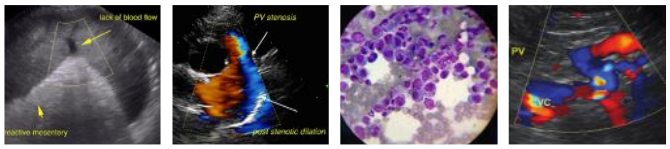
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rue Witzke

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
11yr

WEIGHT
6kg

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

IMAGING PERFORMED BY
Goeres

HOSPITAL NAME
Kelowna Veterinary Hospital

REFERRING VET
Nicklassen

INVOICE
13230ag

DATE
03/20/2023

PRESENTING CLINICAL SIGNS

vomiting when eating dry food, fine when on wet, vomited 3-4 times 2 days ago and is projectile; daily vomiting started about christmas time; goes outside in winter but stays inside in summer still purring has lost weight unsure how fast she eats and is hungry all the time

Abnormal PE/Chem/CBC/UA Results: anemia (HCT 29%) Urea (BUN) 14.7 Sodium 166 Globulin 54 obese, otherwise PE unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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. The spleen measured 0.97 cm in width at the level of the hilus.

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.

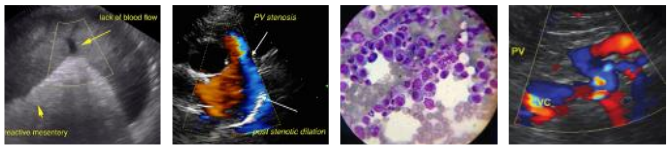
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.

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

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rue Witzke

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

Nicklassen

INVOICE

13230ag

DATE

03/20/2023

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic 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 or peritoneal effusion was present.

Focal to intermittent minor isoechoic gastric or pancreaticoduodenal lymph nodes were present adjacent to the pylorus and upper duodenum were present, an example measured 0.3 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal GI tract with progressively shadowing gastric ingesta.
- Normal pancreas.
- Mild age related renal changes.
- Focal/intermittent minor benign/reactive gastric or pancreaticoduodenal lymph nodes.
- Minor urinary bladder sediment.

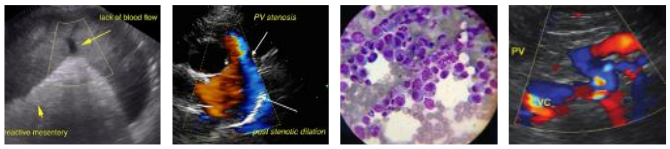
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal neoplastic criteria was present.

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

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. Non-obstructive hairball density could be present if previous history of hairballs. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate suggested to rule out occult intestinal or pancreatic disease as a contributing factor. As needed hairball therapy could be considered if clinically indicated. Assessment of caloric plane, hydrolyzed diet trial, gastroprotectants with assessment of GI response and monitoring of body weight +/- recheck sonogram would be reasonable.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rue Witzke

