



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Frankie Morgan
PRESENTING CLINICAL SIGNS History: Losing weight for about a year (started when a new puppy in the household). Recently having green diarrhea and vomiting clear liquid. Still eating.

SPECIES Abnormal PE/Chem/CBC/UA Results: BCS 3-4/9, mild-mod muscle wasting. Fecal float/Giardia: NEG
Feline cPL - normal Ca 12.7, mild leukopenia T-4: 3.1 (WNL but has increased since last year)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 were noted.

SEX

Neutered Male Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

AGE

7 Years

WEIGHT

9.3 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm.

INTERPRETED BY

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

The right adrenal gland was without overt pathology.

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.

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

Liver

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.

HOSPITAL NAME

Scanvet

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 0.25 cm.

REFERRING VET

Dr. Houston

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 0.24 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.29 cm.

INVOICE

20930

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

DATE

2/2/23



PATIENT

Pancreas

Frankie Morgan

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 was evident.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral, specifically gastroenterocolic or pancreatic pathology as an obvious cause of the patients weight loss and gastrointestinal signs. At times, the gastroenterocolic and pancreatic presentation may not correlate with history of weight loss or chronic to current gastrointestinal signs. Likewise, reported muscle wasting may be an underlying clinical sign of intestinal disease in cats. No evidence of neoplastic criteria.

AGE

7 Years

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. Assessment of caloric plane +/- competitive eating environment, if clinically indicated, may be considered.

WEIGHT

9.3 Pounds

Given the presence of gastrointestinal signs, a hydrolyzed diet trial with potential long term dietary therapy, cobalamin supplementation, high colony count probiotics, and assessment of gastrointestinal response with monitoring of body weight, going forward, may be considered.

INTERPRETED BY

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

Empirical deworming is suggested, even with negative fecal testing if the patient is indoor/outdoor.

