



PATIENT

Texas Schulz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Falmouth AH

REFERRING VET

Jennifer Switzer, DVM

INVOICE

14891

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: History of RH being amputated due to sarcoma. Recent history chronic, occasional, vomiting (usually food, sometimes bile). Mild renal disease controlled on K/D diet. Has lost 1 lb in 6 months. Recent CBC/Chem/T4 WNL; recent 3dx negative *Sedated with torb/alfaxan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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 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 corticomodullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 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 0.32 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.94 cm in width at the level of the hilus.

Liver

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 content with mild luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. The pylorus wall measured 0.32 cm. The gastric body wall measured 0.25 cm.

The small intestine exhibited intact wall layering with segmental propensity for mildly prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.25 cm.



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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

Domestic Shorthair

- Mild urinary bladder sediment
- Minor chronic renal changes with mild pyelectasia
- Mild retained pyloric fluid- nonspecific. Potential for mild gastric hypomotility
- Suspect mild inflammatory enteropathy/IBD

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The small intestine exhibited segmental subtle mural changes, which although nonspecific, may suggest mild segmental inflammatory mural changes given the patients recent history of chronic occasional vomiting and minor weight loss, however, this intestinal presentation may be a normal patient variant given lack of reported additional gastrointestinal signs, such as diarrhea. Low-grade pancreatitis, which may present as sonographically normal, could also be present. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. No overt evidence of intraabdominal metastatic disease due to previous sarcoma. Novel protein or hydrolyzed diet trial with as needed gastroprotectants +/- cobalamin supplementation and/or prednisolone trial at lowest effective dose to control clinical signs may be considered pending GI panel or if GI panel is not elected.

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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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If not recently done, three-view chest radiographs suggested to rule out occult pathology as a contributing factor to the patients clinical signs and mild weight loss.

