



PATIENT

Cathleen Jurosko

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

11yr

WEIGHT

9.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amber Goldman RVT

HOSPITAL NAME

Appalachian
Veterinary US

REFERRING VET

Dr. Schilkowsky

INVOICE

13463ag

DATE

04/14/2023

PRESENTING CLINICAL SIGNS

Cathleen has been steadily losing weight over the past several months. She was 12.6 lbs in September of 2022, was 9.6 at her last exam in March. Overall PE was normal but her blood work showed a very high amylase, 3 times normal

Abnormal PE/Chem/CBC/UA Results: Chemistries on 12/6/22 all normal EXCEPT Amylase 3178 (1200-8000) triglycerides. slight inc 192 CBC mostly normal except lymphopenia. 871 (1200-8000) . T4 normal 1.9 FeLV/FIV/HW ab negative. URINE: specific gravity 1.065 protein 2+ blood 3+ 11-20 rbc/hpf (cystocentesis)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. 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 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 3.2 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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.

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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.



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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 0.22 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.31 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 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.

Free Abdomen

SEX

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

ULTRASONOGRAPHIC FINDINGS

AGE

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- Minor urinary bladder sediment.
- Mild chronic renal changes.
- Sonographically unremarkable GI tract/pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9.6lb

Overall, there is no overt evidence of significant abdominal visceral specifically IG/pancreatic pathology as a definitive cause of the patient's weight loss. The potential for low grade/chronic pancreatitis which may present sonographically normal may be possible if clinical signs consistent with chronic pancreatitis have been noted. 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.

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Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.

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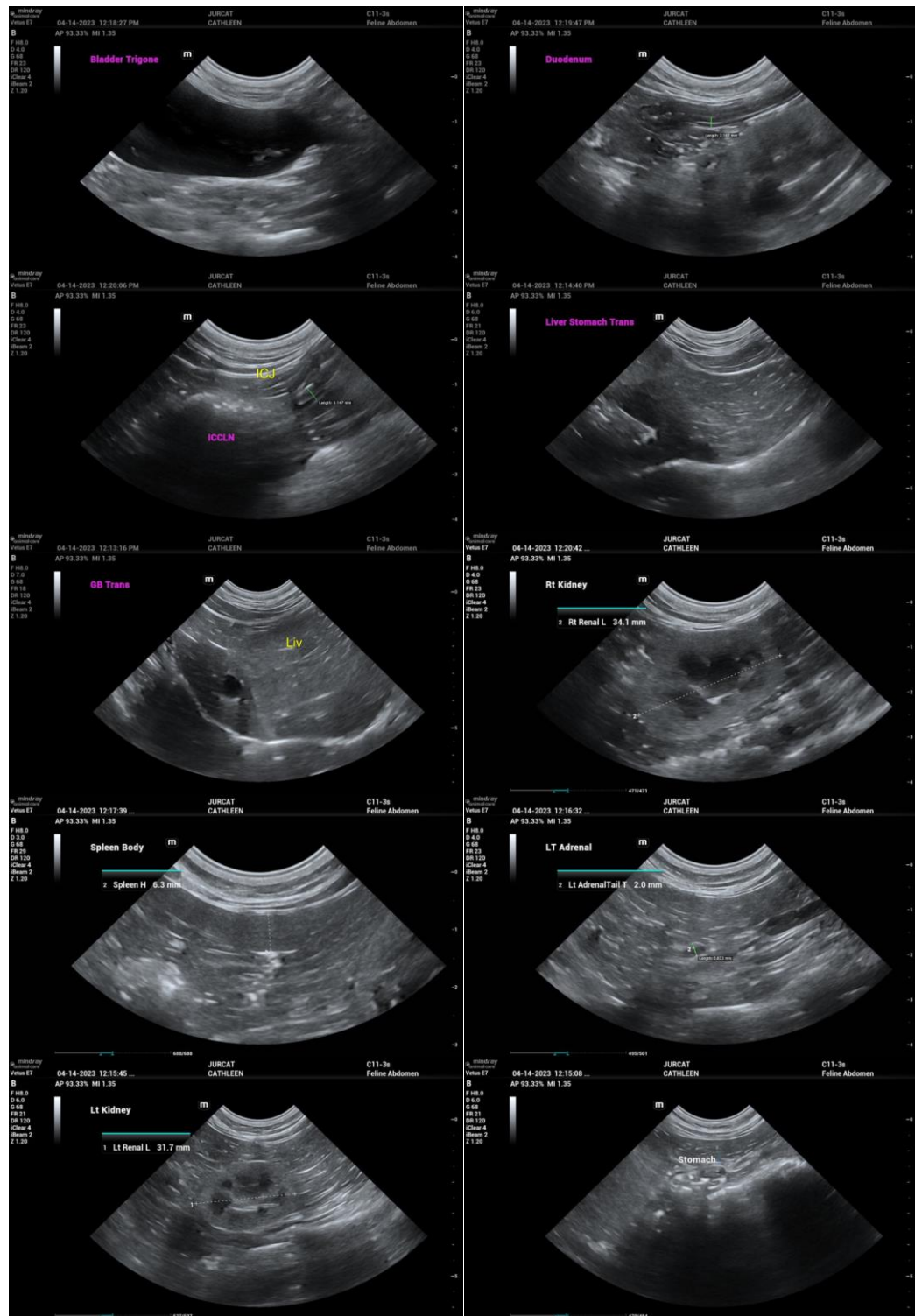
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com

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