



PATIENT PRESENTING CLINICAL SIGNS

Chase Cusciotta intermittent hematochezia, weight loss (fecal neg), grade 4/6 murmur (normal US in 2017), march 31-possible vascular event-sudden onset of vocalization/lethargy/head tilt and ataxia that self resolved

SPECIES Abnormal PE/Chem/CBC/UA Results: please see attached labs

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Ragdoll 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 non-dependent 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.

SEX MN 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 3.9 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT The area of the aortic trifurcation was free of pathology.

5.53kg *Adrenal Glands*

No overt pathology in the area of the left adrenal gland although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

Liver/Gallbladder

HOSPITAL NAME

East Credit VH

The liver presented mildly 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.

REFERRING VET

Webster

Gastrointestinal

INVOICE 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.

13432ag

DATE

04/10/2023



PATIENT

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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 duodenum wall measured 0.23 cm width. The jejunum wall measured 0.20 cm width.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed 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. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

Ragdoll

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Non-specific mild chronic renal changes.
- Structurally unremarkable GI tract/colon.
- Minor hepatic parenchyma remodeling.

AGE

13yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.53kg

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. A definitive cause of the patient's weight loss was not obvious. No evidence of intra-abdominal neoplastic criteria. Suspect intermittent episodes of colitis possible given the hematochezia.

INTERPRETED BY

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(Canine and Feline)

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.

