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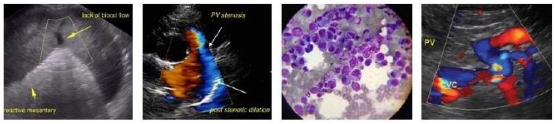

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Portia McCullough

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17yr

WEIGHT

4.94kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak Animal Hospital

REFERRING VET

Dr. Kohlmaier

INVOICE

13536ag

DATE

04/21/2023

PRESENTING CLINICAL SIGNS

not eating well, diabetic meds: caninsulin 1 IU 2x daily, methimazole, solensia

Abnormal PE/Chem/CBC/UA Results: elevated kidney values, Chol, amyl, precision PSL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor discrete medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

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 in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.8 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 contained variably hyperechoic ingesta with no signs of ileus, obstruction or foreign material.

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.

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

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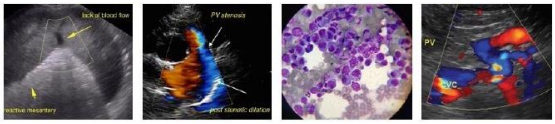

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Pancreas

The left pancreatic limb was normal in size with minor asymmetrical contour and isoechoic heterogenous parenchyma compared to the adjacent omental fat. Minor pancreatic duct dilation was present.

Free Abdomen

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

Suspect probable area of caudal abdominal steatitis exhibited by focal mild non-uniform hyperechoic caudal abdominal omentum.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment.
- Moderate chronic renal changes with discrete medullary mineral.
- Chronic pancreatitis.
- Hepatic parenchyma remodeling.
- Overtly normal GI tract with mild gastric ingesta.
- Suspect focal non-specific yet subjective benign caudal abdominal steatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells or glucosuria is recommended.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic pancreatitis is recommended. No overt evidence of intra-abdominal neoplastic criteria.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. No significant gastric distention or GI mural pathology.

As needed GI support and therapy for chronic pancreatitis would be reasonable. An internal medicine consult could be considered if unregulated diabetes.

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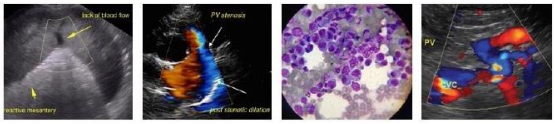

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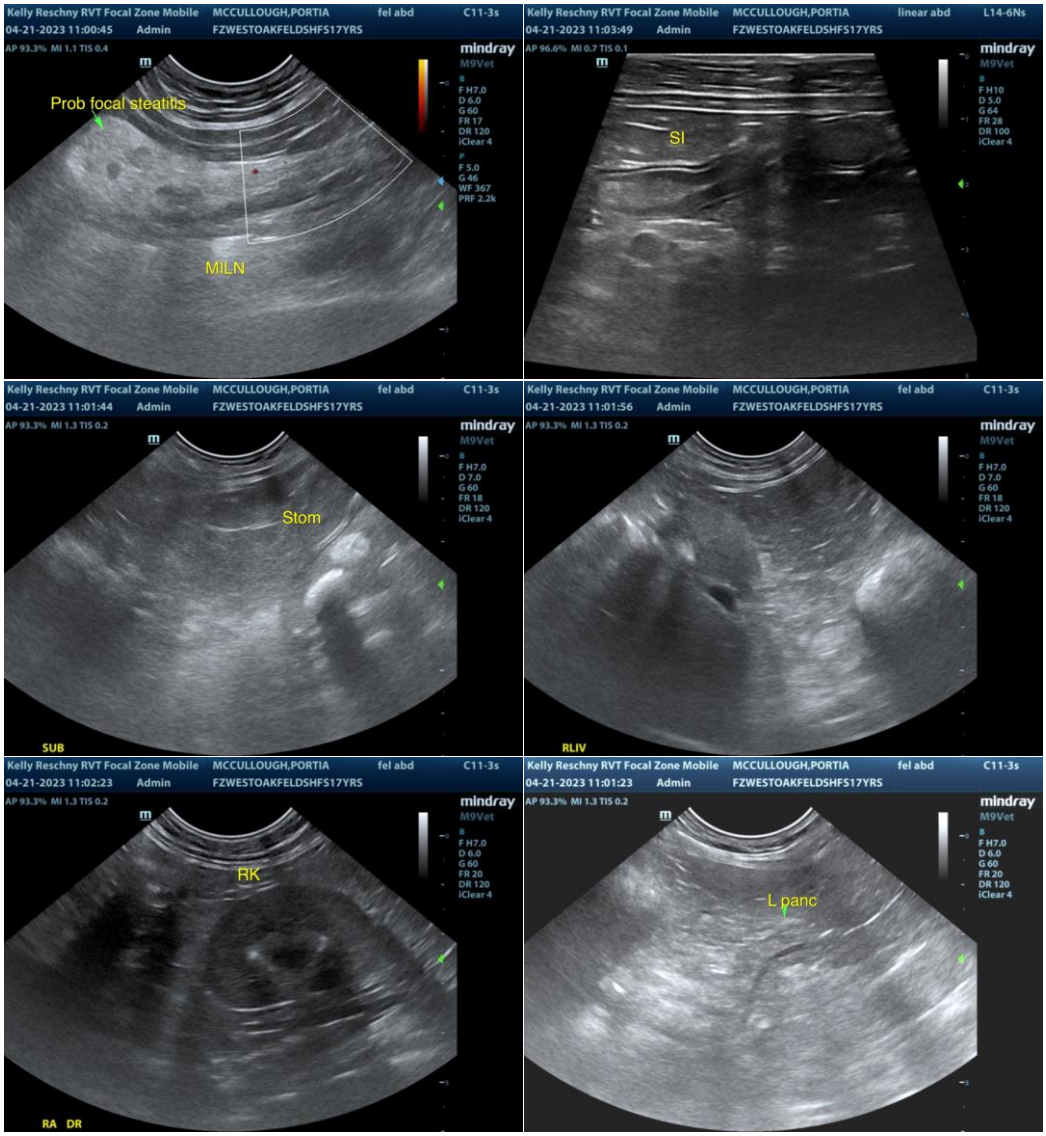

