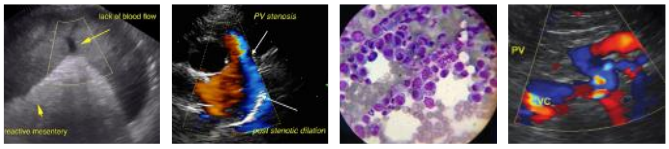
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gracie Mellinger

SPECIES

Feline

BREED

Ragdoll

SEX

FS

AGE

12

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs Veterinary Care

REFERRING VET

Dr. Trae Cutchin

INVOICE

16237

DATE

2/21/23

PRESENTING CLINICAL SIGNS

weight loss
Abnormal PE/Chem/CBC/UA Results: Mild azotemia, hypoalbuminemia, hyperglobulinemia, high fpl, folate, cobalamin wnl.

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. Both kidneys exhibited mild uniform cortical hypertrophy with mild loss of corticomedullary border demarcation. No pyelectasia was noted in either kidney. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology, although not distinctly visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 0.75 cm width at the level of the hilus.

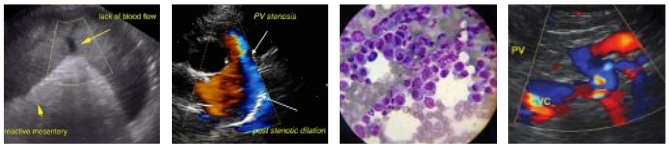
Liver/ Gallbladder

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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with no evidence of loss of intestinal wall layering, mural hypertrophy, or intestinal masses. Subjective mild segmental to generalized jejunal mucosal speckling was present.



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

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Shadowing gastric ingesta - possible hairball density or similar
- Intact small bowel walls with subjective indistinct nonspecific jejunal mucosal speckling
- Heterogeneous left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal cobalamin and folate levels and without evidence of overt gastrointestinal mural pathology, a definitive cause of the patient's weight loss was not obvious. Concern for possible hairball density or similar in the stomach, if documented NPO or if a clinical history of hairballs may be indicated. Likewise, low-grade to chronic left pancreatitis or structurally insignificant intestinal disease could be present.

Three-view chest radiographs are suggested to rule out thoracic pathology as a contributing factor. Full urinary workup including Urinalysis, screening C/S and baseline UPC level if evidence of proteinuria is recommended. Documented NPO and sonographic monitoring of the stomach would be appropriate. If persistent evidence of shadowing gastric ingesta or concern for gastric hairball density, laparotomy with gastric evacuation along with full-thickness intestinal biopsies may be considered.

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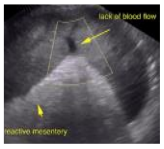

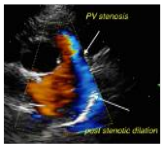

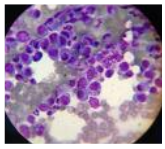
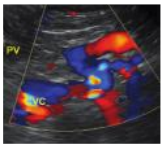

