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Clinical Sonography & Telecytology
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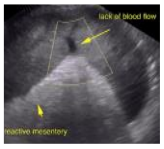
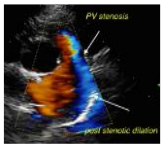
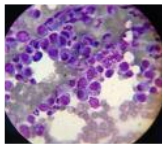
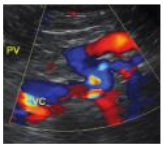




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ernie Dutch

SPECIES

Feline

BREED

Maine Coon

SEX

M/N

AGE

12 years

WEIGHT

14.8 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. Cohen

INVOICE

16186

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Recent decrease in appetite, small amount diarrhea and acting nauseous. Mild weight loss over past 6 months. Ataxic event last year, unknown cause, resolved.

Abnormal PE/Chem/CBC/UA Results: proBNP 1,115, T-4: 3.0, rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present. The urinary bladder sediment is incidental unless evidence of inflammatory sediment on urinalysis. 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. Minor loss of corticomedullary border demarcation was evident. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.43 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

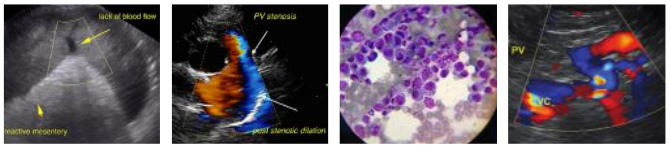
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width at the level of the hilus. No evidence of neoplastic criteria was 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 was nondistended exhibiting intact, overtly normal wall layering. The stomach contained a mild amount of progressively shadowing ingesta in the gastric body, as well as nonshadowing ingesta



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/ chyme present in the pylorus. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.24 cm.

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 mechanical / metabolic ileus, retained ingesta, obstruction, foreign material, or mural pathology. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27 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 evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Minor age-related kidneys
- Structurally normal gastrointestinal tract with gastric ingesta
- Sonographically normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral specifically gastrointestinal or pancreatic pathology was evident.

A definitive cause of the patient's gastrointestinal signs / weight loss was not obvious. The presence of gastric ingesta is sonographically suggestive of food, although the possibility of nonobstructive hairball density within the stomach (if a clinical history of hairballs) could be possible. Likewise, some degree of nonobstructive delayed gastric emptying or functional gastric hypomotility could be possible if documented NPO.

Sonographic monitoring for gastric emptying may be considered if clinically indicated. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

Empirically, a canned hydrolyzed diet trial, as-needed gastroprotectants, empirical cobalamin supplementation, and assessment of clinical response with monitoring of body weight may be considered.

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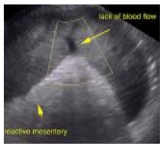
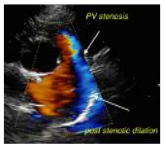
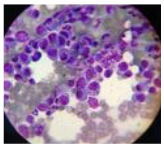
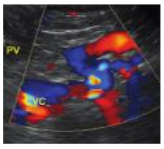

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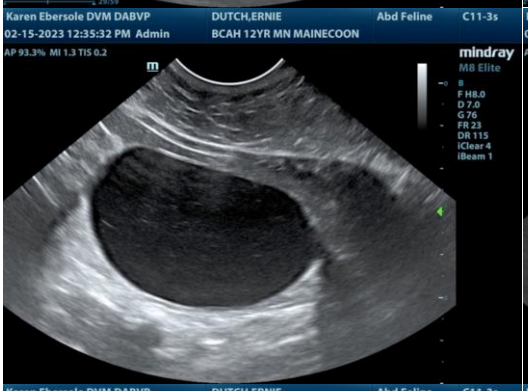
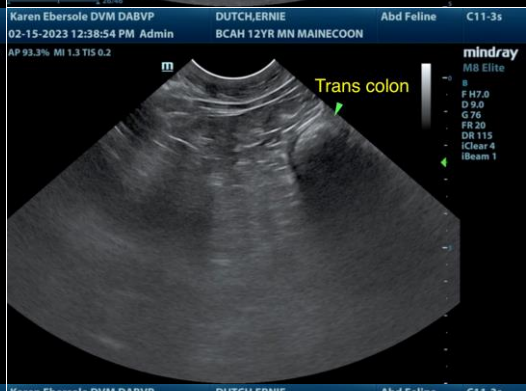

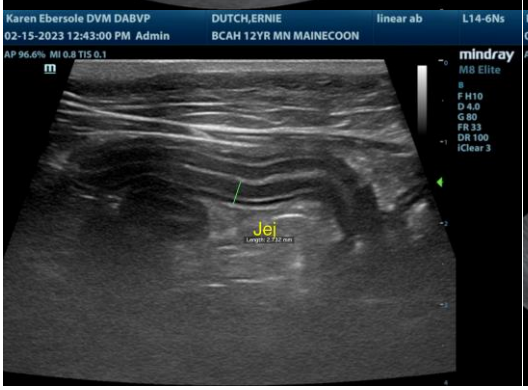

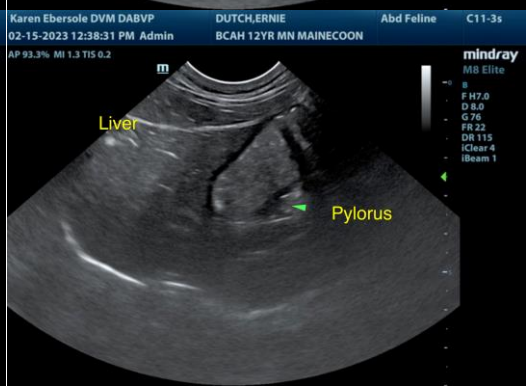

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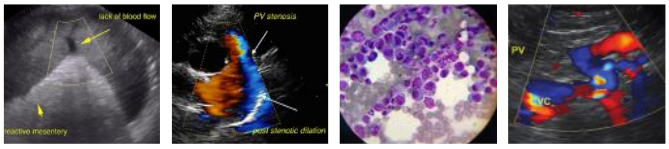

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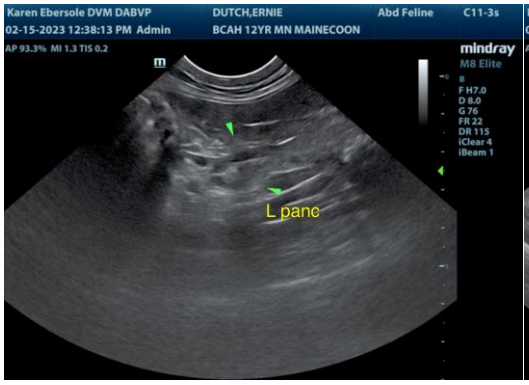

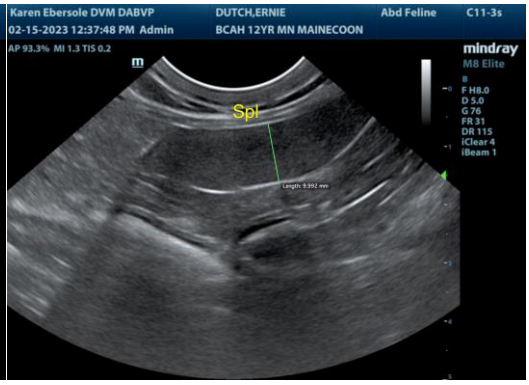

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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