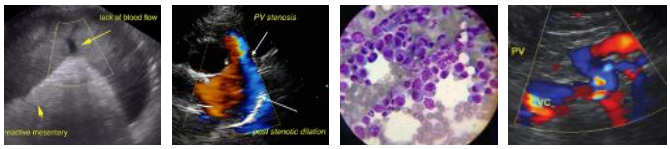
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Scrodgins

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

10 years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner DVM

HOSPITAL NAME

WilVet Salem

REFERRING VET

Brittany Gardner DVM

INVOICE

10277ag

DATE

04/03/2022

PRESENTING CLINICAL SIGNS

History: Decreased appetite over a week, got worse when O left town. History of diarrhea, on probiotic which helps. Hx of regurgitating after eating too fast, stopped eating as of yesterday. Drinking water like normal.

Abnormal PE/Chem/CBC/UA Results: NMA, SSP; lungs clear, mild tachypnea but eupneic, seems nervous in hospital . ABD: Tense on deep palpation but pliable BCS 8/9. 4/1 UA: WBC 4/HPF, RBC >50/HPF no bacteria or crystals seen, some hya cast USG >1.050 pH 6.0: wnl WBC:15.68K Neut 11.17

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 mild distention. Anechoic urine was present in the lumen with moderate particulate nondependent sediment possibly indicating cellular debris given the UA, crystalline debris or mucus. 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor right kidney pyelectasia was observed. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

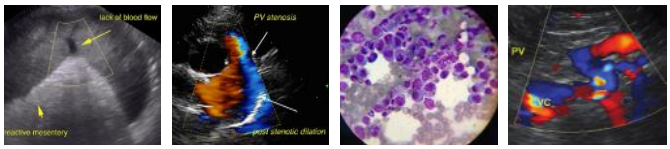
Spleen

The spleen exhibited normal size with 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 0.81 cm in width at the level of the hilus.

Liver

The liver presented mildly 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 with mild nondependent debris. The cystic and common bile ducts were normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Scrodgins

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

10 years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner DVM

HOSPITAL NAME

WilVet Salem

REFERRING VET

Brittany Gardner DVM

INVOICE

10277ag

DATE

04/03/2022

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The pylorus wall measured 0.50 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio with subjective propensity for subtly prominent muscularis layer yet without evidence of mural hypertrophy or visualized loss of intestinal wall layering.

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

Pancreas

The pancreas was mildly enlarged in size and a mildly swollen capsule with areas of mild capsule asymmetry and heterogeneous to mild hypoechoic parenchyma. No signs of active inflammation or neoplasia.

Free Abdomen

General mild hypoechoic reactive mesentery and mild volume free fluid observed, no overt lymphadenopathy noted.

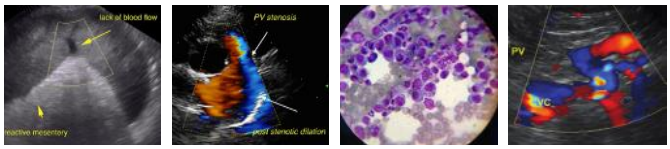
ULTRASONOGRAPHIC FINDINGS

- Moderate UB sediment - likely cellular debris / protein with UA results
- Mild chronic kidneys with minor RK pyelectasia
- Mild hepatomegaly with concurrent GB debris - nonspecific, reactive / acute hepatopathy possible given short half-life of hepatic enzymes in cats, GB debris nonspecific possible secondary to fasting, cholestasis or inflammation, occult neoplasia cannot be excluded
- Prominent to heterogenous pancreas - pancreatitis vs edema, no overt pancreatic neoplasia
- Gastroenteritis with hypomotile stomach - potential acute on chronic inflammatory bowel / IBD given history of diarrhea, occult neoplasia i.e. lymphoma cannot be excluded yet thought less likely given overall maintained wall layering and lack of lymphadenopathy
- General reactive mesentery and mild volume free fluid, no overt lymphadenopathy - consistent with peritonitis, carcinomatosis or similar possible as there isn't evidence of hepatic congestion or significant hepatic pathology, obvious SI masses or lymphadenopathy which would suggest lymphatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis for fluid analysis, cytology +/- C/S of indicated. Hepatic FNA could also be considered primarily to assess for neoplasia or inflammatory cells. Urine C/S recommended. Spec fPL warranted. Empirical therapy for pancreatitis, possible hepatopathy, and GI support would be reasonable pending effusion analysis. With the presence of effusion, an overall guarded prognosis is warranted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Scrodgins