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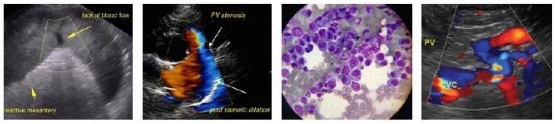

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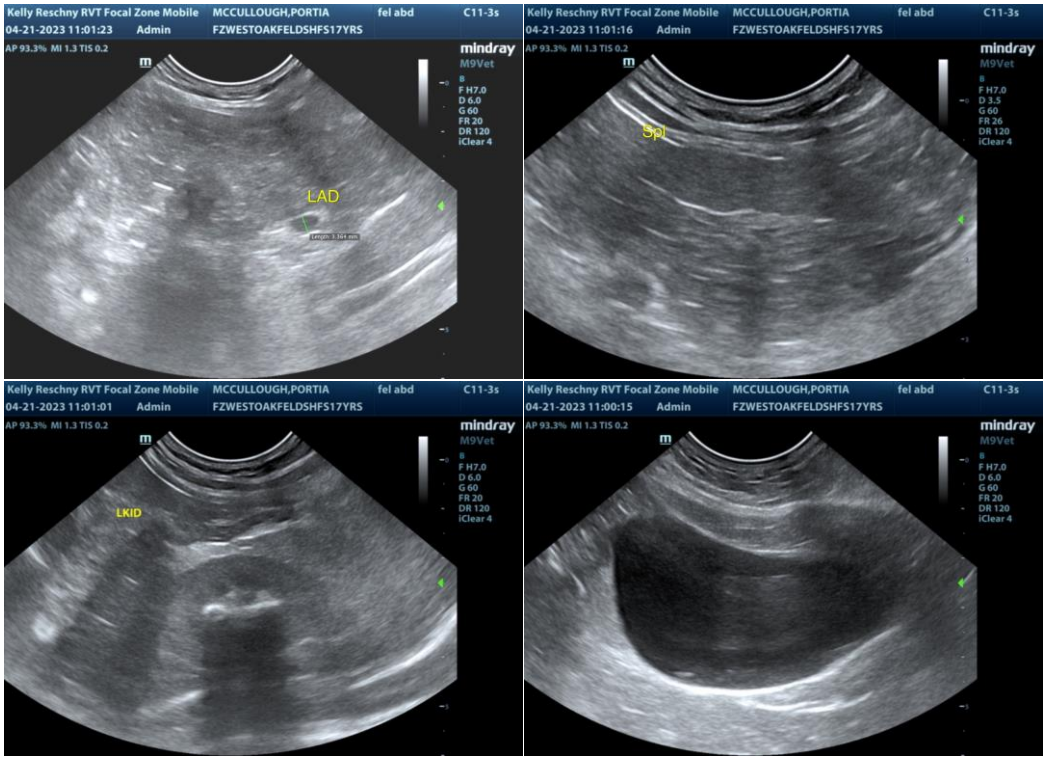

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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