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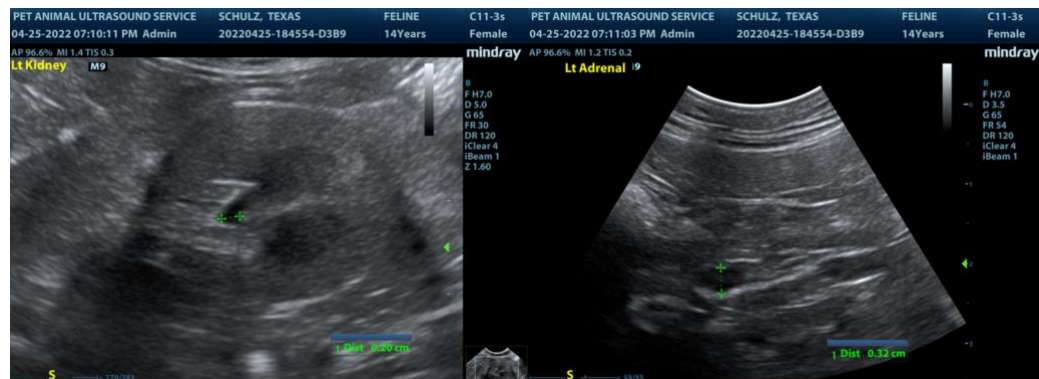
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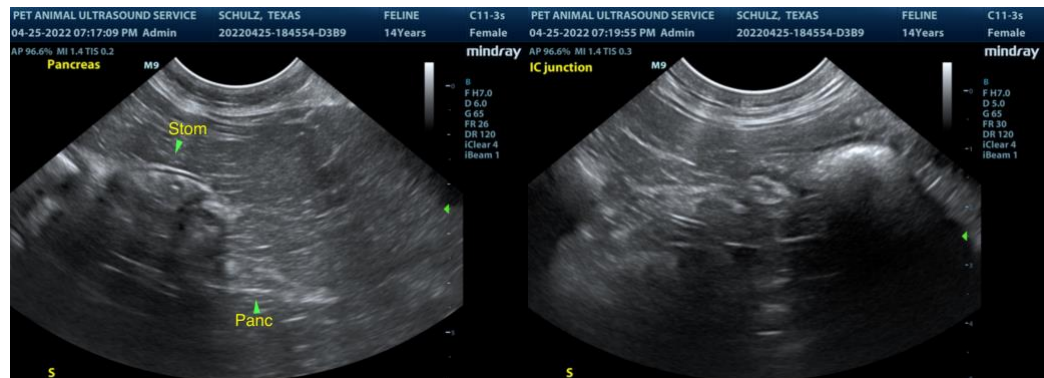
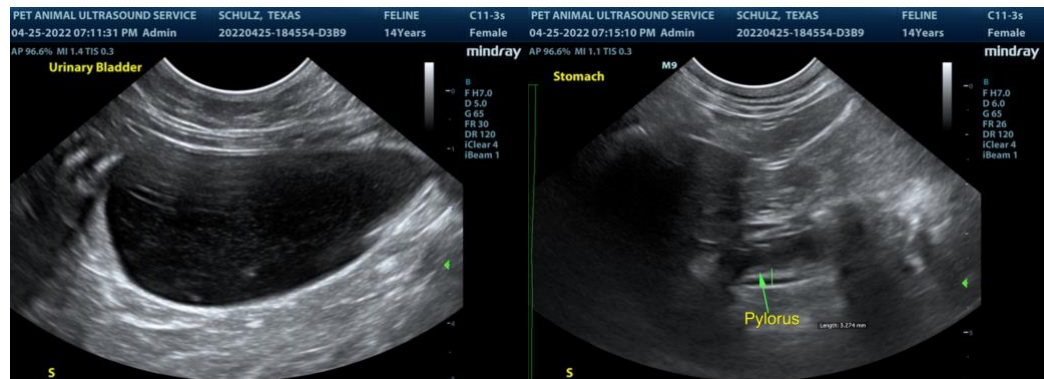
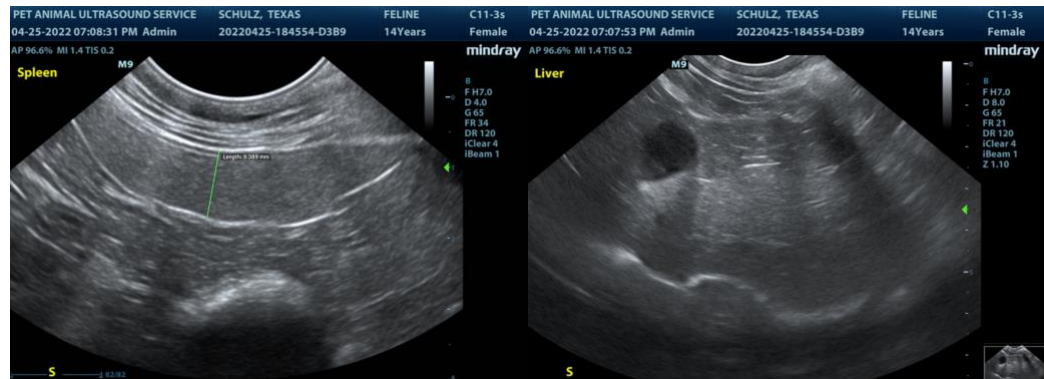
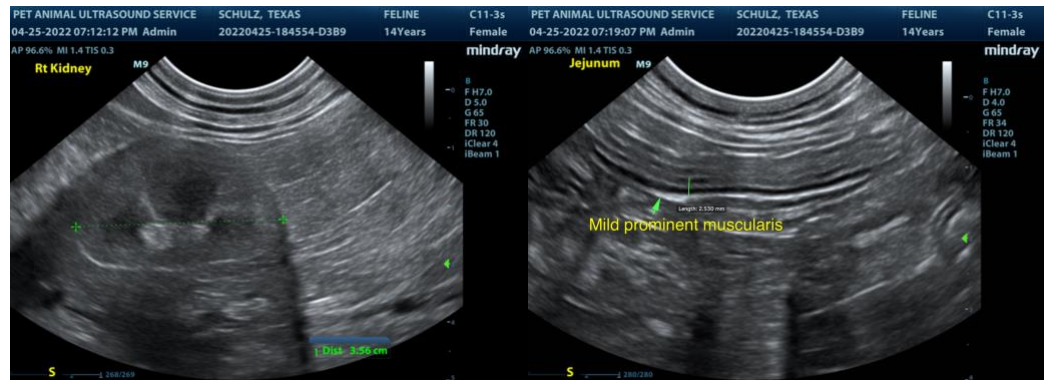
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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