SPECIES

Feline

BREED

DSH

SEX

Neutered male

AGE

10 years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner DVM

HOSPITAL NAME

WilVet Salem

REFERRING VET

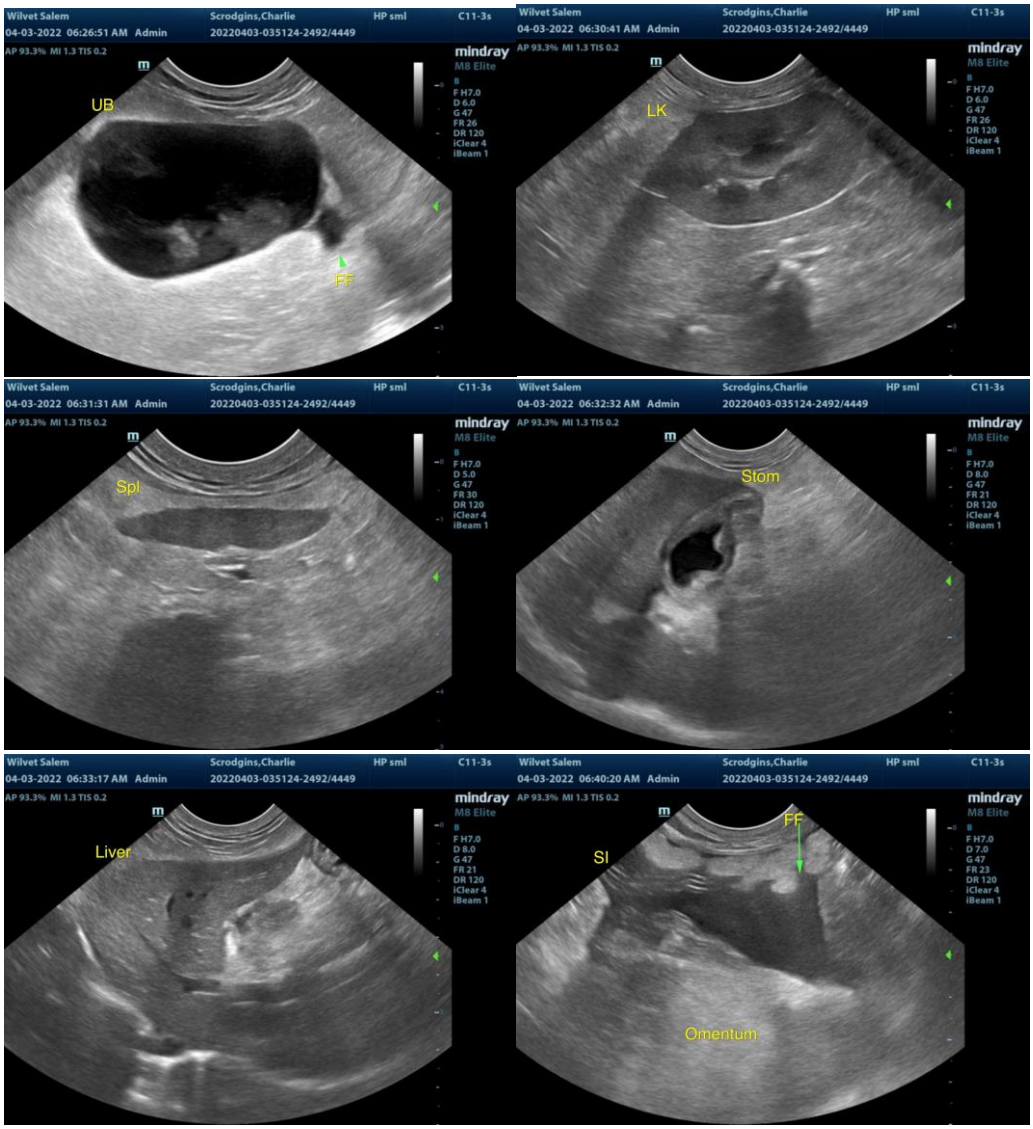
Brittany Gardner DVM

INVOICE

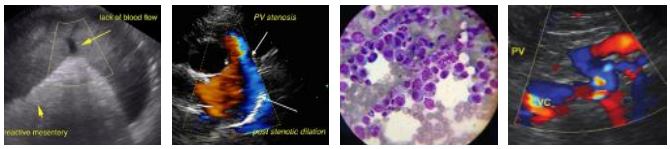
10277ag

DATE

04/03/2022



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Scrodgins

