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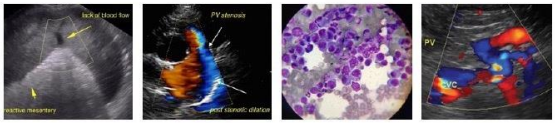


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Babette Boroniec

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

6.32lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Prince Charles Animal Hospital

REFERRING VET

Momi

INVOICE

13354ag

DATE

03/31/2023

PRESENTING CLINICAL SIGNS

Exam for inappropriate urination, losing weight, vomiting. No increase in urination or drinking. Pet eats fancy feast and friskies. Still eating but slightly less. MM slightly tacky. Abdomen soft and pliable, no obvious masses felt. Drew blood and gave SQ fluids and start Gabapentin and Famotidine.

Abnormal PE/Chem/CBC/UA Results: Please see attached results.

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. The urinary bladder wall measured 0.32 cm in width. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present with pinpoint dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal.

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. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.4 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 0.59 cm in width at the level of the hilus.

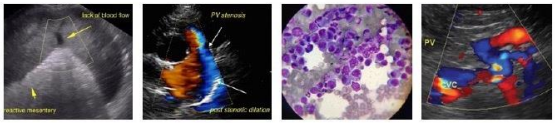
Liver/Gallbladder

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 non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized non-shadowing ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material. The intestinal wall measured ~ 0.2 cm in width.



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

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. Potential minor left limb pancreatic duct dilation noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Suspect mild cystitis with pinpoint luminal mineral.
- Mild chronic renal changes with pinpoint medullary mineral.
- Overtly normal GI tract with gastrointestinal ingesta.
- Sonographically unremarkable pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs/weight loss. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or infiltrative neoplasia (less likely) are possible.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. A full urinary workup including UA, C/S +/- baseline UPC if evidence of proteinuria is suggested.

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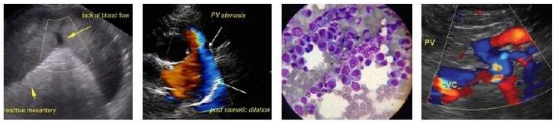

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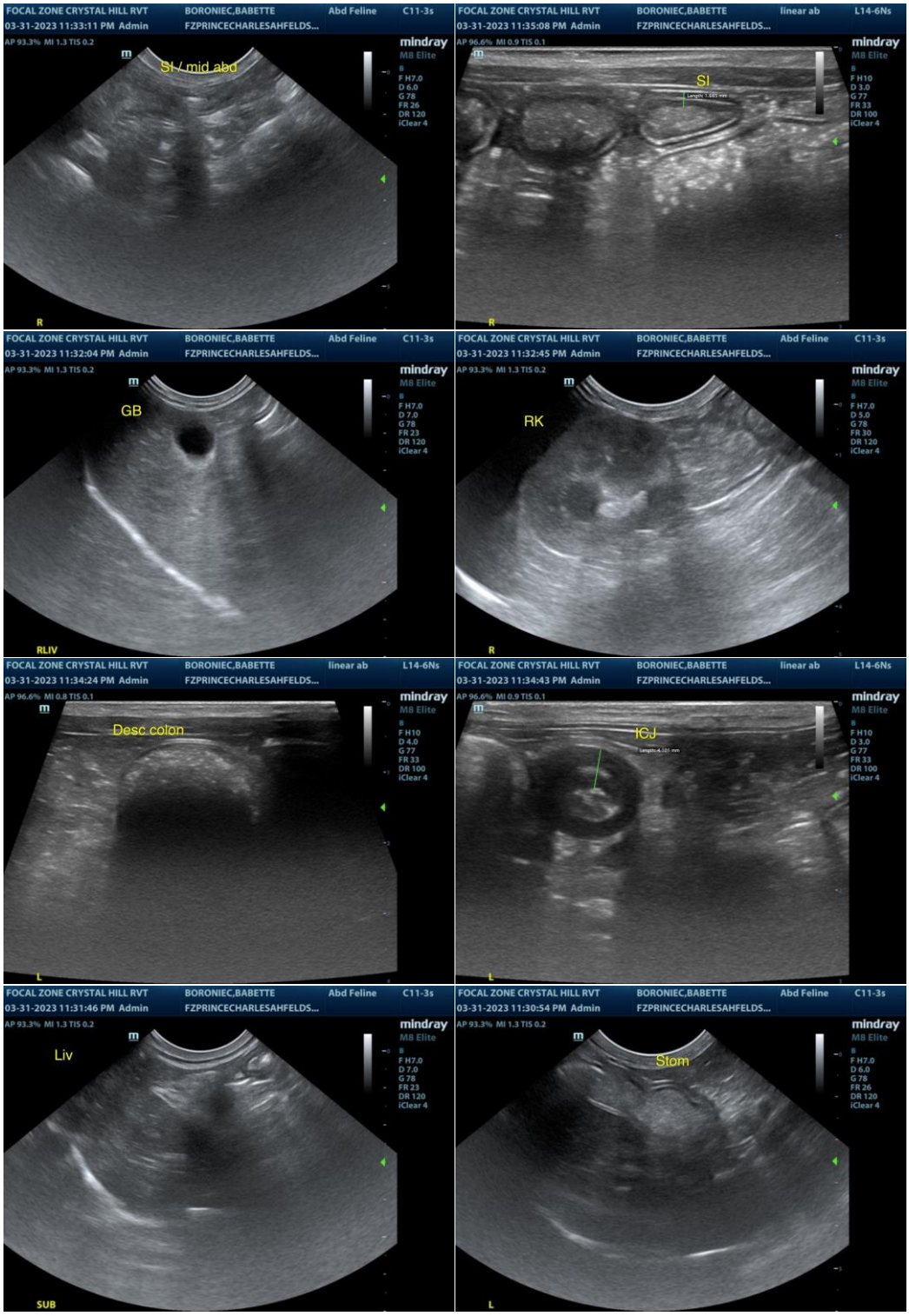