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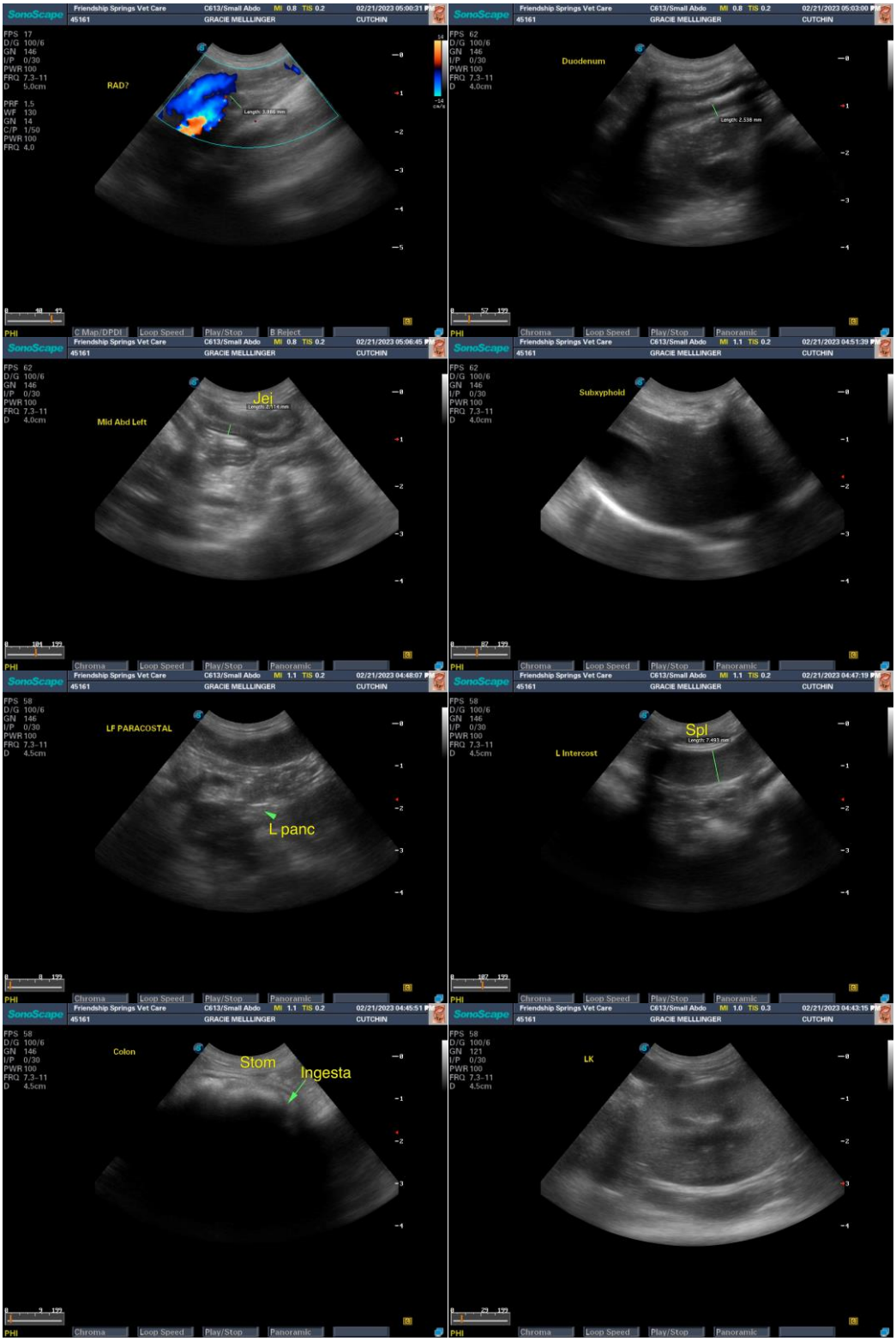

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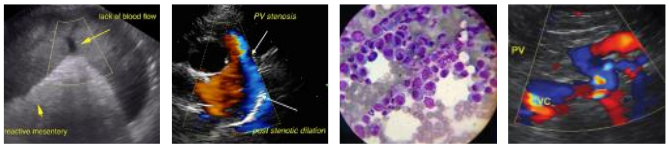

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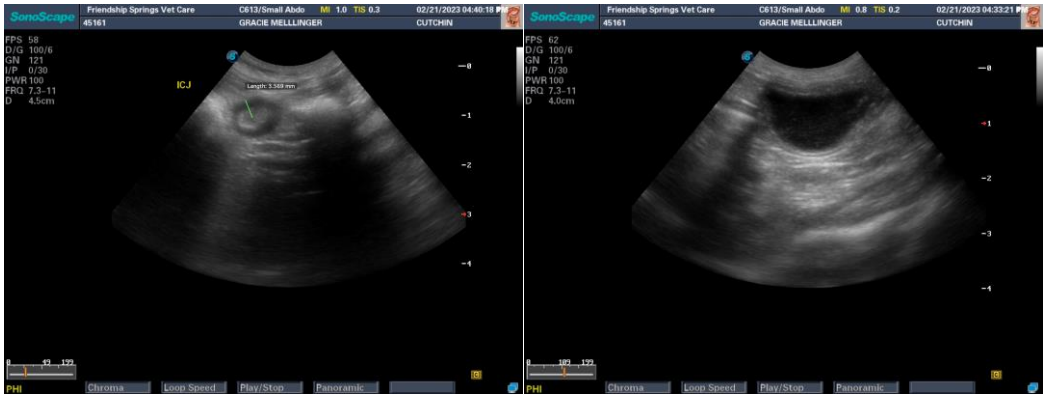

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com