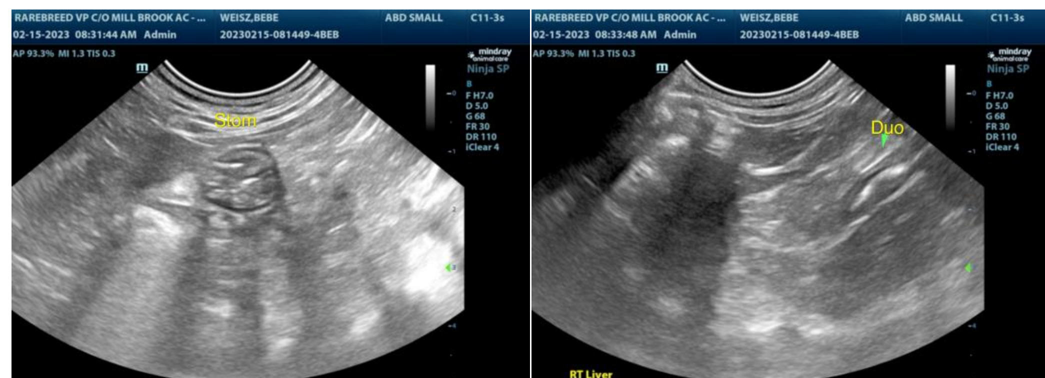
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral specifically gastrointestinal or pancreatic pathology. No evidence of intraabdominal neoplastic criteria was noted.

Dietary intolerance, occult parasitism if the patient is indoor/outdoor, low-grade inflammatory bowel or pancreatitis (both of which may present as sonographically normal), are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending thoracic radiograph assessment to rule out occult thoracic or esophageal pathology as a contributing factor is suggested. Empirically, gastroprotectants along with canned novel protein or hydrolyzed diet trial and assessment of response with monitoring of body weight going forward would be reasonable. Recheck sonogram may be considered if evidence of progressive weight loss.



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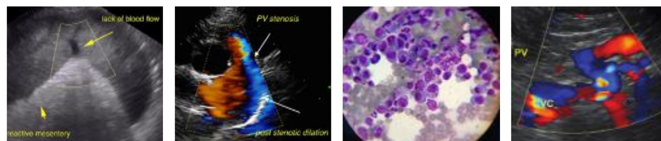

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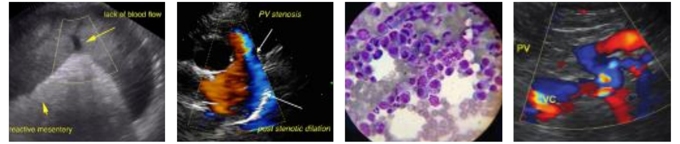
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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