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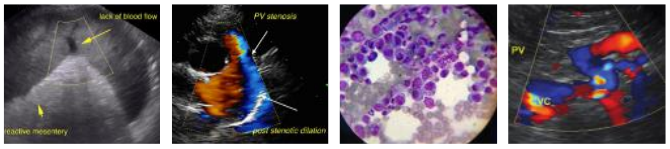


PATIENT

Hiccup Metz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

12.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Jennifer Todd

INVOICE

20932

DATE

2/2/23

PRESENTING CLINICAL SIGNS

Hiccup is an eleven-year-old, MN, DSH cat with a history of chronic intermittent vomiting and weight loss. There have also been episodes of soft stool and vomiting hairballs. Regular laxatone is given as preventative. Cobalamin/folate/TLI were normal in Sept. 2021. Royal Canin hydrolyzed protein diet trial was attempted, but Hiccup refused to eat it. He is currently being fed Iams adult. On 1/6/23, intestinal parasite screen was negative , CBC/Chemistry, T4 /fPL were all normal. Abdominal ultrasound is being performed to look for cause of chronic vomiting and weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Anechoic urine was present with minor dependent mineral. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 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 0.31 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm.

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.

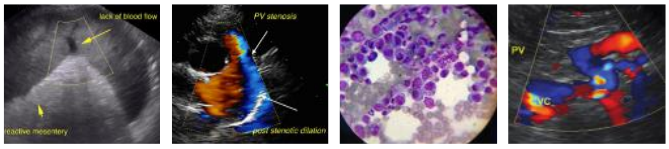
Liver

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 with mild dependent nonobstructive mineral. Minor biliary tree mineralization was present.

Gastrointestinal

The stomach presented intact sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.26 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. Small intestinal wall width measured 0.21 cm.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Suspect well demarcated left pancreatic limb nodule was present, measuring 0.25 cm. The nodule was nonspecific and not overtly consistent with neoplastic criteria. Potential for focal nodular hyperplasia is suspected.

Free Abdomen

Intermittent minor mesenteric lymphadenopathy was present in the mid abdomen. An example measured 0.5 cm in diameter. No omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor dependent urinary bladder mineral
- Bilateral chronic renal changes
- Possible mild hypomotile stomach, sonographically unremarkable small bowel/colon
- Mild heterogenous pancreas with left pancreatic limb nodule
- Minor lobar biliary tree mineralization- incidental
- Mild nonobstructive gallbladder mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is of unclear clinical significance given the normal fPL, yet low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Dietary intolerance/food hypersensitivity, structurally insignificant gastrointestinal disease, low-grade to chronic pancreatitis, occult parasitism even with negative fecal testing, or less likely occult gastrointestinal neoplasia are all potentials. Reassessment of cobalamin and folate levels warranted. Three view chest radiographs are suggested if not recently done to rule out occult thoracic or esophageal pathology as a contributing factor. Ideally, canned hydrolyzed diet trial, gastroprotectants, empirical therapy for potential inflammatory bowel or low grade to chronic pancreatitis, high colony count probiotics, such as Proviable, empirical deworming with assessment of clinical response is recommended.

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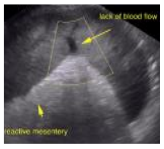
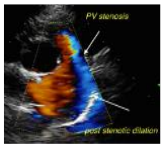
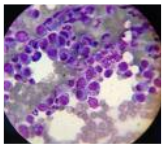
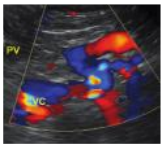

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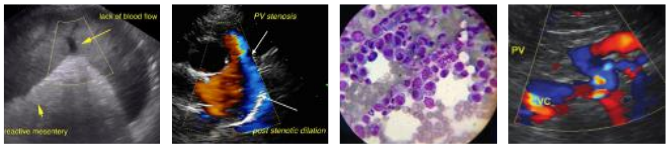

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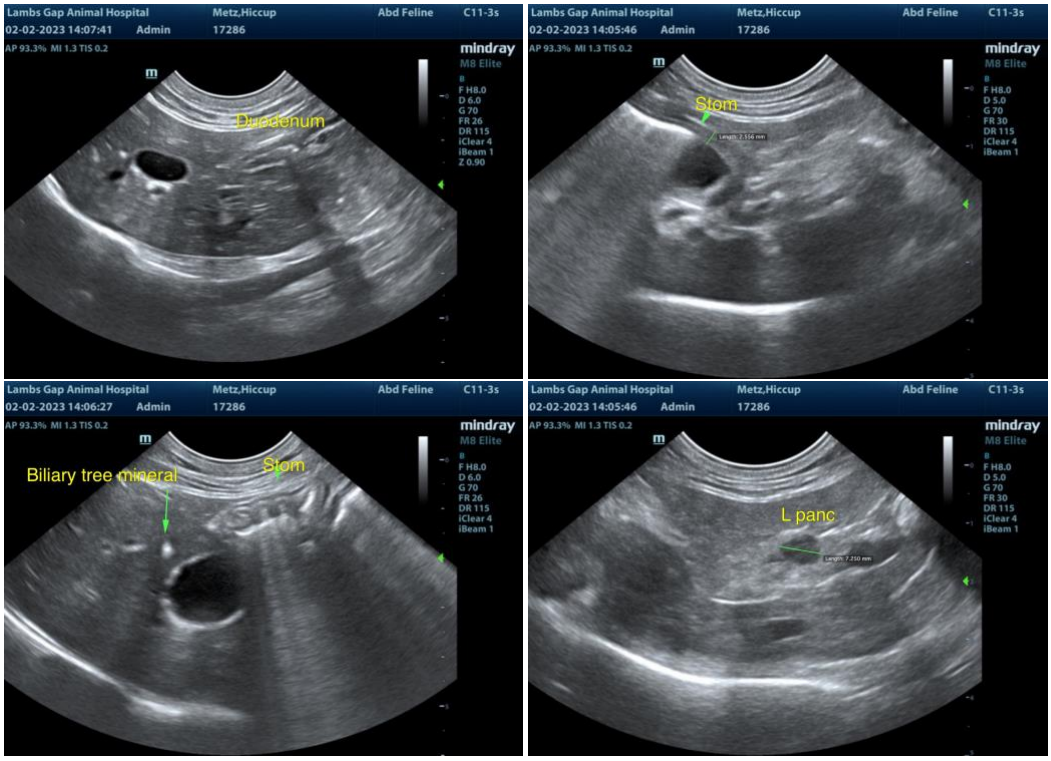

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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