



PATIENT

Scrum's Stair

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

8.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lamb's Gap Animal
Hospital

REFERRING VET

Dr. Kinney

INVOICE

13351ag

DATE

03/31/2023

PRESENTING CLINICAL SIGNS

Reason for AUS: weight loss not explained on bloodwork, please collect cysto if able-owner instructed to not allow in litter pan before coming Scrum's is a 7-year old male neutered DSH who presented 3-6-23 for weight loss, increased appetite and PUPD. His weight at this visit was 9.3#. His last recorded weight 14.2# on 8-30-21. Physical exam findings on 3-6-23: moderate dental calculus, some missing teeth, dander on hair coat, BCS 6/9. attempted to collect blood sample without success, sent home urine collection kit for owner, dispensed gabapentin for owner to bring bag to collect blood sample. 3-8-23 tech appt: weight 9.3#, Senior wellness package ordered: owner did not bring a urine sample, CBC showed moderate lymphocytosis (stress?), ALP 62, potassium 5.4, normal Spec fPL and T4 (1.1) fecal negative Scrum's re-checked on 3-22-23, weight was down to 8.4# , a grade II systolic murmur was auscultated asked owner to quantify food intake 3-24-23 Full thyroid panel sent out to Michigan State and results all normal When calling with normal thyroid results, owner reported Scrum's eats 2 cans of wet food and a packet of Sheba daily. AUS recommended and scheduled for 3-31-23

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 mild to moderate non-dependent particulate sediment. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 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 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 0.57 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.



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Gastrointestinal

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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 pylorus wall measures 0.31 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Possible minor duodenal ileus noted. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24 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 exhibited normal size and contour with isoechoic mildly heterogenous parenchyma compared to the adjacent omental fat. Potential pancreatic duct dilation was present.

Free Abdomen

AGE

7yr

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Sonographically unremarkable GI tract.
- Mild heterogenous pancreas with suspect potential pancreatic duct dilation.

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8.4lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs or weight loss, which may be the only presenting complaint in cats with underlying intestinal disease. The potential for possible chronic pancreatitis as a contributing factor cannot be excluded.

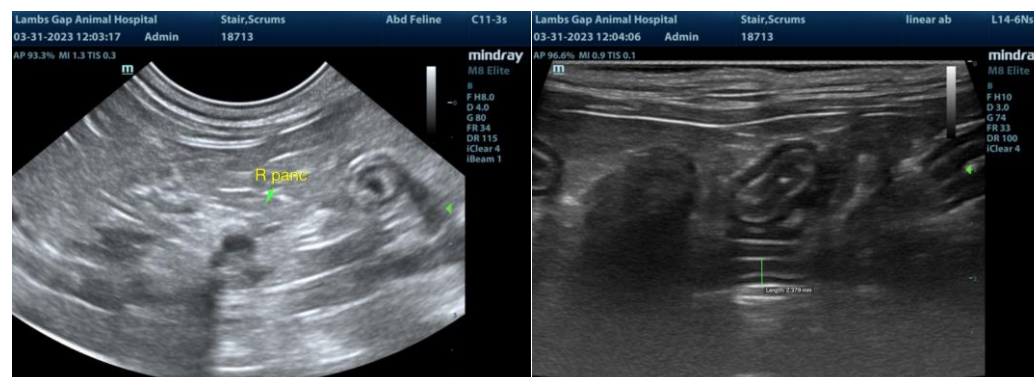
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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor. Assessment of caloric plane +/- competitive eating environment if clinically applicable may be considered. Flow cytometry for further clarification of lymphocytosis if persistent/progressive may be indicated.

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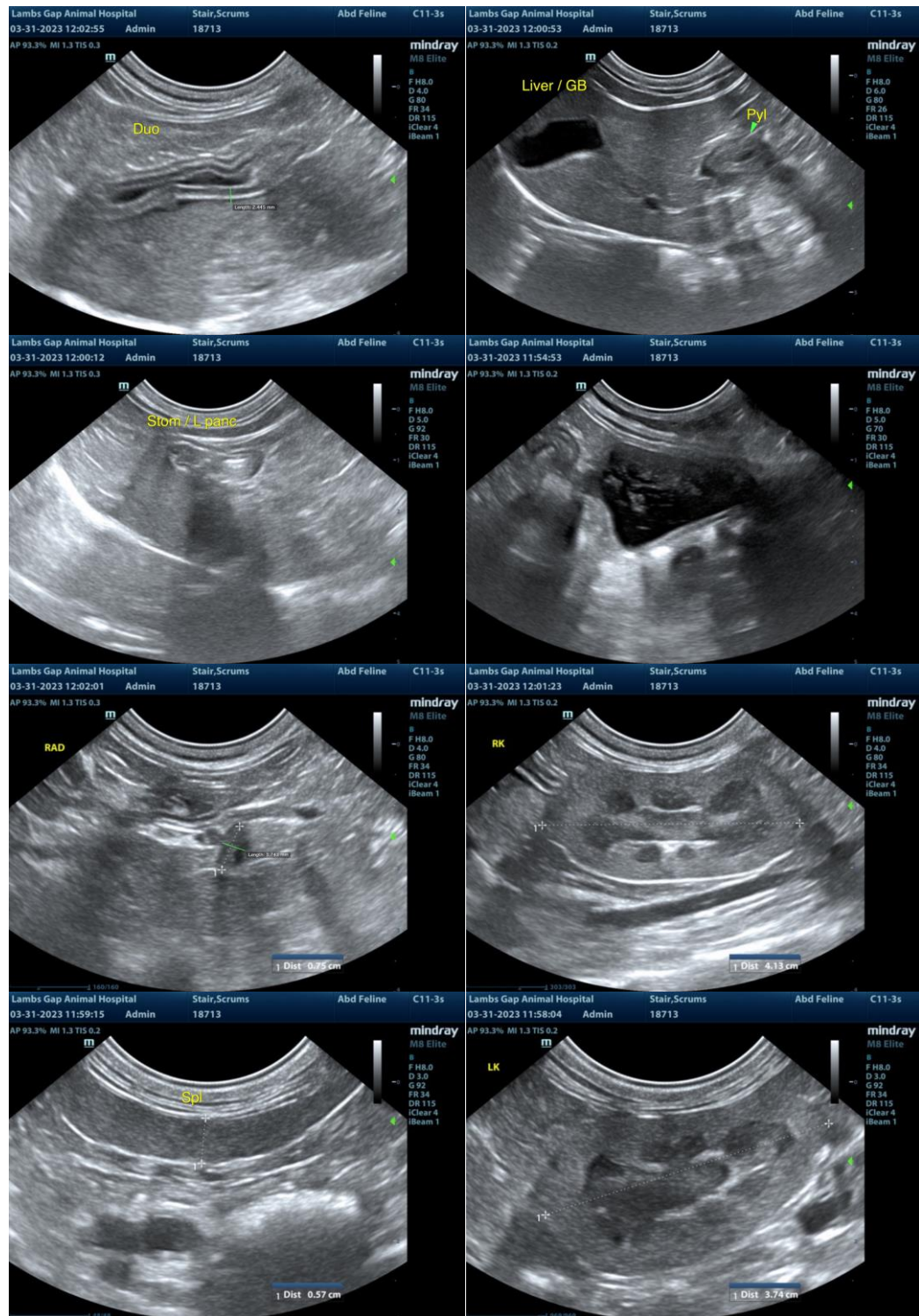
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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