



**PATIENT**

Muimui Glickman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years 8 Months

**WEIGHT**

7.3 Pounds

**PRESENTING CLINICAL SIGNS**

PRESENTED FOR APPEARING TO HAVE LOST WEIGHT. O STATES PET DOES NOT LIKE TO EAT HER NORMAL CAT FOOD BUT WILL EAT TABLE FOOD . PET DOES VOMIT AT LEAST ONCE A WEEK. HAD DIARRHEA A FEW WEEKS AGO. INDOOR ONLY. C/S/V/D: NO C/S E/D/U/D: PICKY EATER Diet: RED SOMETHING DRY UNSURE OF NAME FAS Score: 0 Current Medications (dose and frequency): NONE Heartworm Prevention / Flea Prevention: NONE Known Allergies and Medical Conditions: NONE Microchip ID: / No microchip

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 7.3 LBS Temp: PASS HR: 160 RR: 56 MM/CRT: Pale/icteric/unable to evaluate CRT Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. Oral cavity: Moderate dental tartar. Icteric MM Musculoskeletal: BCS = 4/9. Ambulatory x 4. Mild to moderate generalized muscle wasting Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Severe jaundice. Good hair coat. No ectoparasites seen Mentation: QAR Hydration: ~5% dehydration Fecal: Diagnostic Testing Needed: Feline complete wellness, fPL, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: 2) CHEM: 3) UA: 4) TT4: 5) FeLV/FIV/HW snap test: 6) fPL: 7) AUS: Assessment: Jaundice: r/o hemolytic anemia vs. liver disease (primary vs. post-hepatic disease) Weight loss Vomiting Hx of diarrhea Treatment Plan: Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: Recheck Needed: Follow-up Care: Additional Comments

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**IMAGING PERFORMED BY**

Dr. Rivera

The area of the aortic trifurcation was free of pathology.

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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 4.2 cm. The right kidney measured 4.6 cm.

**REFERRING VET**

Dr. Rivera

**Adrenal Glands**

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized, overtly normal in size, position, and shape, measuring 0.31 cm diameter.

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**Spleen**

**DATE**

4/10/23

The spleen was mildly enlarged with subtle heterogeneous to discretely micronodular splenic parenchyma. The spleen measured 1.1 cm in width. No splenic masses.

**Liver**

The liver presented moderate to possible significant enlargement with areas of minor capsule asymmetry. Generalized hypoechoic hepatic parenchyma noted, exhibiting moderate coarse echotexture. Normal vascular volume. The gallbladder was non-distended with mildly prominent to echogenic gallbladder walls. Anechoic content primarily with mild non-organized echogenic gallbladder debris. The visualized



