



PATIENT

Frank Dwyer

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

AGE

13.5yr

WEIGHT

8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

13325ag

DATE

03/30/2023

PRESENTING CLINICAL SIGNS

Frank is a 13.5 year old male neutered Maine Coon (mix?) who presented on 3-13-23 for weight loss, polyphagia, stealing food and being more vocal. no vomiting observed He had ~1.75lb weight loss since 5/21, he was BAR at appointment, no murmur ausculted, possible thyroid slip noted, thin body condition Blood work showed T4 normal 3.0, spec fPL elevated at 23.2 AUS was recommended due to elevated fPL and hx of weight loss/polyphagia

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 moderate nondependent 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 renal size with asymmetrical margination was present in both kidneys. 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 4.3 cm in length. The right kidney measured 4.4 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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 0.85 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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.



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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 small intestinal wall measured 0.26 cm in width. The ileocolic junction was normal measuring 0.38 cm in wall width.

SPECIES

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

Pancreas

The left pancreatic limb presented normal size and contour with hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation was present. No overt evidence of neoplasia.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment. Cystocentesis for UA +/- C/S if evidence of inflammatory cells on is recommended.
- Non-specific chronic renal changes.
- Chronic enteropathy pattern, intact small intestinal walls.
- Intermittent benign/reactive mesenteric lymph nodes.
- Low grade pancreatitis.
- Non-obstructive proximal common bile duct dilation-nonspecific, potential patient/age related variant or possible low grade cholangitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal neoplastic criteria. Low grade pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with pending GI panel is recommended. The potential for triad disease may be a primary consideration especially if previous or future hepatic enzyme elevations are noted.

IMAGING PERFORMED BY

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Full thickness intestinal biopsies are likely required for a definitive diagnosis. IBD or other chronic enteropathy and triaditis are considered likely. Minor potential for infiltrative neoplastic enteropathy cannot be definitively excluded yet thought less likely.

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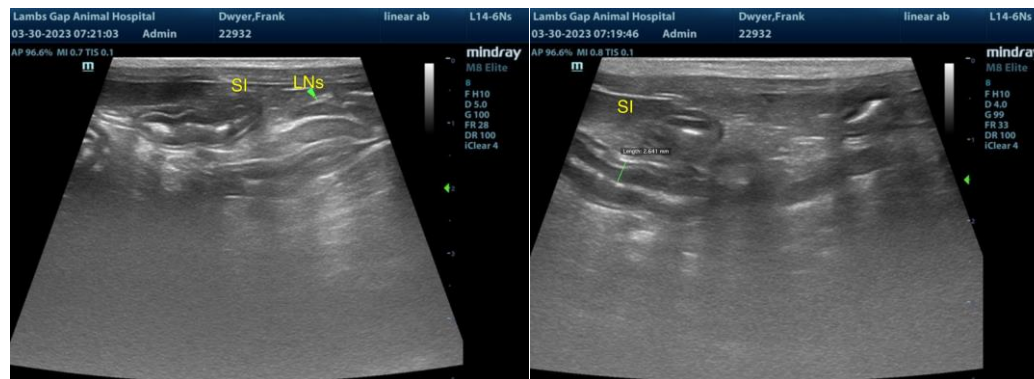
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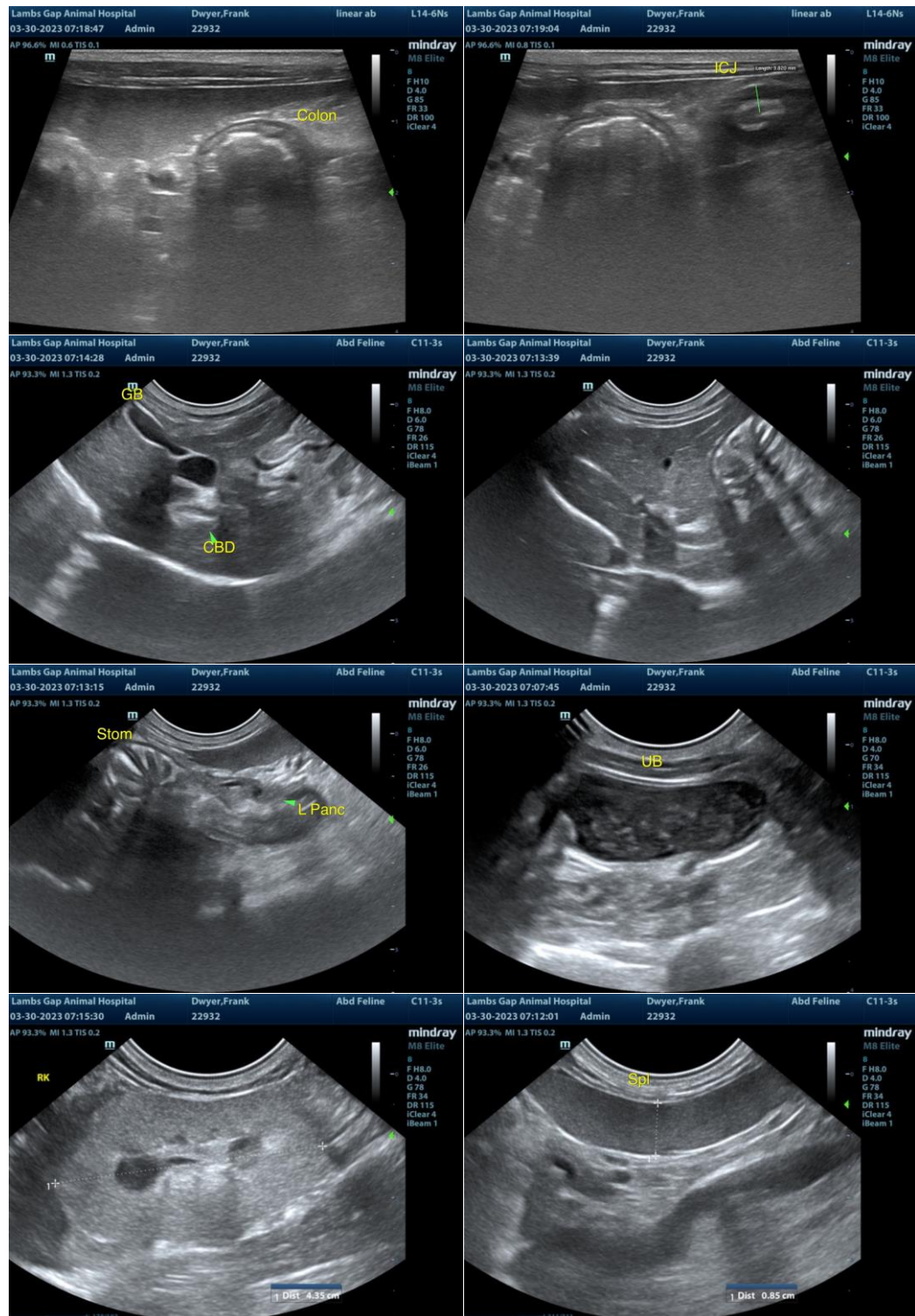
Dr. Kinney

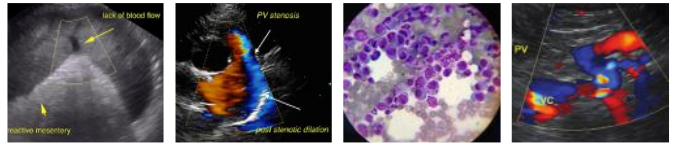
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com