IMAGING PERFORMED BY

Kelly Reschny

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

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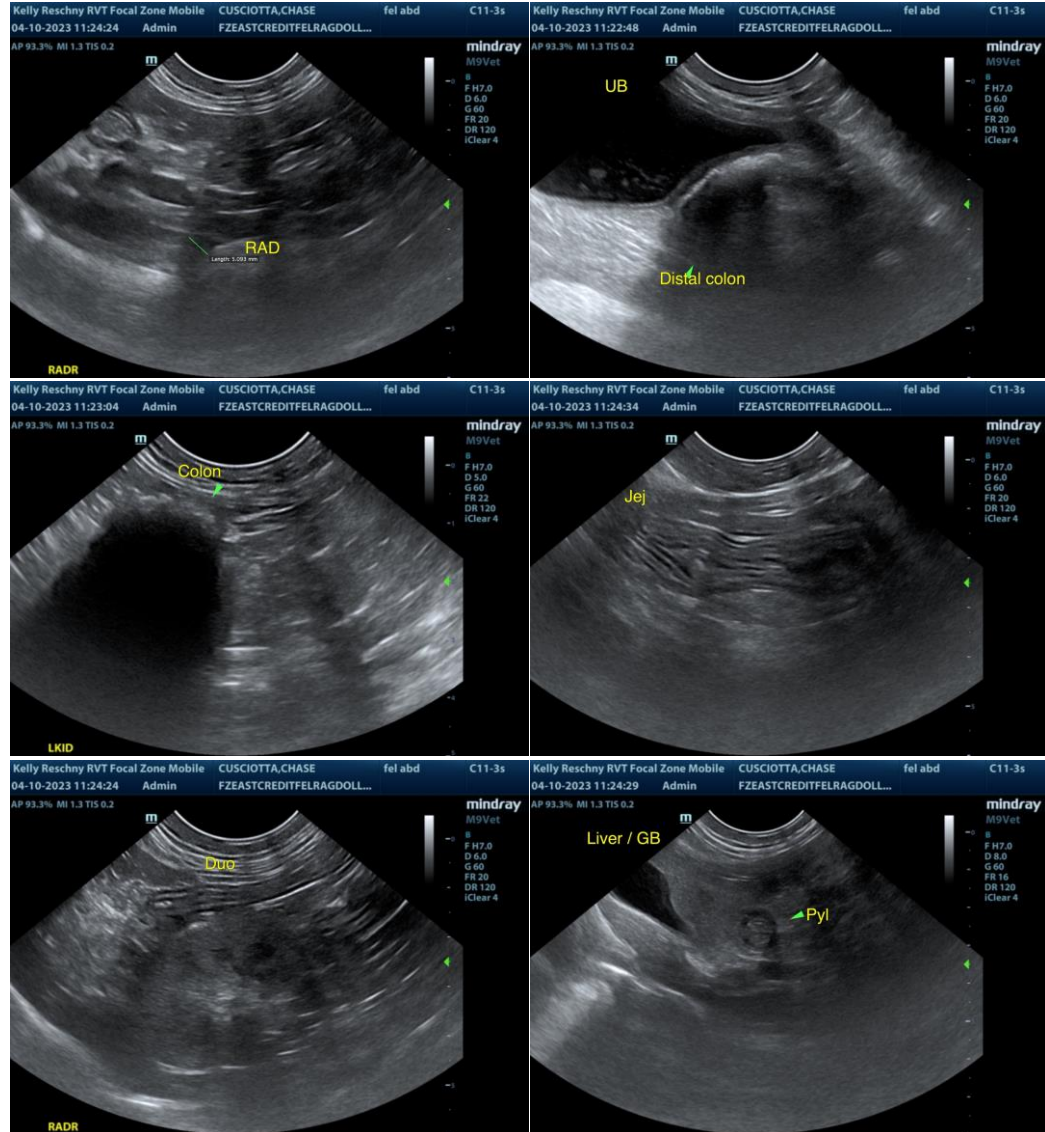
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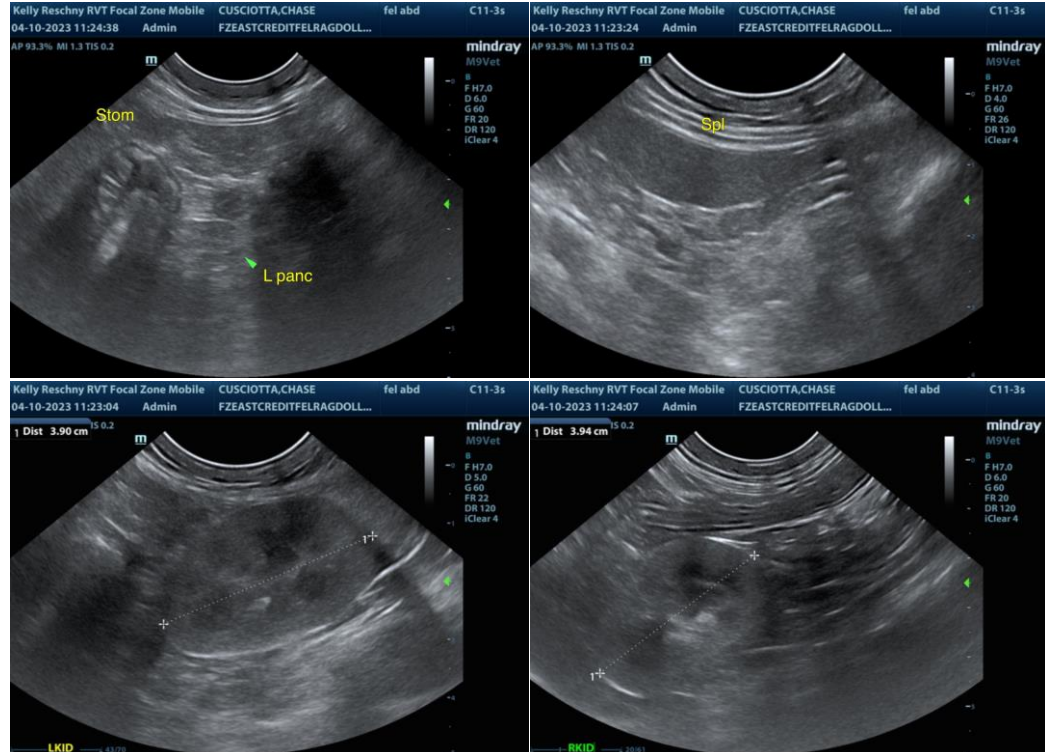
MN

AGE

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WEIGHT

5.53kg



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.

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