



PATIENT

Booker Korb

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

15yr

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Bessler

INVOICE

13206ag

DATE

03/17/2023

PRESENTING CLINICAL SIGNS

1/17/23: owner brought in concerned with weight loss in the last 6-8 months. No vomiting or diarrhea, hacks up hairball on occasion. Color pink, no stomatitis, abdomen normal, H/L normal. Thyroid feels slightly thicker. CBC/Chem normal. Owner declined thyroid at this time. Deworm. 3/13/23: thyroid was normal. Owners will think about scheduling for abdominal ultrasound to see if can find cause of weight loss. 8.8lbs to 8.1lbs since January. Owner says he doesn't eat much and has tried everything to get him to eat.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal left kidney size renal size and asymmetrical margination was present in both kidneys. The right kidney was subnormal in size compared to the left with moderate pyelectasia. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width. The right adrenal gland was not definitively visualized with nor overt pathology.

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 0.9 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 mild anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.



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The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental prominent duodenojejunal wall layering was present with no evidence of loss of wall layer detail or masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.30 cm width.

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

Pancreas

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The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

SEX

Free Abdomen

MN

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

ULTRASONOGRAPHIC FINDINGS

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- Mild urinary bladder sediment.
- Moderate chronic renal changes more prominent in the right kidney with moderate right kidney pyelectasia.
- Chronic active pancreatitis pattern.
- Suspect chronic enteropathy.
- Mild hypomotile stomach-no evidence of hairball density, suspect mild non-obstructive metabolic/functional gastric stasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Assessment for cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No overt evidence of intra-abdominal neoplastic criteria. Chronic triad disease may be a consideration in this patient if previous or future hepatic enzyme elevations are noted.

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Empirically as needed GI support, therapy for chronic active pancreatitis and suspected chronic inflammatory enteropathy pending additional diagnostics would be reasonable. As needed hairball therapy suggested.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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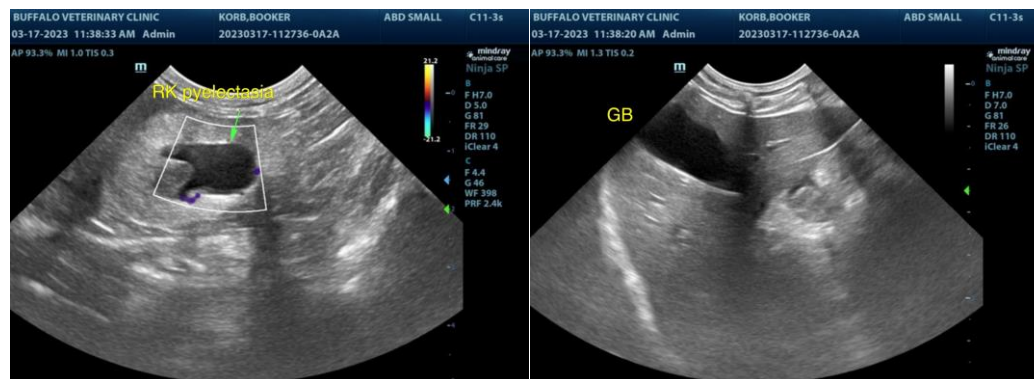
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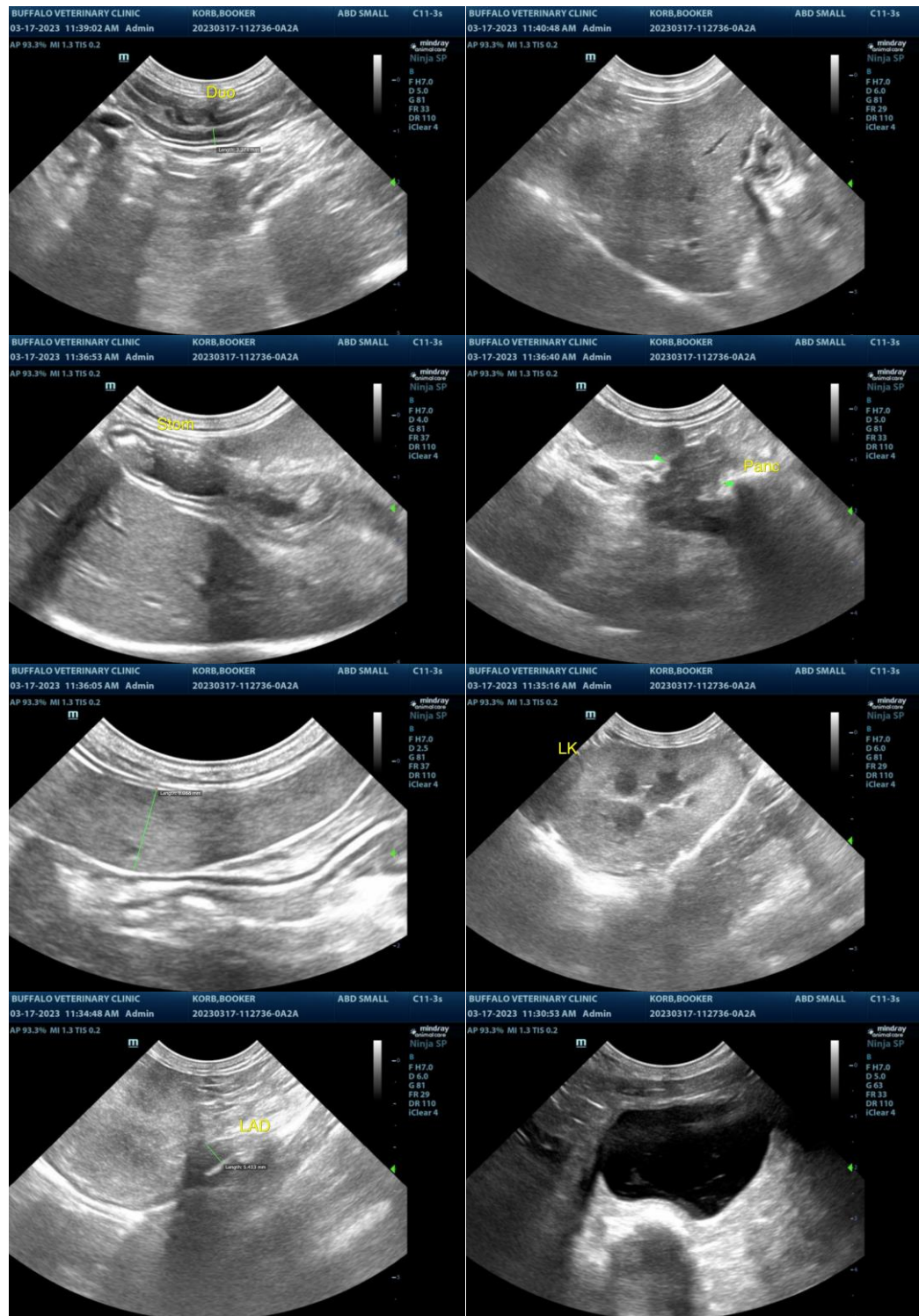
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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