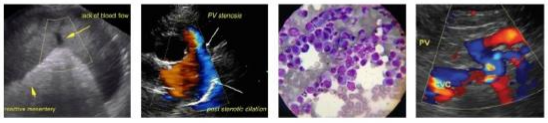


PATIENT

Tiggy Roach

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

4.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

21958

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: Patient has become disinterested in food lately. Owner needs to keep switching up diet to get him to consume enough calories. Outdoor cat that owner has noticed in the last 48 hours eat grass and vomit it up with bile on two different occasions. Patient has a history of one year length of mild tremors. This did worsen when zorbium was used but now is back to his normal mild tremors. Suspect small focal seizures. Working diagnosis Anorexia, rule out chronic pancreatitis, IBD, other MEDS One injection of cerenia and vit B12 on 3/28/23

Abnormal PE/Chem/CBC/UA Results: Amyl 2148, UA- USG 1.058 pH 6.5, pro 2+, occult bl 3+, RBC 11-20, normal thyroid.

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. Primarily anechoic urine was present in the lumen. Moderate particulate to hyperechoic nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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. Concurrent mild increased medullary echogenicity was noted with discrete hyperechoic medullary nonspecific striations. 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. No evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

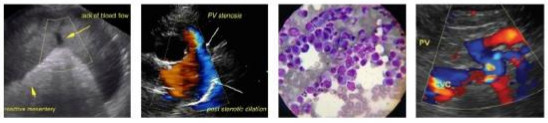
The right adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.50 width.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm.

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 0.93 cm in width at the level of the hilus.

Liver



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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. Mild nonshadowing primarily pyloric ingesta/chyme was present with no evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.24 cm.

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 ileocolic wall measured 0.37 cm. The jejunum wall measured 0.24 cm.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous, mild uniform to hypoechoic pancreas with evidence of minor pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment
- Nonspecific chronic renal changes
- Pinpoint right adrenal dystrophic mineralization- normal age-related finding in a cat, incidental
- Structurally normal gastrointestinal tract with mild pyloric ingesta/chyme
- Chronic pancreatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

These are largely mild geriatric abdominal changes without evidence of significant visceral pathology. No evidence of intraabdominal neoplastic criteria. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Potential mild metabolic/functional gastric hypomotility could be present if documented NPO. Likewise, although evidence chronic pancreatitis may be a contributing factor in this patient, the possibility of structurally insignificant inflammatory gastroenteropathy is possible.

As needed gastrointestinal support, which may include gastroprotectants, prokinetic agents (if clinically indicated), and empirical therapy for chronic pancreatitis would be reasonable. Three view chest radiographs, as well as thorough neurological examination is suggested to assess for concurrent or occult disease as a contributing factor.

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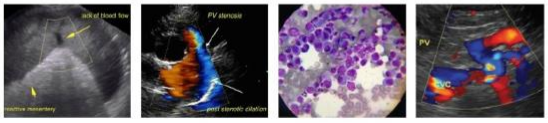

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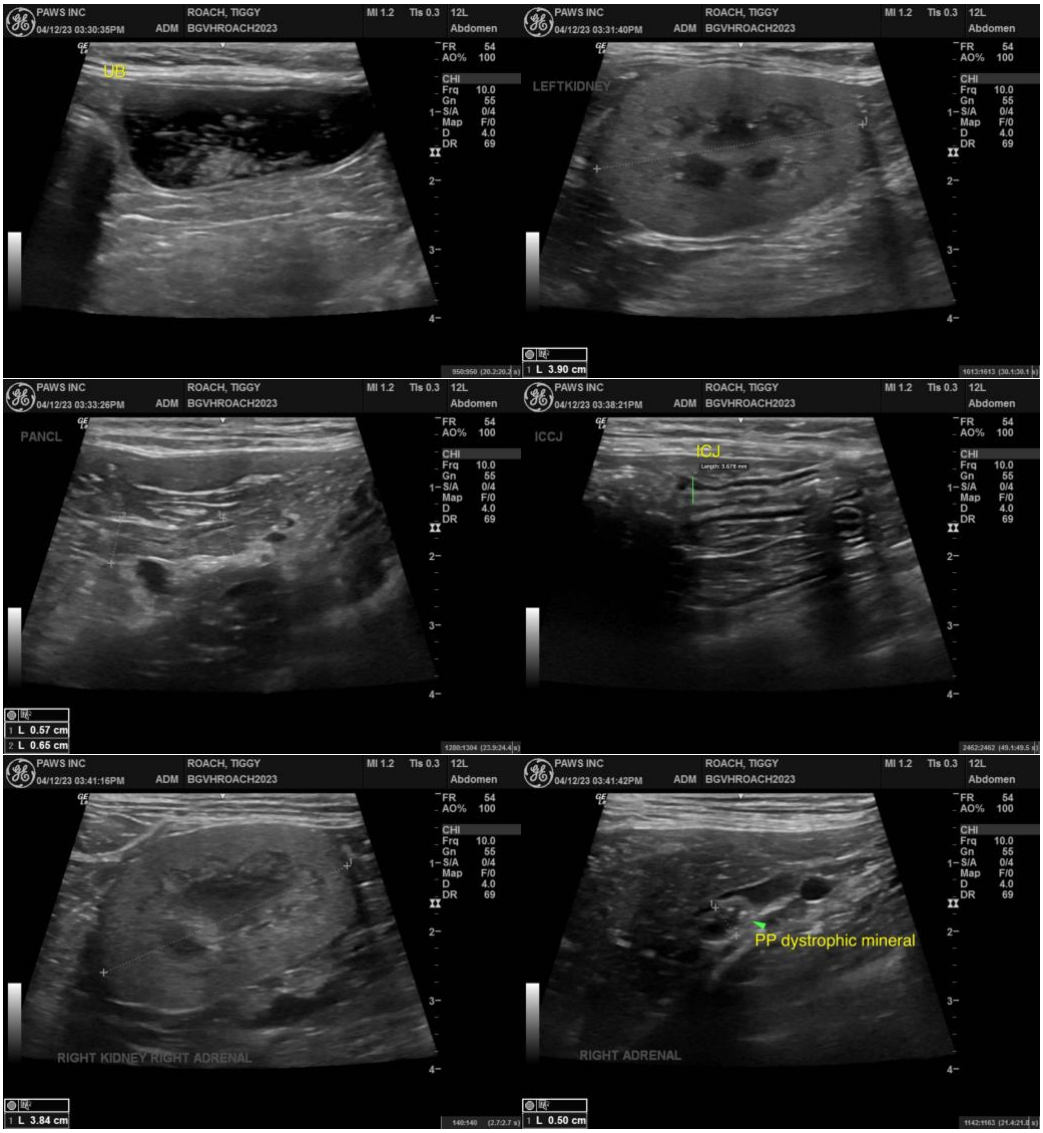

