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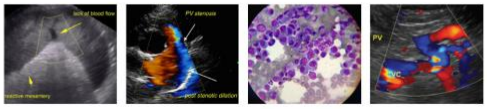
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Whittier Allman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

11.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Amelia Ragon, DVM

INVOICE

14930

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Presented for anorexia and shaking at home. CBC/Chem WNL, T4 3.2. Recent weight loss of 0.7 lb within one month. Grade I-II/VI murmur (unchanged) - echo 10/18 showed early HCM. *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 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

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. Pinpoint to emerging areas of nonobstructive medullary mineral were present in both kidneys. The left kidney measured 3.6 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 0.33 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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 0.96 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited potential for mild enlargement with subjective mild hepatic vasculature congestion, likely secondary to sedation. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.

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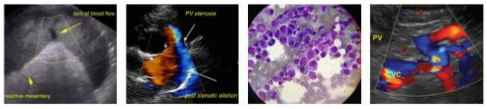

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The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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 0.24 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.96 cm.

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

Pancreas

The pancreas was mildly prominent in size with maintained symmetrical capsule contour with uniform mildly hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum. Subtle pancreatic duct dilation was present.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild active to chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract
- Mild chronic renal changes, exhibiting pinpoint to emerging medullary mineral
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs in this patient, including minor weight loss is suspected to be primarily secondary to mild to chronic active pancreatitis, potential for concurrent structurally insignificant gastrointestinal disease (i.e., IBD, which is often seen concurrently with pancreatitis in cats) cannot be definitively excluded.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas is suggested. Three-view chest radiographs to rule out occult thoracic pathology, as well as cardiopulmonary status assessment is suggested if not recently done. Empirical therapy for suspected pancreatitis and as needed gastrointestinal support would be reasonable.

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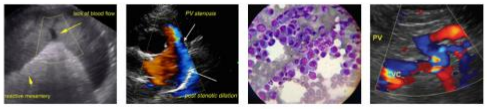

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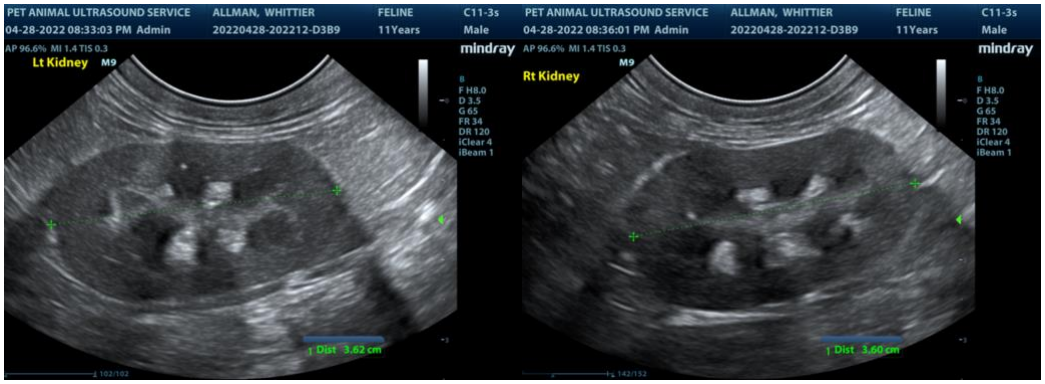

