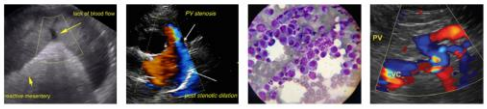
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Paddington Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

LIttleton AH

REFERRING VET

Dawn Brooks, DVM

INVOICE

13708

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Since November, 2020, 4 pound weight loss (no change in diet or feeding plan). Recent onset PU/PD. SDMA 16

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 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 border demarcation expected for the age of the patient. Scant pyelectasia was noted in the right kidney. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

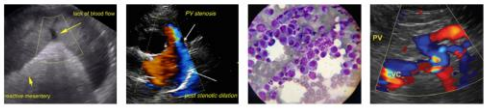
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.85 cm width at the level of the hilus.

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 containing primarily anechoic content with minor, particulate sludge. The sludge is likely incidental owing to fasting or potential nonclinical cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

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 width measured 0.24 cm.



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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 width measured 0.24 cm. The jejunum wall width measured 0.21 cm. The ileocolic wall width measured 0.37 cm.

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

Pancreas

The pancreas exhibited subtle prominent size with areas of mild capsule asymmetry and nonhomogeneous to subtly nodular parenchyma. The subtle pancreatic nodule is primarily hypoechoic.

Free Abdomen

A solitary, mildly prominent colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The colic lymph node measured 0.26 cm in diameter. No other evidence of intra-abdominal lymphadenopathy was noted. The omentum was of uniform echogenicity. No peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Heterogeneous to subtly nodular pancreas - potential for chronic to focal chronic active pancreatitis and potential subtle areas of nodular hyperplasia, no overt neoplastic criteria which is thought less likely
- Overtly normal gastrointestinal tract
- Focal minor benign / reactive colic lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the heterogeneous to subtly nodular pancreas, a largely geriatric abdomen without evidence of significant visceral pathology was noted.

Further assessment of the pancreas may include a Spec fPL or ideally, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out potential structurally insignificant gastrointestinal disease. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a potential contributing factor to the patient's weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of caloric plane or possible competitive eating environment may be considered.

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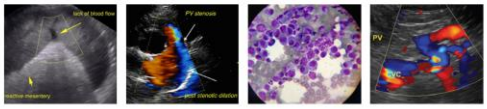

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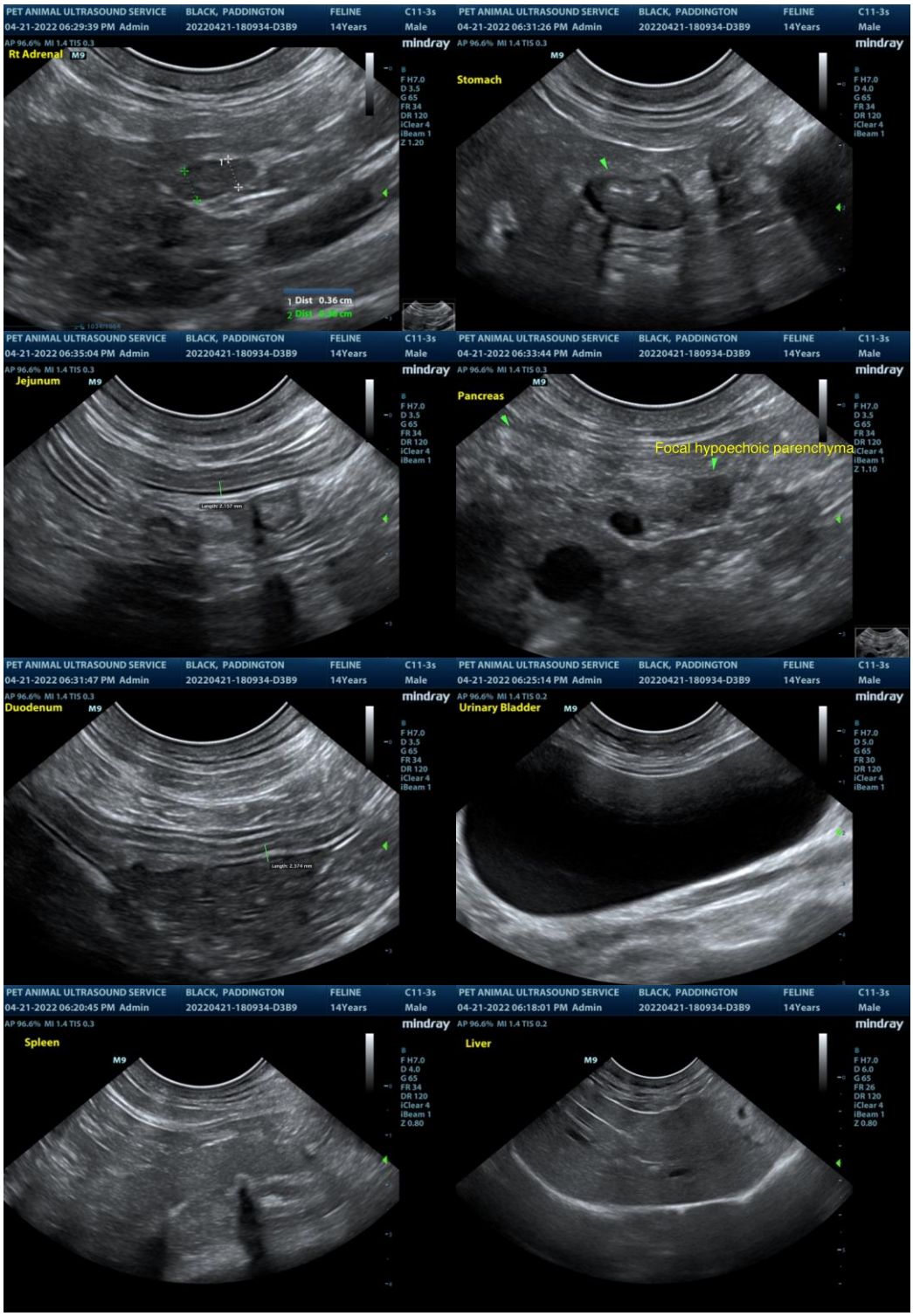

