



PATIENT

Smudge Mazzola

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

10 lbs., 6 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Our House Call Vet

REFERRING VET

Dr. Cynthia Mazzola

INVOICE

16624

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Hyporexia 1-2 times/week, persists since November when 1st ultrasound was done. Severe lipemia in November; has been mild on repeat samples. Current meds: mirtazapine 1-2 mgs TD PRN 1 - 2 times/week. Cerenia 0.45 cc SQ PRN 1 - 2 times/week. She has had it daily at times to see if it would prevent hyporexia, but there is no difference. No change on steroid trial. On low fat diet. Fussy Cat Chicken & Tuna; and canned tuna. She had a more severe bout about April 2, 2023, where she needed fluids for a couple of days, daily Cerenia and a couple injections of buprenex.

Abnormal PE/Chem/CBC/UA Results: Blood was mildly lipemic. April 2, 2023: BUN 37, creat. 2.2, eos 1067., TLI (normal), normal cobalamin > 1000, folate (normal).

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 minor congealed particulate to mildly hyperechoic urinary bladder sediment in the dependent lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 4.9 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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.



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Gastrointestinal

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The stomach presented sonographically normal visualized gastric walls with no evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. The pylorus wall width measured 0.22 cm.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental, nonshadowing intestinal ingesta / chyme. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.22 cm width.

SEX

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

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Pancreas

AGE

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The pancreas exhibited subjective normal size with mild asymmetrical capsule contour and nonhomogeneous subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta
- Suspect persistent mild chronic to chronic active pancreatitis
- Mild chronic renal changes
- Minor urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the pancreas suggests mild improved sonographic presentation compared to the previous study, yet suggestive of persistent low-grade inflammatory criteria.

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The presence of gastrointestinal ingesta may indicate post-prandial presentation. However, if documented NPO and in light of the patient's clinical signs, some degree of metabolic / functional gastric or gastrointestinal hypomotility could be possible. Correlation with most recent meal ingestion is suggested.

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Dietary intolerance / food hypersensitivity, structurally insignificant inflammatory gastroenteropathy, and occult parasitism if clinically applicable are all potential contributing factors. A lower fat, canned hydrolyzed diet trial if available, gastroprotectants such as Omeprazole 1.0 mg/kg PO SID, +/- empirical deworming and/or prokinetic medication trial may prove beneficial. Recheck three-view chest radiographs is suggested if not recently done to rule out occult thoracic or esophageal pathology as a contributing factor. Upper gastrointestinal endoscopy may be considered / indicated if persistent clinical signs despite supportive care.

