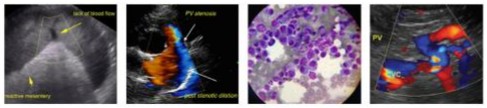


PATIENT

Sasha Bentley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 Years

WEIGHT

7.39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Dr. Lilan Hauser, DVM

INVOICE

14120

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Recent weight loss (10% in 6 months) despite good appetite. No v/d. Is PU/PD. New: renal values are higher than 6 months ago. T4 WNL. *Sedated with torb/alfaxan

Abnormal PE/Chem/CBC/UA Results: SDMA 21 (H); creat 2.1 WNL; BUN 27 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 were noted. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 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 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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. The spleen measured 0.95 cm in width.

Liver

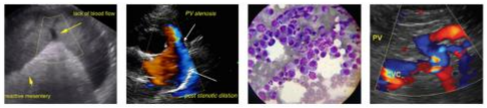
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, exhibiting subtle progressive distal acoustic shadowing ingesta. The stomach was otherwise normal. The ventral gastric body wall measured 0.22 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering, intestinal mural hypertrophy or masses. The lumen of the



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small intestine contained segmental non-shadowing ingesta consistent with normal food without signs of mechanical ileus or obstruction. The small intestine was otherwise normal. The duodenum wall measured 0.26 cm. The jejunum wall measured 0.2- 0.22 cm. The ileocolic wall measured 0.25 cm.

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

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

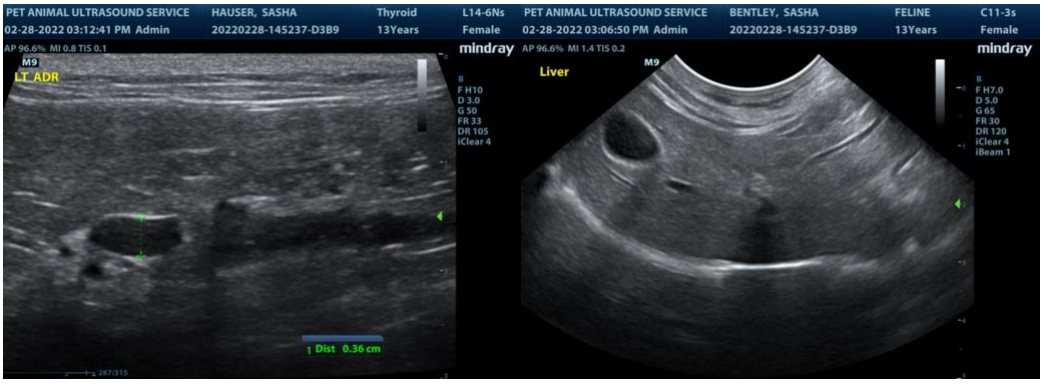
- Mild age-related to chronic renal changes with minor left kidney pyelectasia
- Overtly normal gastrointestinal tract with moderate gastric and mild segmental small intestinal ingesta
- Subtle hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild left kidney pyelectasia is nonspecific and may be secondary to mild to early chronic renal changes or minor pelvic scarring. Potential for pyelonephritis is considered unlikely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The presence of gastric ingesta may indicate postprandial presentation, correlation with most recent meal ingestion recommended. If documented NPO, some degree of gastric or potential gastrointestinal decreased motility may be possible. Likewise, structurally insignificant gastrointestinal disease or inflammatory bowel with potential for low-grade to chronic pancreatitis, which may present sonographically normal, cannot be excluded. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate.

Three-view chest radiographs suggested to rule out occult thoracic pathology as a potential contributing factor to the patients weight loss.



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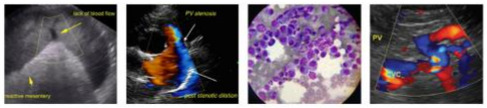

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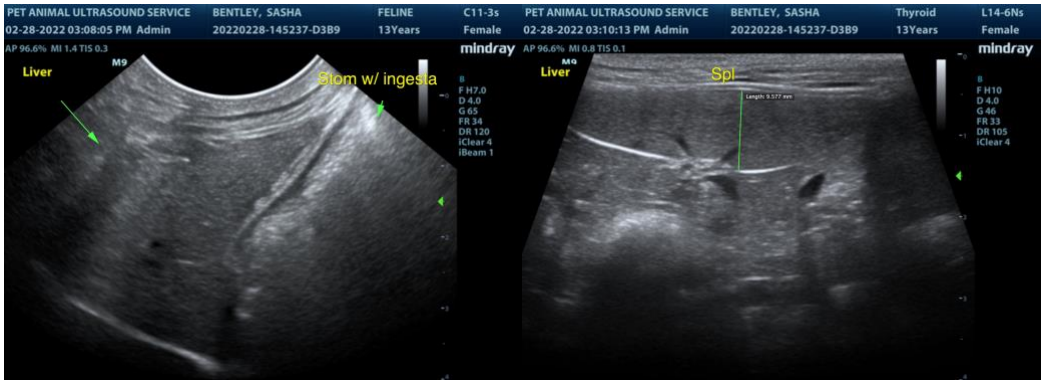

