



PATIENT

Stinker Sheythe

SPECIES

Feline

BREED

Persian Mix

SEX

NM

AGE

13 years 8 months

WEIGHT

8.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herdener

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr Emma Herdener

INVOICE

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Weight loss in spite of increased appetite. Chronic intermittent vomiting. Indoor only.
Abnormal PE/Chem/CBC/UA Results: Bloodwork performed 2/4/22: Senior Chem/CBC/T4 wnl.
FIV/FelV negative

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 subtle cortical hypertrophy with mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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/ 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 stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic gastric fluid. The gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer yet without evidence of mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The jejunum wall width measured 0.26-0.28 cm. The duodenum wall width measured 0.24 cm.



PATIENT

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

Stinker Sheythe

Pancreas

SPECIES

The left limb of the pancreas was normal in size and contour with mild primarily uniform hypoechoic parenchyma compared to the adjacent omentum.

Feline

Free Abdomen

BREED

No omental masses, lymphadenopathy or peritoneal effusion was present.

Persian Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

NM

- Suspect mild chronic active pancreatitis
- Possible mild inflammatory enteropathy
- Minor retained gastric fluid
- Nonspecific mild chronic renal changes

AGE

13 years 8 months

WEIGHT

8.7 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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

Although not definitive, the small intestine exhibited subjective subtle intestinal mural changes, which may suggest an underlying mild inflammatory enteropathy. Likewise, the potential for low-grade chronic active pancreatitis is suspected. Further assessment, given the weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested to rule out occult thoracic pathology which may result in weight loss in older cats. Assessment of caloric plane could be considered if clinically indicated.

IMAGING

PERFORMED BY

Dr. Emma Herdener

HOSPITAL NAME

Empirically, continued as-needed gastrointestinal support and conservative therapy for mild chronic active hepatitis or mild inflammatory enteropathy with an assessment of clinical response is suggested.

Eastgate VC

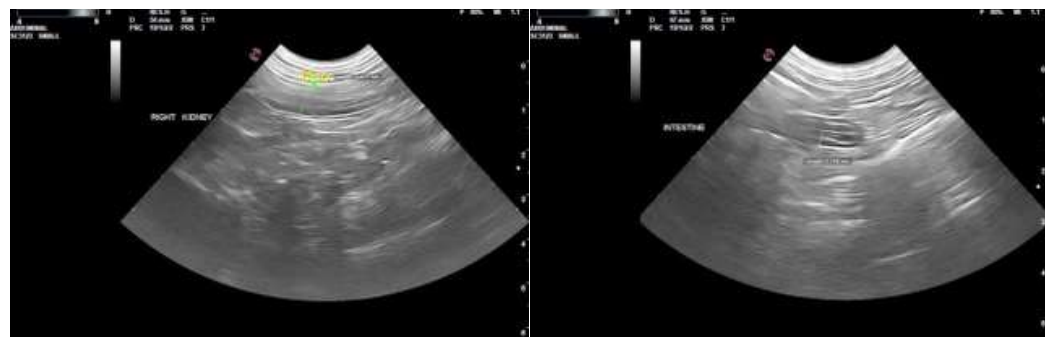
REFERRING VET

Dr Emma Herdener

INVOICE

DATE

2/8/22





PATIENT

Stinker Sheythe

SPECIES

Feline

BREED

Persian Mix

SEX

NM

AGE

13 years 8 months

WEIGHT

8.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herdener

HOSPITAL NAME

Eastgate VC

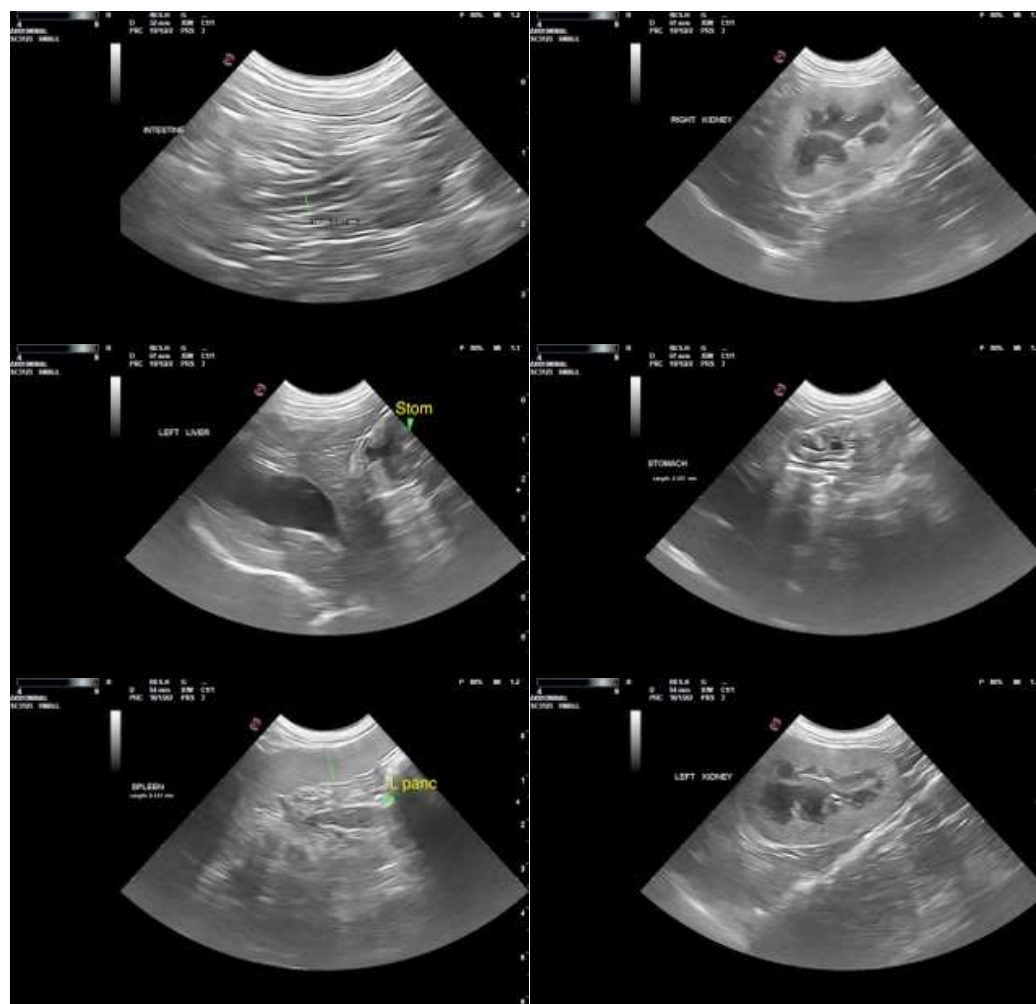
REFERRING VET

Dr Emma Herdener

INVOICE

DATE

2/8/22



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