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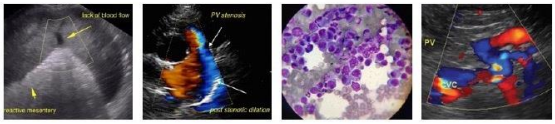

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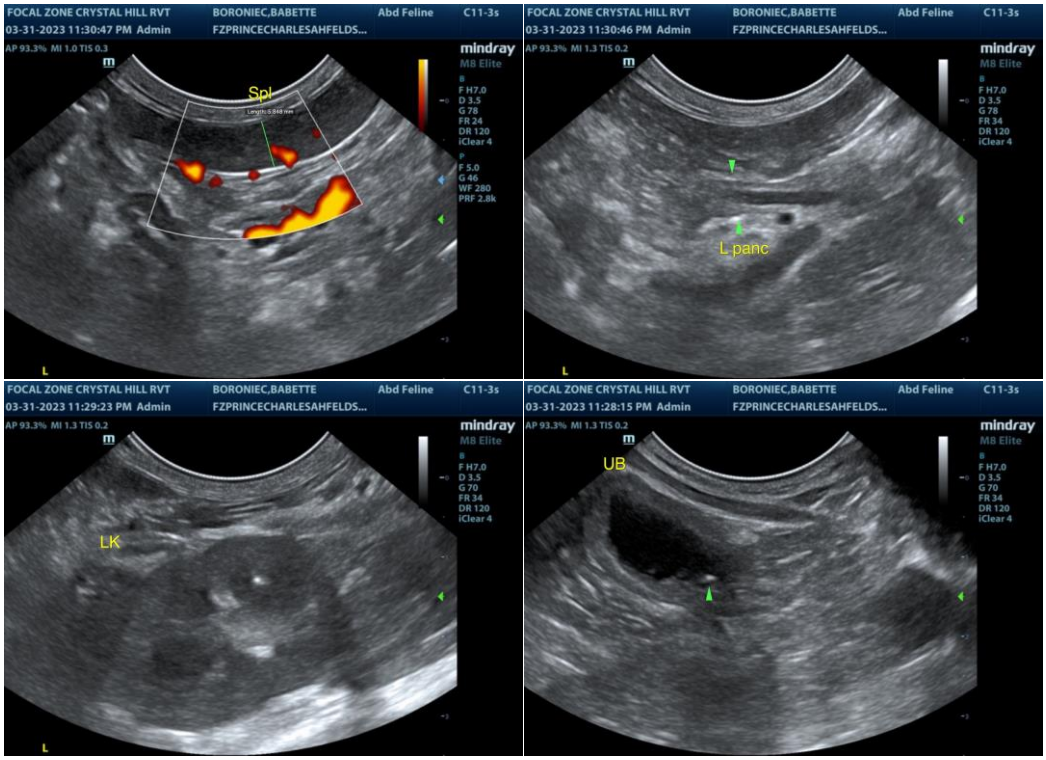

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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