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Houston

INVOICE

20930

DATE

2/2/23



PATIENT

Frankie Morgan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9.3 Pounds

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

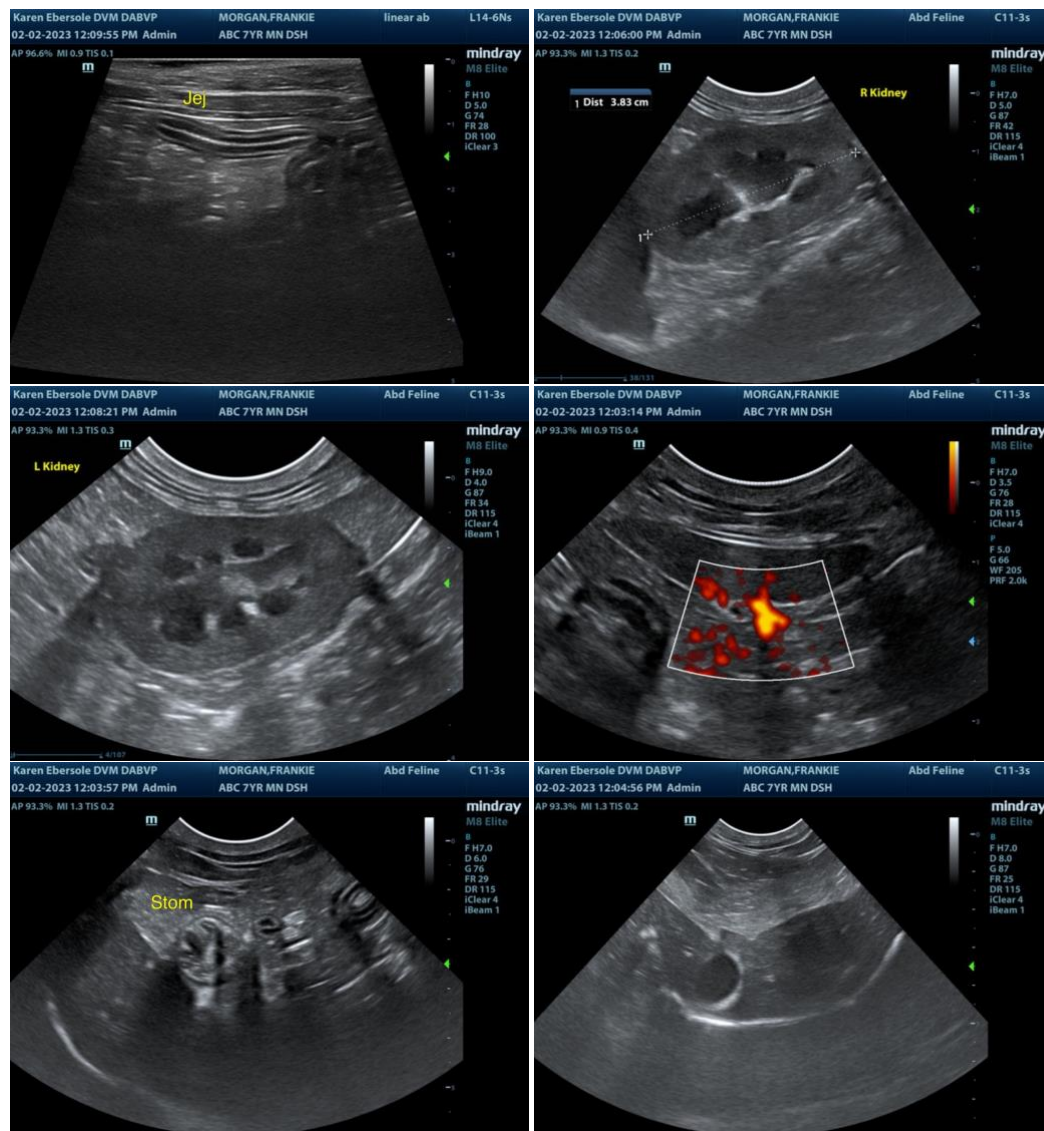
Dr. Houston

INVOICE

20930

DATE

2/2/23





PATIENT

Frankie Morgan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9.3 Pounds

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

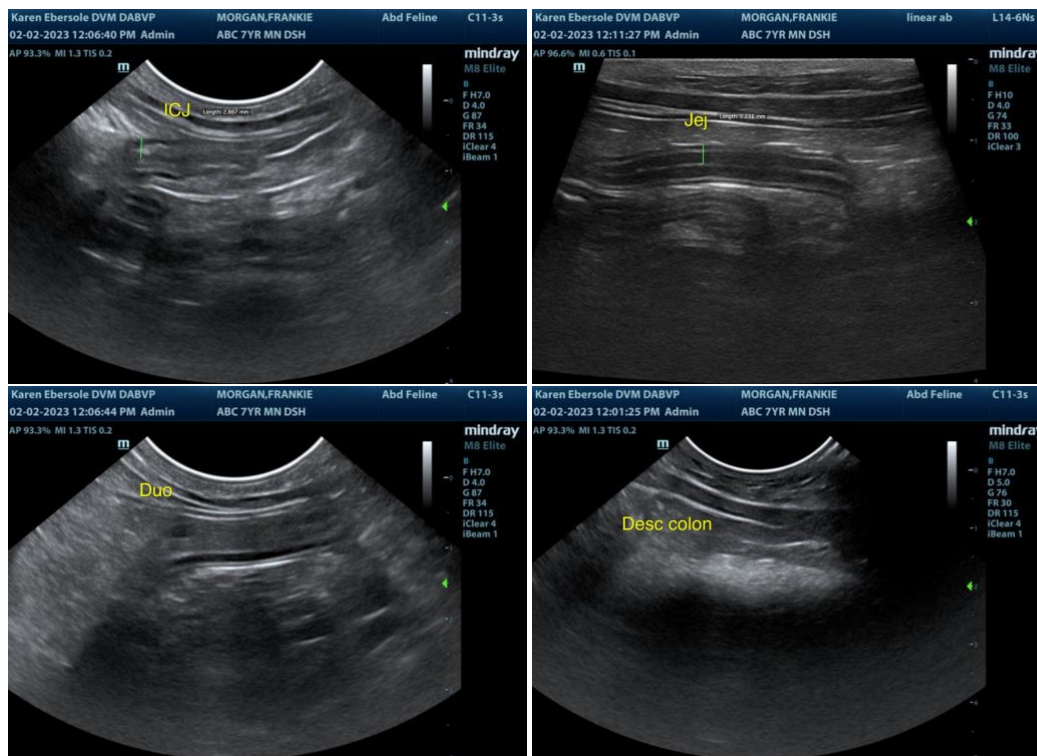
Dr. Houston

INVOICE

20930

DATE

2/2/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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