SPECIES

Feline

BREED

DSH

SEX

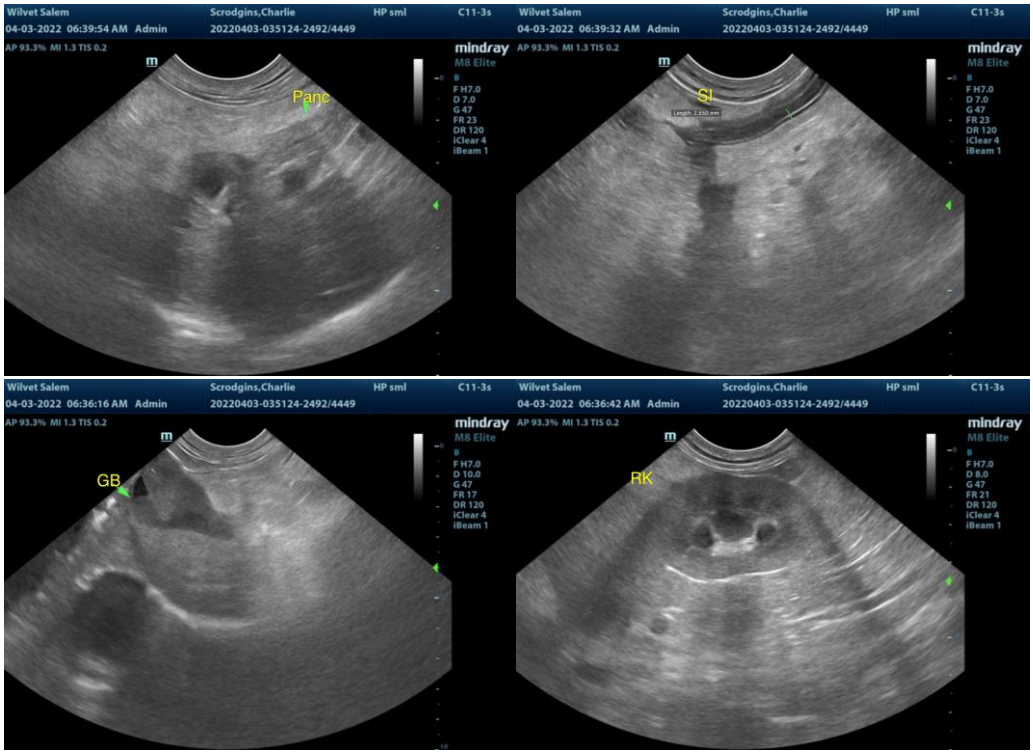
Neutered male

AGE

10 years

WEIGHT

5.6 kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner DVM

HOSPITAL NAME

WilVet Salem

REFERRING VET

Brittany Gardner DVM

INVOICE

10277ag

DATE

04/03/2022

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