<b>PATIENT</b>	proximal to mid common bile duct exhibited mild to moderate dilation containing anechoic content. Subjective mildly thickened to potentially edematous common bile duct walls. Common bile duct measured 0.33 cm in diameter. No obvious evidence of ductal mineral or overt mucus.
Muimui Glickman	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting subtle progressive distal acoustic shadowing. No obvious evidence of mechanical pyloric outflow obstruction.
<b>BREED</b>	
DSH	The small intestine presented generalized intact wall layering with propensity for subtly prominent muscularis layer yet without evidence of intestinal mural hypertrophy, visualized loss of intestinal wall layering, or intestinal masses. Mild segmental non-shadowing intestinal ingesta/chyme present. No evidence of obstructive pattern.
<b>SEX</b>	
Spayed Female	Normal visible colon wall layers were present with subjectively formed feces in lumen.
<b>AGE</b>	<b><i>Pancreas</i></b>
8 Years 8 Months	The pancreas exhibited generalized mildly prominent size with minor capsule asymmetry and mild pancreatic duct dilation. Isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	
7.3 Pounds	
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Enlarged, hypoechoic mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.  Mild volume peritoneal free fluid noted, primarily around the spleen and liver.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Rivera	<ul style="list-style-type: none"> <li>• Enlarged, hypoechoic liver</li> <li>• Non-distended gallbladder containing mild luminal debris, proximal to mid mild to moderate common bile duct dilation.</li> </ul>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Mild splenomegaly exhibiting non-homogeneous discreet micronodular parenchyma</li> <li>• Chronic enteropathy/chronic pancreatitis pattern with gastrointestinal ingesta</li> <li>• Mild mid abdominal mesenteric lymphadenopathy and mild volume peritoneal free fluid</li> </ul>
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<b>INVOICE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
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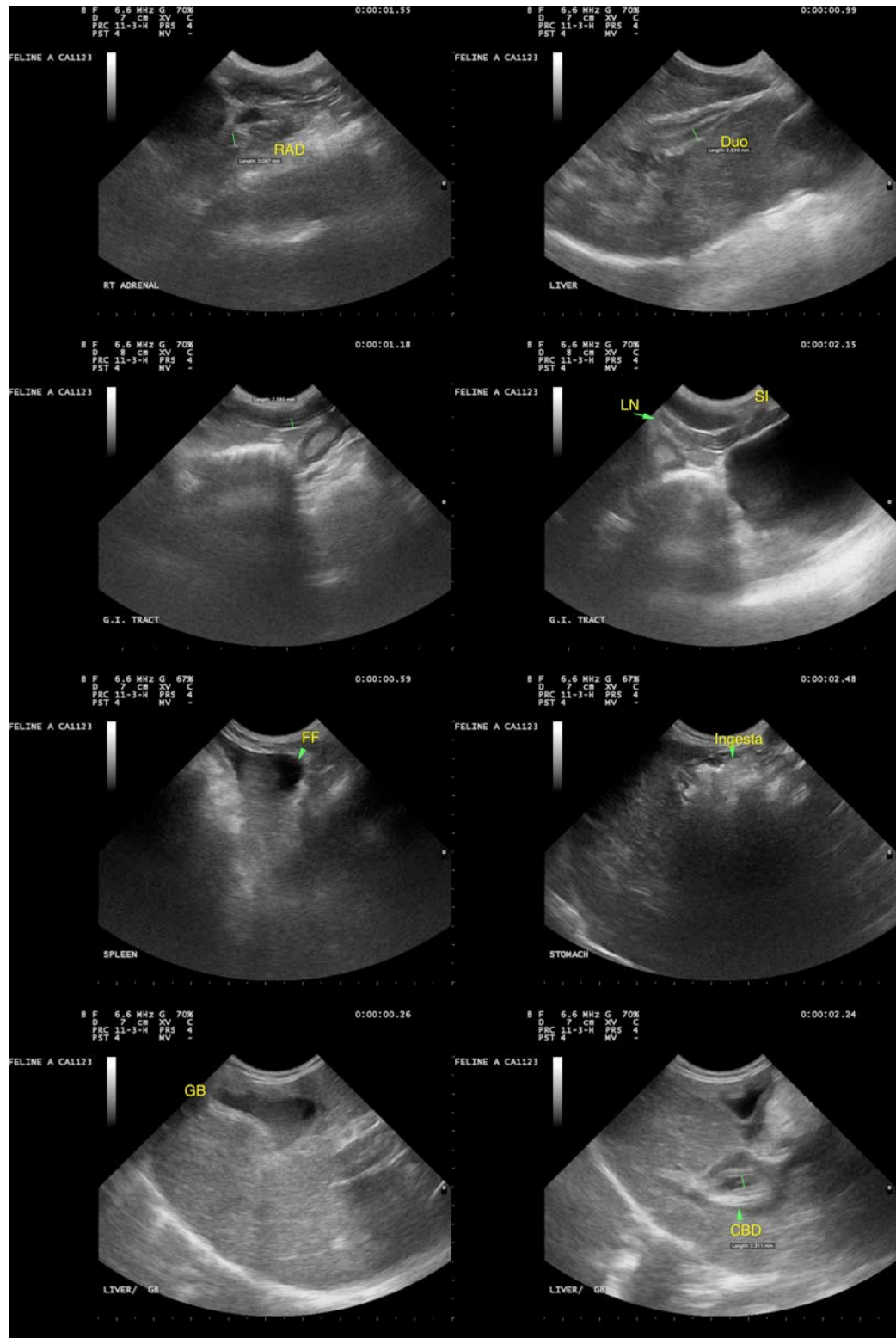
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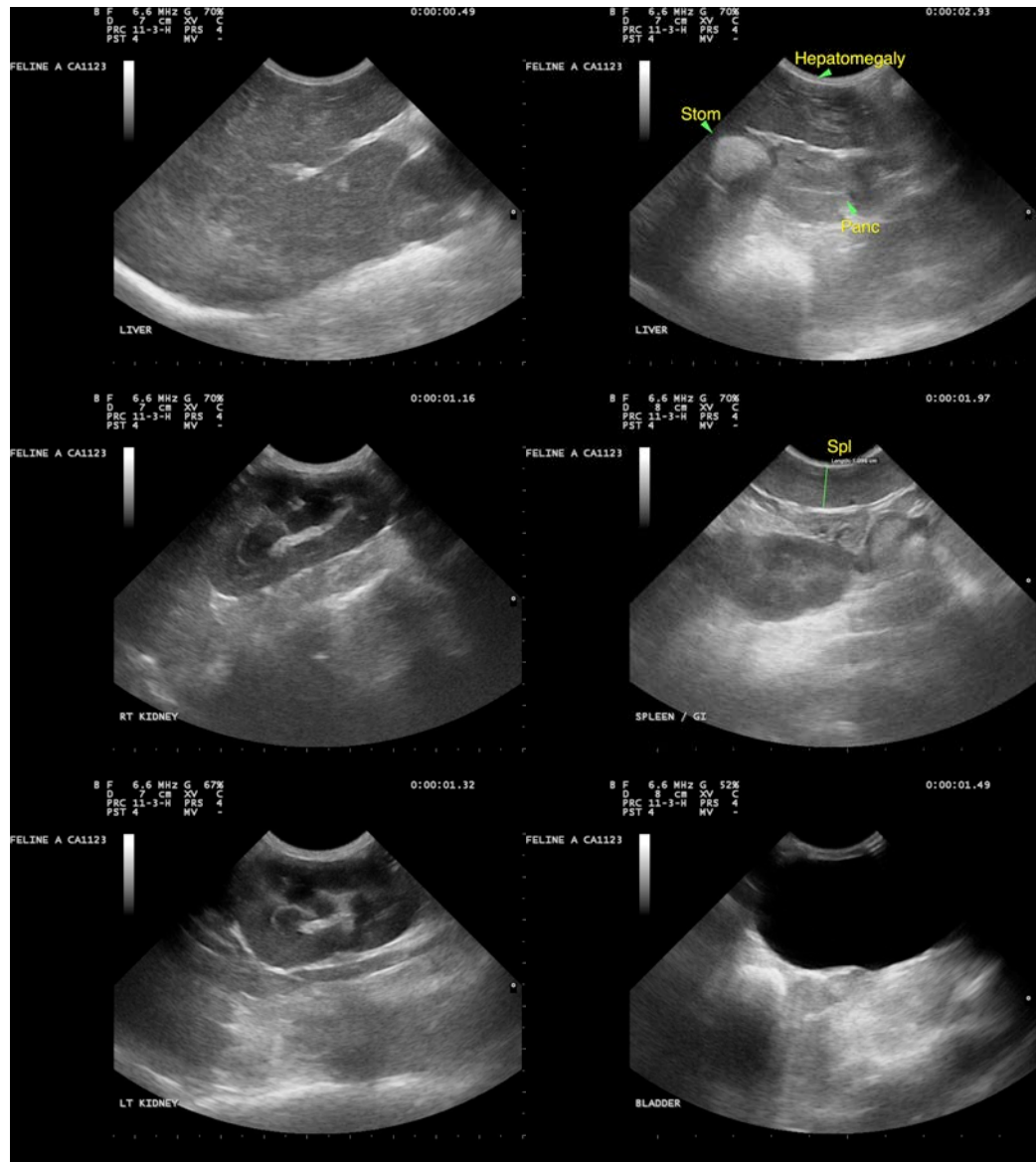
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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