



**PATIENT PRESENTING CLINICAL SIGNS**

Tofu Maiti Facial pruritus x 2 years, varies in intensity. Slow weight loss over past year despite lack of GI signs, great appetite. Indoor only. Soft murmur (intermittent). Primary Question/Differential to Be Answered in This Exam r/o enteropathy, abdominal neoplasia for weight loss and lab changes vs. dermatitis or other

**SPECIES**

Feline

**BREED**

Persian

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

6.2 Pounds

Abnormal PE/Chem/CBC/UA Results: Chemistry Significantly elevated globulins at 9.6 g/dL (2.3-5.3) --> elevated TP at 12 g/dL (5.2-8.8) with low albumin at 2.4 g/dL Mild hypocalcemia at 8.1 mg/dL (8.2-10.8) Complete Blood Count Anemia - RBCs at 5.2 M/uL (5.92-9.93), Hgb low at 8 g/dL (9.3-15.9) and HCT at 23% Thrombocytopenia per machine but adequate on slide review Mild lymphopenia at 784/uL (1200-8000) Note: chronic anemia, 23% at last check 4/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urethra exhibited non-specific mild decreased tone to a depth of 2.0 cm. No evidence of post-urinary bladder obstructive criteria.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

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.

**Adrenal Glands**

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**Spleen**

The spleen was mildly enlarged, measuring 1.2-1.3 cm in width at the level of the mid spleen. Primarily maintained symmetrical capsule contour and homogeneous, finely textured parenchyma. Normal vascularity. No masses or nodules.

**HOSPITAL NAME**

Ark Animal Hospital

**Liver**

**REFERRING VET**

Dr. Parker

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.

**INVOICE**

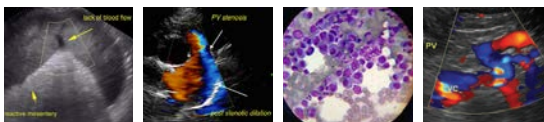
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**Gastrointestinal**

**DATE**

2/27/23

The stomach presented intact wall layering with a normal wall layer ratio. Gastric body wall measured 0.24 cm. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



**PATIENT** The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Wall measured 0.25 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Tofu Maiti

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

**SPECIES**

**Pancreas**

Feline

The pancreas was mildly prominent in size with areas of mild capsule asymmetry. Subtle hypoechoic to non-homogeneous parenchyma compared to adjacent omentum.

**BREED**

**Free Abdomen**

Persian

No evidence of significant lymphadenopathy. No omental masses or peritoneal effusion.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Mild splenomegaly
- Minor urinary bladder sediment
- Chronic renal changes
- Intact gastrointestinal wall layering
- Possible low-grade chronic active pancreatitis

**AGE**

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**WEIGHT**

6.2 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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

Assuming the patient was not sedated for the ultrasound, considerations for the mild splenomegaly may include incidental hyperplasia, hematopoiesis, or splenitis, while the possibility of infiltrative neoplasia cannot be excluded. Further assessment may include (assuming normal clotting status and using 25-gauge) splenic FNA cytology, given the hyperglobulinemia, as well as protein electrophoresis for further clarification of the hyperglobulinemia. Concurrent CBC pathology review suggested if not already done.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

No overt evidence of structural gastrointestinal disease. Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate to assess for occult intestinal disease, as well as low-grade pancreatitis as contributing factors.

**HOSPITAL NAME**

Ark Animal Hospital

3-view chest radiographs recommended to rule out occult thoracic pathology if not done.

**REFERRING VET**

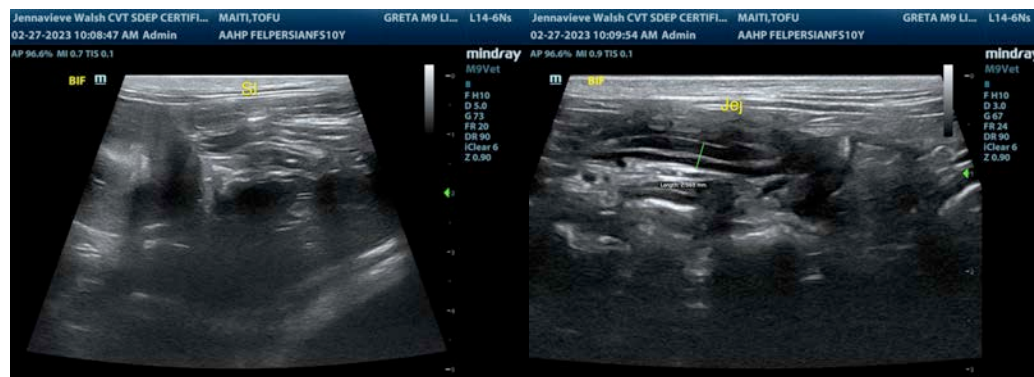
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**PATIENT**