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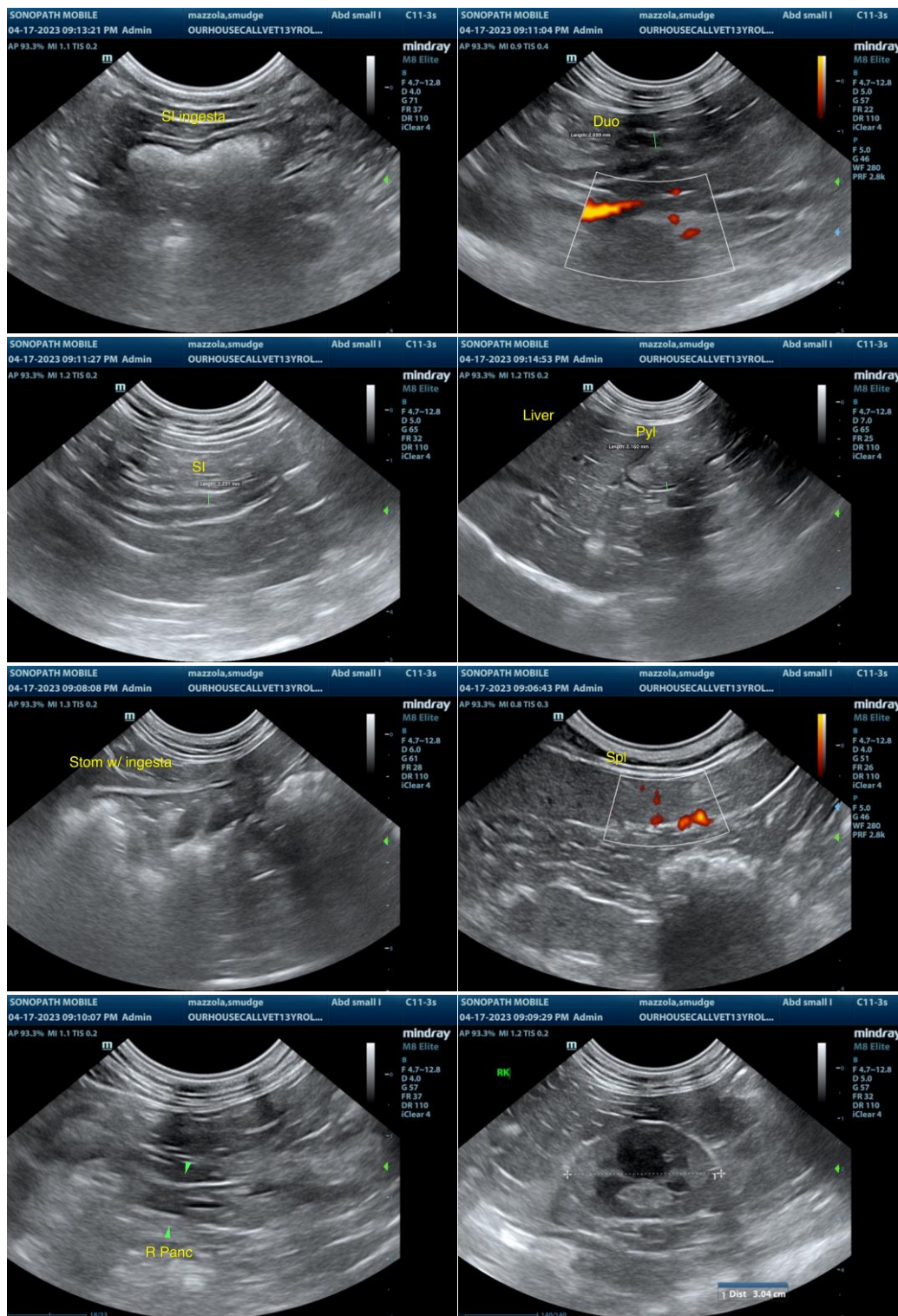
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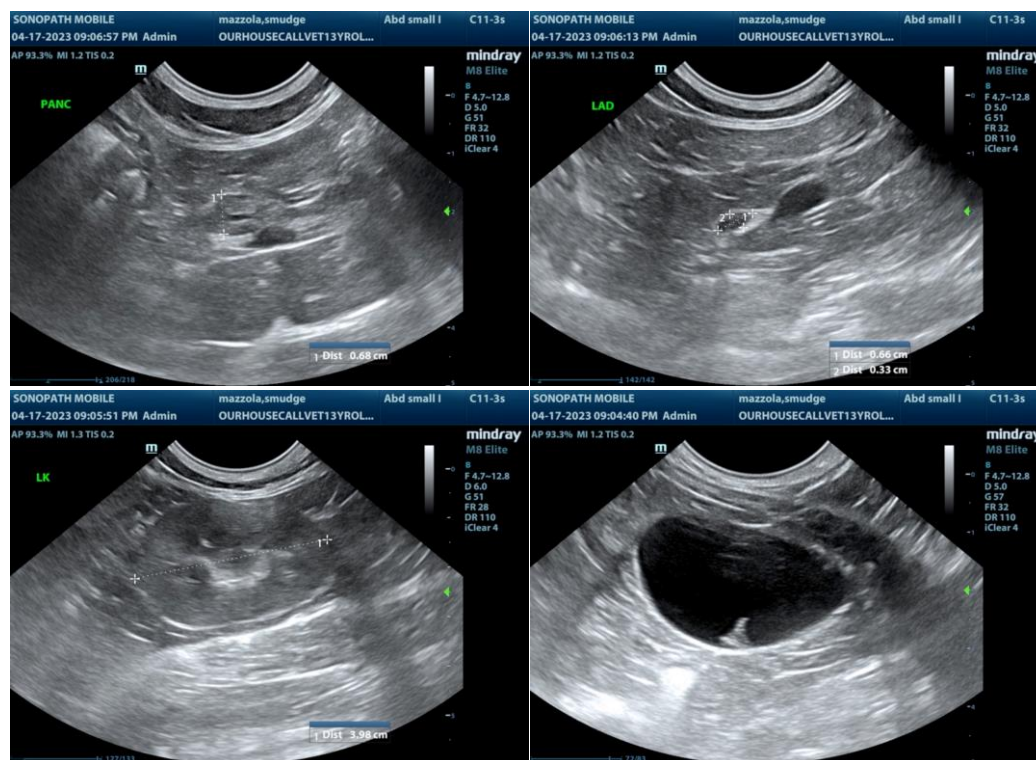
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com