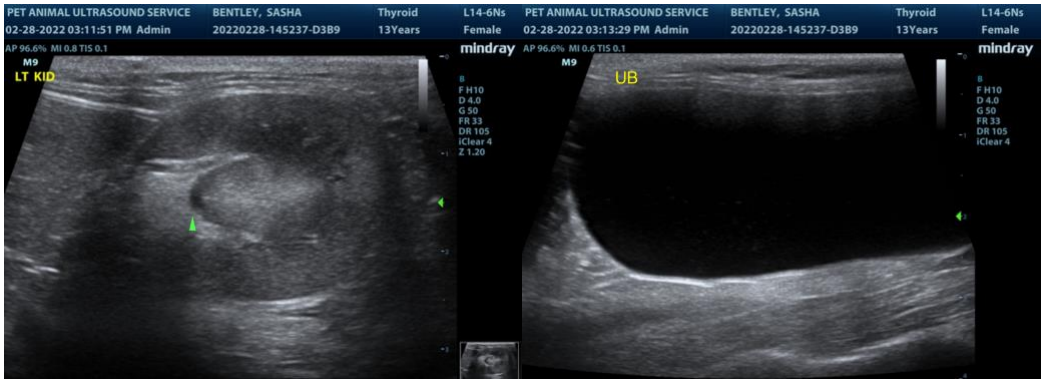

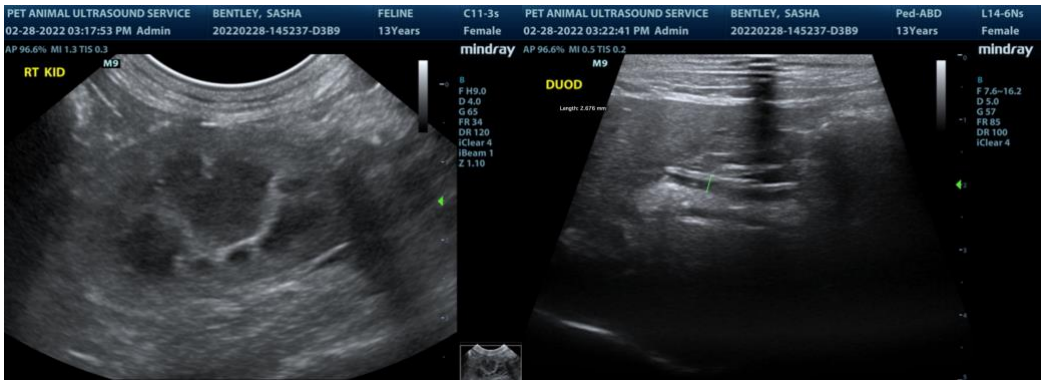

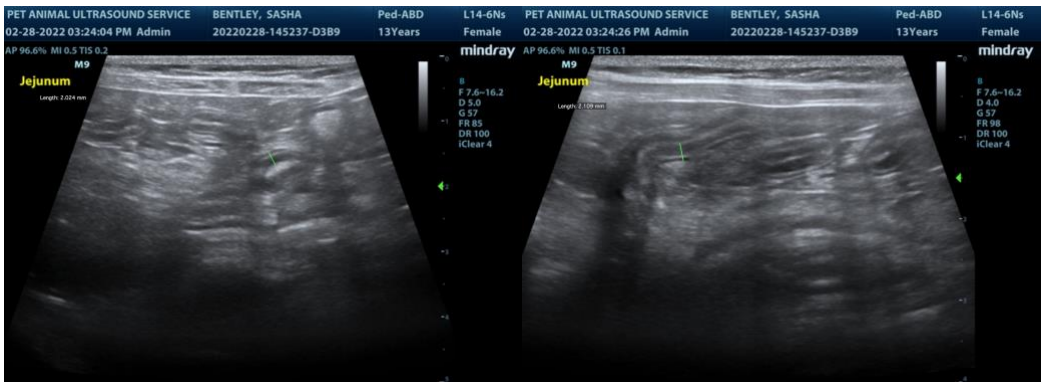

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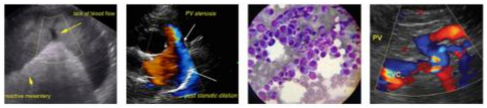

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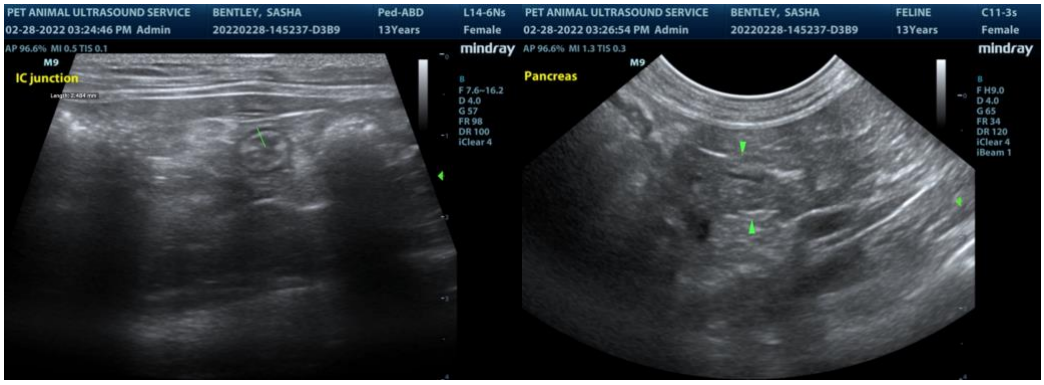

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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