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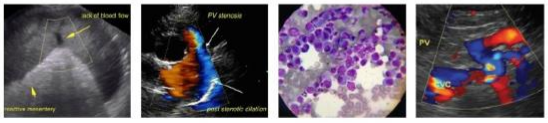

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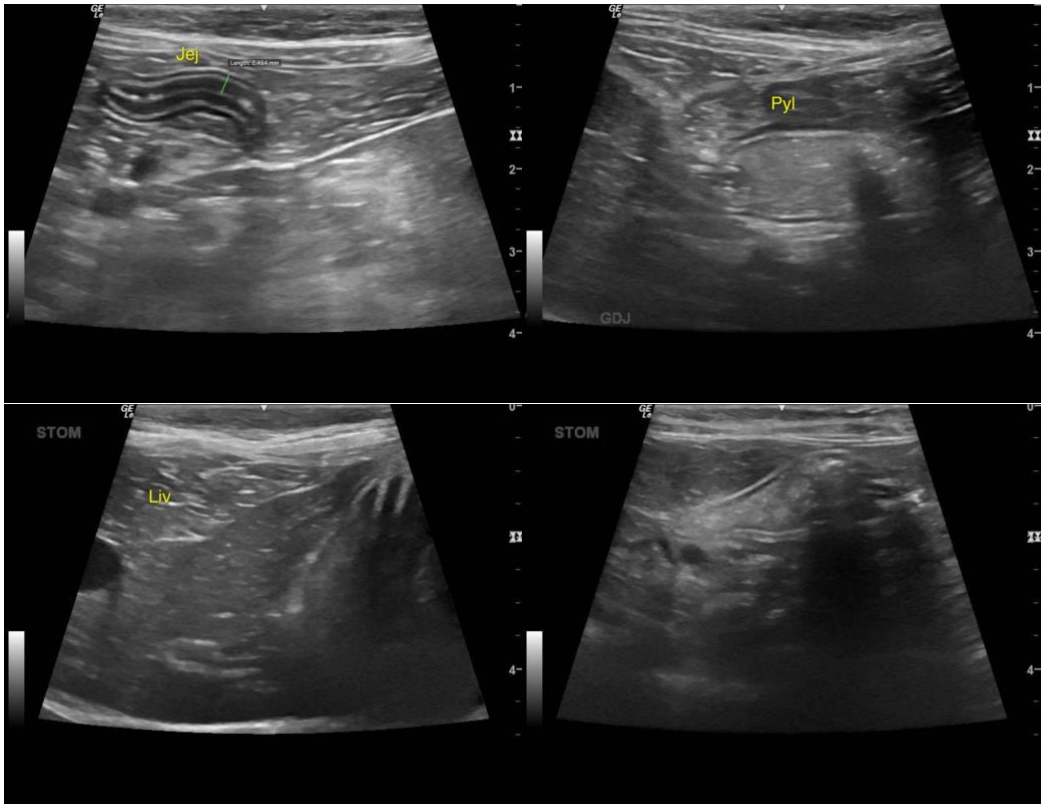

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com