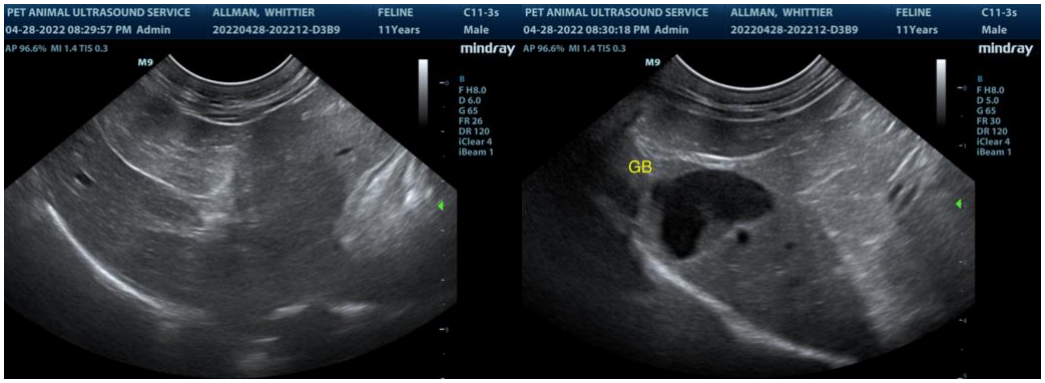

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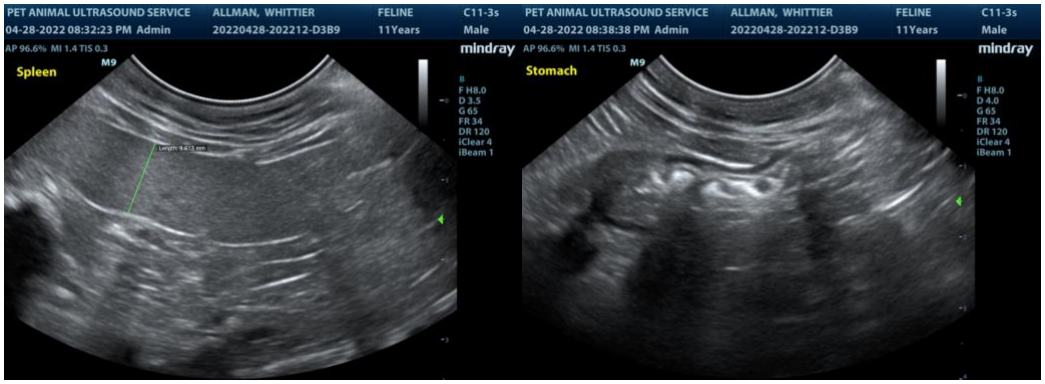

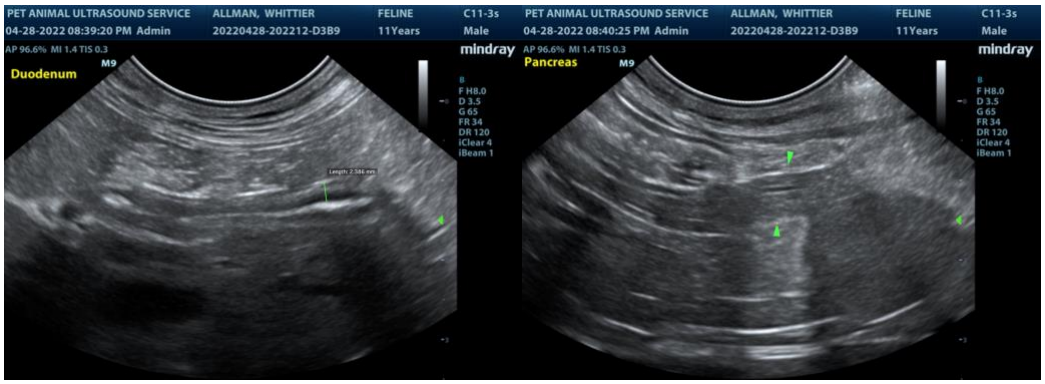

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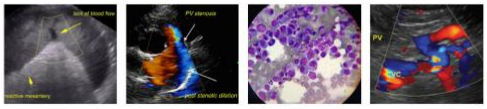

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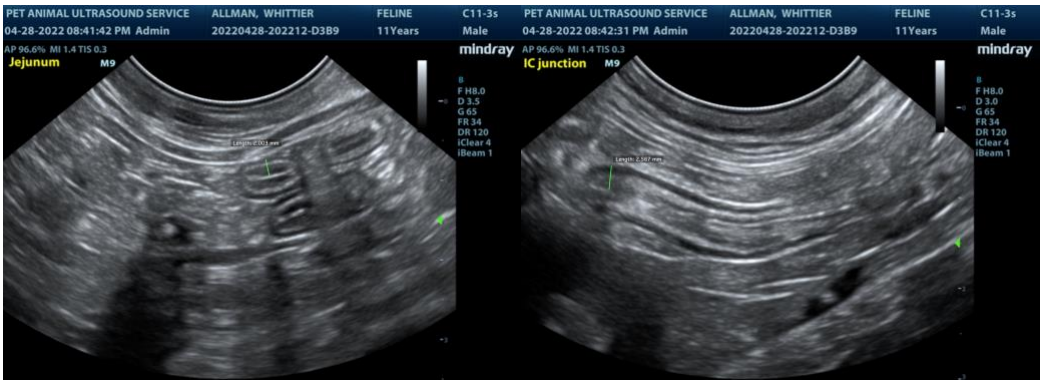

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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