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

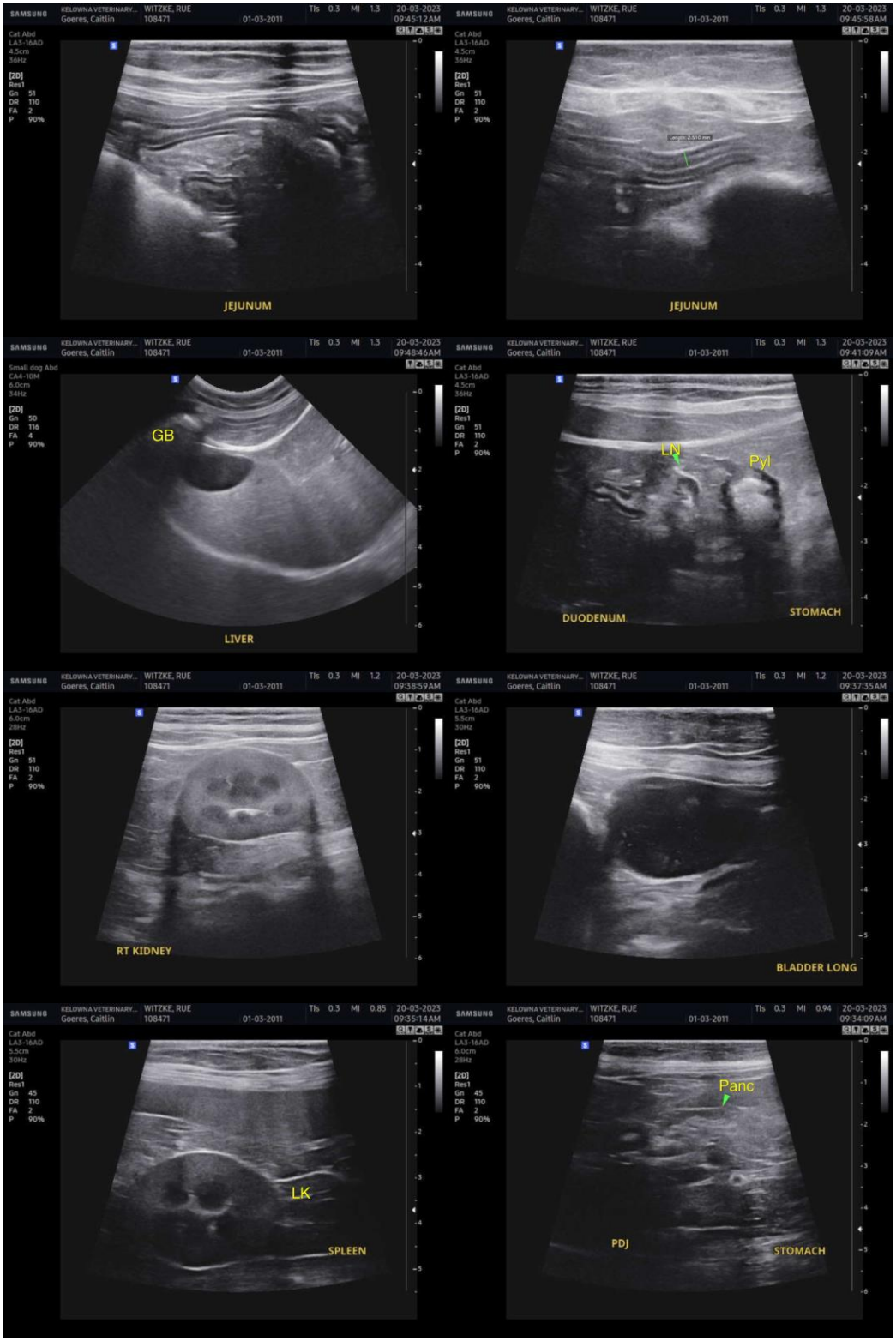
Nicklassen

INVOICE

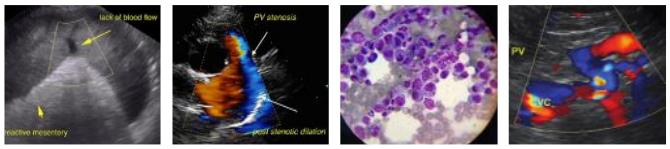
13230ag

DATE

03/20/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rue Witzke

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna Veterinary Hospital

REFERRING VET

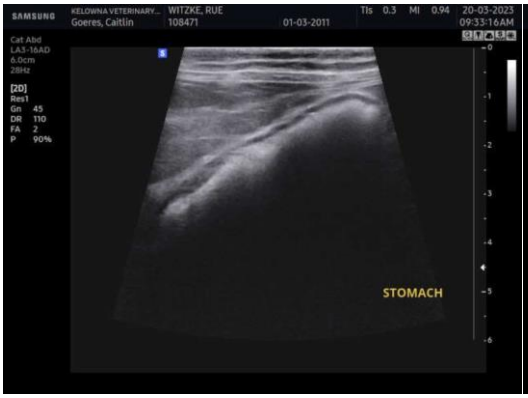
Nicklassen

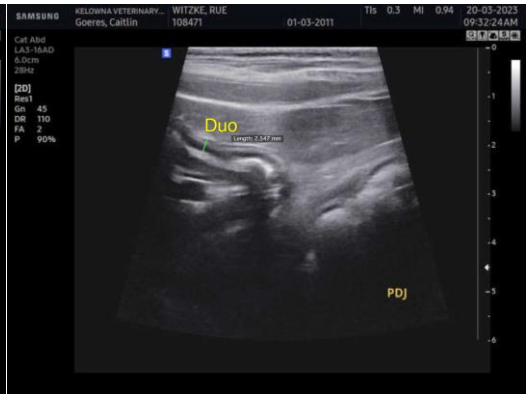
INVOICE

13230ag

DATE

03/20/2023





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)
mac.daniel@sonopath.com