SonoPath
Clinical Sonography & Telecytology
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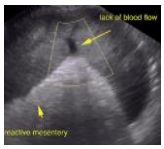
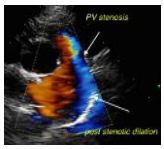
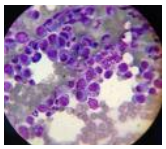
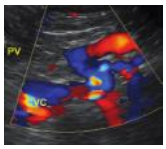




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fancy Mitchell

SPECIES
Feline

BREED
DSH

SEX
Spayed female

AGE
15 years

WEIGHT
8 pounds

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

IMAGING PERFORMED BY
Dr. Cutchin

HOSPITAL NAME
Friendship Springs Veterinary Care

REFERRING VET
Dr. Cutchin

INVOICE
10172ag

DATE
03/16/2022

PRESENTING CLINICAL SIGNS

History: Lethargic, decreased appetite, weight loss.

Abnormal PE/Chem/CBC/UA Results: CBC, chems, T4, UA wnl. Abdominal radiographs suggest possible thickening of the stomach walls.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 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 0.32 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 0.67 cm in width at the level of the hilus.

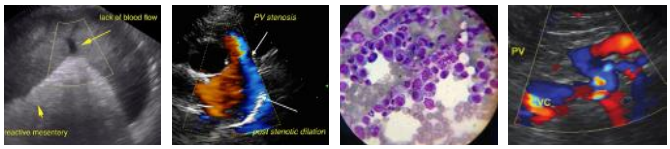
Liver

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 mineralized debris. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta/fluid or foreign material. No evidence of infiltrative gastric mural criteria was noted. The pylorus wall measured 0.29 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent small intestinal mucosa was observed, yet without evidence of overt



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mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.26 cm. The ileocolic wall measured 0.32 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented mildly hypoechoic compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Mild chronic renal changes.
- Overtly normal stomach.
- Suspect inflammatory enteropathy.
- Possible concurrent low grade to chronic active pancreatitis.
- Mild gallbladder mineralized sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The small intestine exhibited the potential for subtle inflammatory mural changes however given the lack or reported gastrointestinal signs with only decreased appetite and weight loss noted, this finding is nonspecific. Further assessment of both the gastrointestinal tract and pancreas may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs along with a thorough musculoskeletal and neurologic examination are suggested to rule out occult pathology as a contributing factor to the patient's clinical signs.

The gallbladder mineralized sediment is nonspecific and likely incidental given lack of reported hepatic enzyme elevations or cholestasis. Mineralized gallbladder debris has been associated with inflammatory hepatobiliary disease, correlation with clinical history is suggested.

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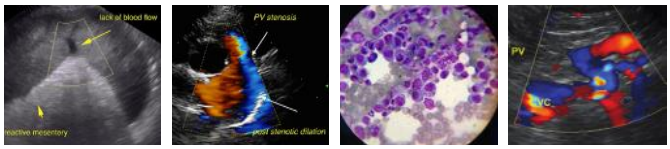