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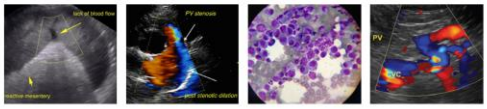

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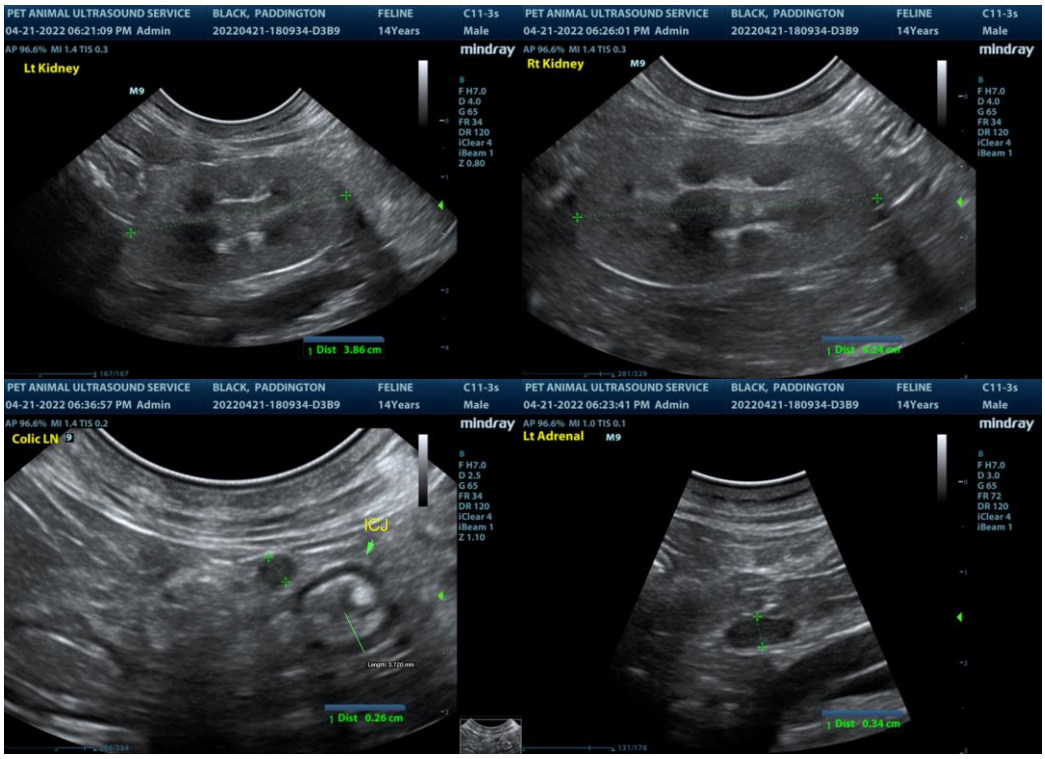

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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