Tofu Maiti

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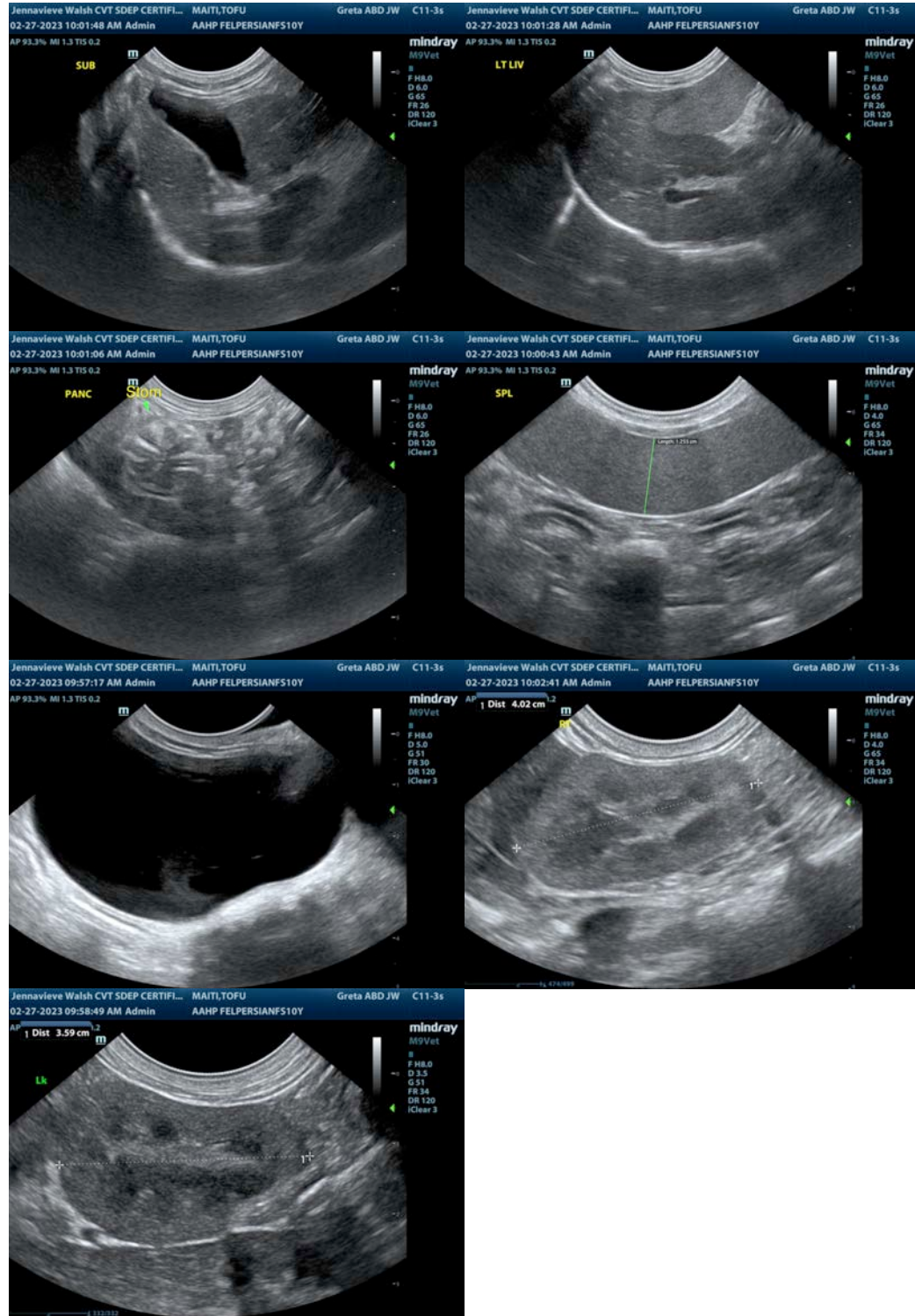
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**PATIENT**

Tofu Maiti

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.

**SPECIES**

Feline

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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Persian

info@SonoPath.com

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