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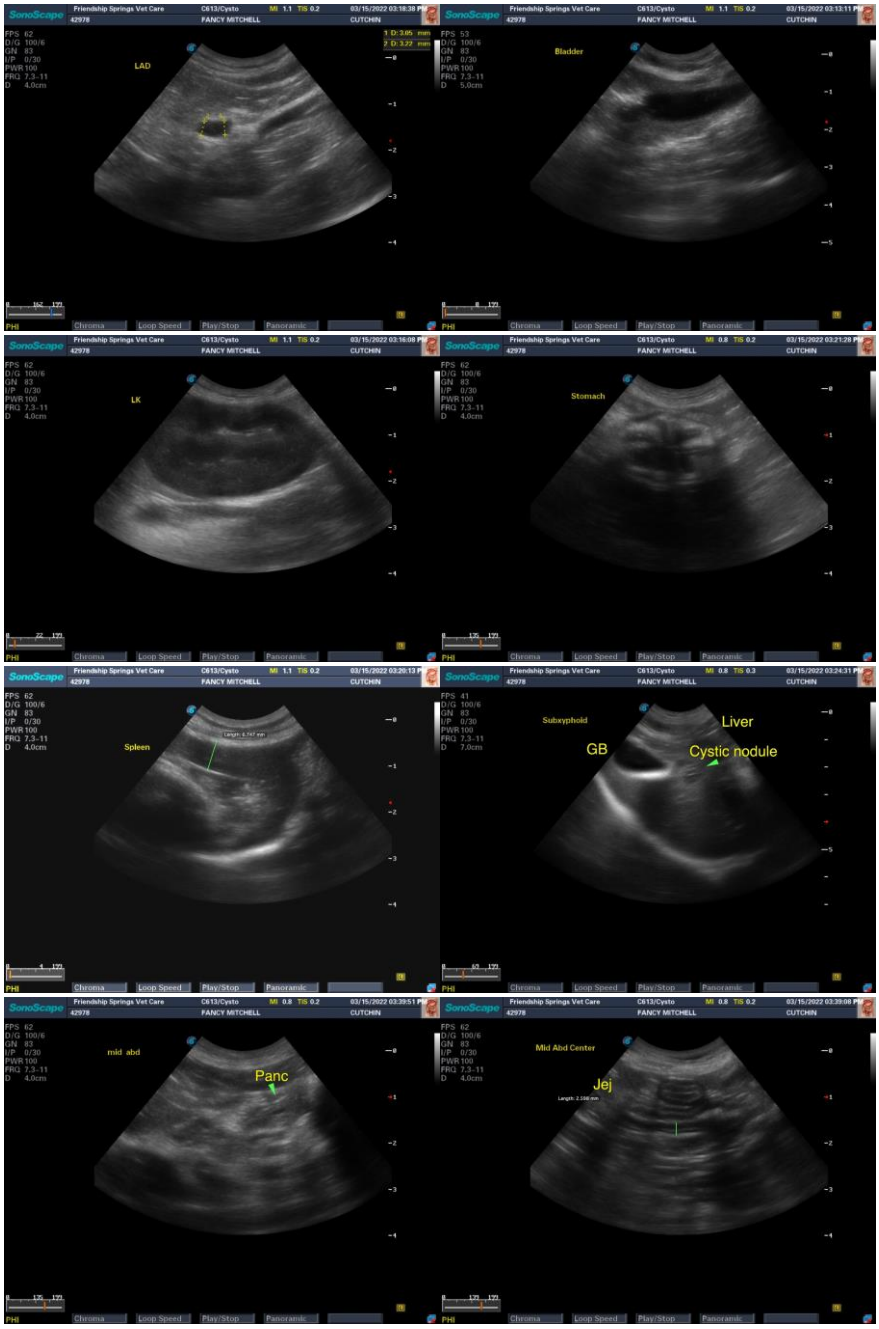

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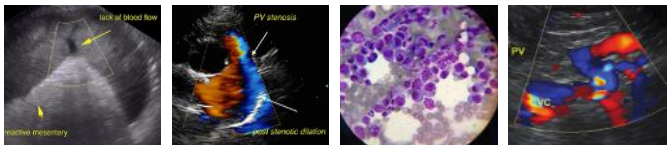

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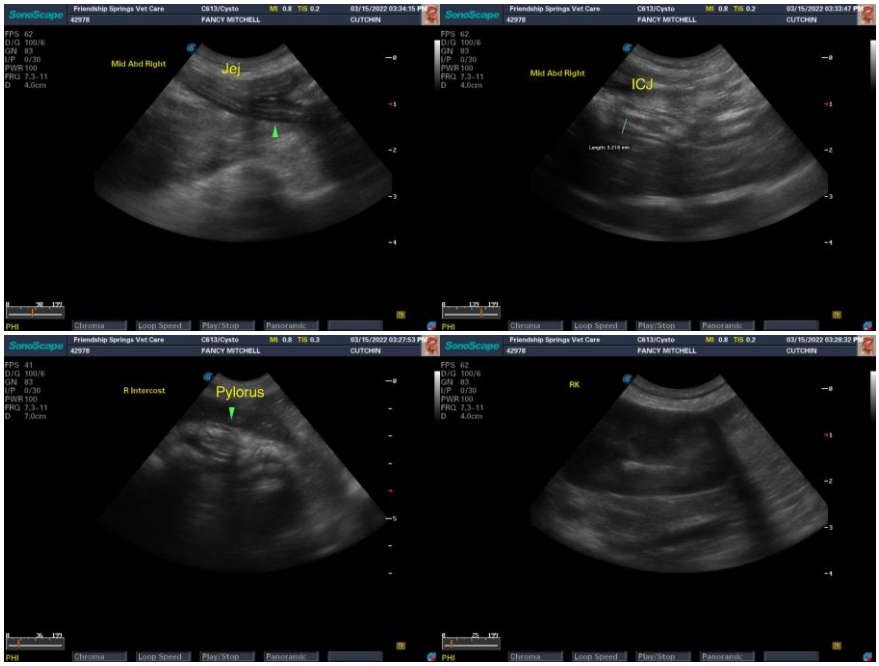

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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