



PATIENT

Molly Otto

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

5.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Wendy Turner

INVOICE

13387ag

DATE

04/03/2023

PRESENTING CLINICAL SIGNS

Hx intermittent constipation/obstipation since October. Significant weight loss: 3 lbs over 3 months. Pet is now inappetent, lethargic, defecating outside the box, defecating very small amounts, sometimes liquid.

Abnormal PE/Chem/CBC/UA Results: BW unremarkable. UA not done. Today pet presents with moderate generalized muscle atrophy, diffusely thickened intestines. Rectal stricture noted 1cm cranial to anus under sedation. Pet is mildly dehydrated today.

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 no uroliths or 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

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 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 0.68 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented normal 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 likely division into 2 compartments both containing primarily anechoic luminal content and minor echogenic debris. Possible pericholecystic intrahepatic cyst present. 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 mild retained anechoic fluid and luminal gas with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.



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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. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width.

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The visualized colon walls were sonographically unremarkable with intact wall layering. No overt evidence of distal colon mural pathology was present to the level of the urinary bladder and colorectum. The distal colon wall measured 0.25 cm in width. The colon contained generalized formed fecal matter with potential for minor subjective colonic distention with formed feces.

BREED

DSH

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SEX

FS

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Intact visualized colon wall layering with generalized formed fecal matter.
- Sonographically unremarkable GI tract with mild gastric fluid and gas-possible mild gastric non-obstructive hypomotility.
- Sonographically unremarkable pancreas.
- Probable bilobed gallbladder-normal variant in a cat, potential pericholecystic hepatic cyst (benign).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a mild to early geriatric abdomen without evidence of significant abdominal visceral pathology. No evidence of intra-abdominal neoplastic criteria was observed. No overt obstructive distal colon or colorectal mural pathology. The possibility of a non-visualized colorectal lesion cannot be definitively excluded.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Empirically continued medical therapy for constipation/obstipation is suggested with as needed GI support.

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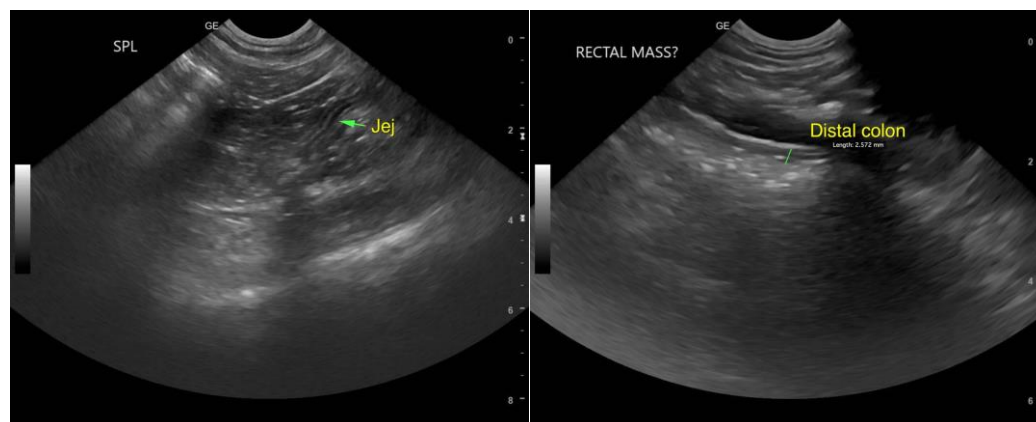
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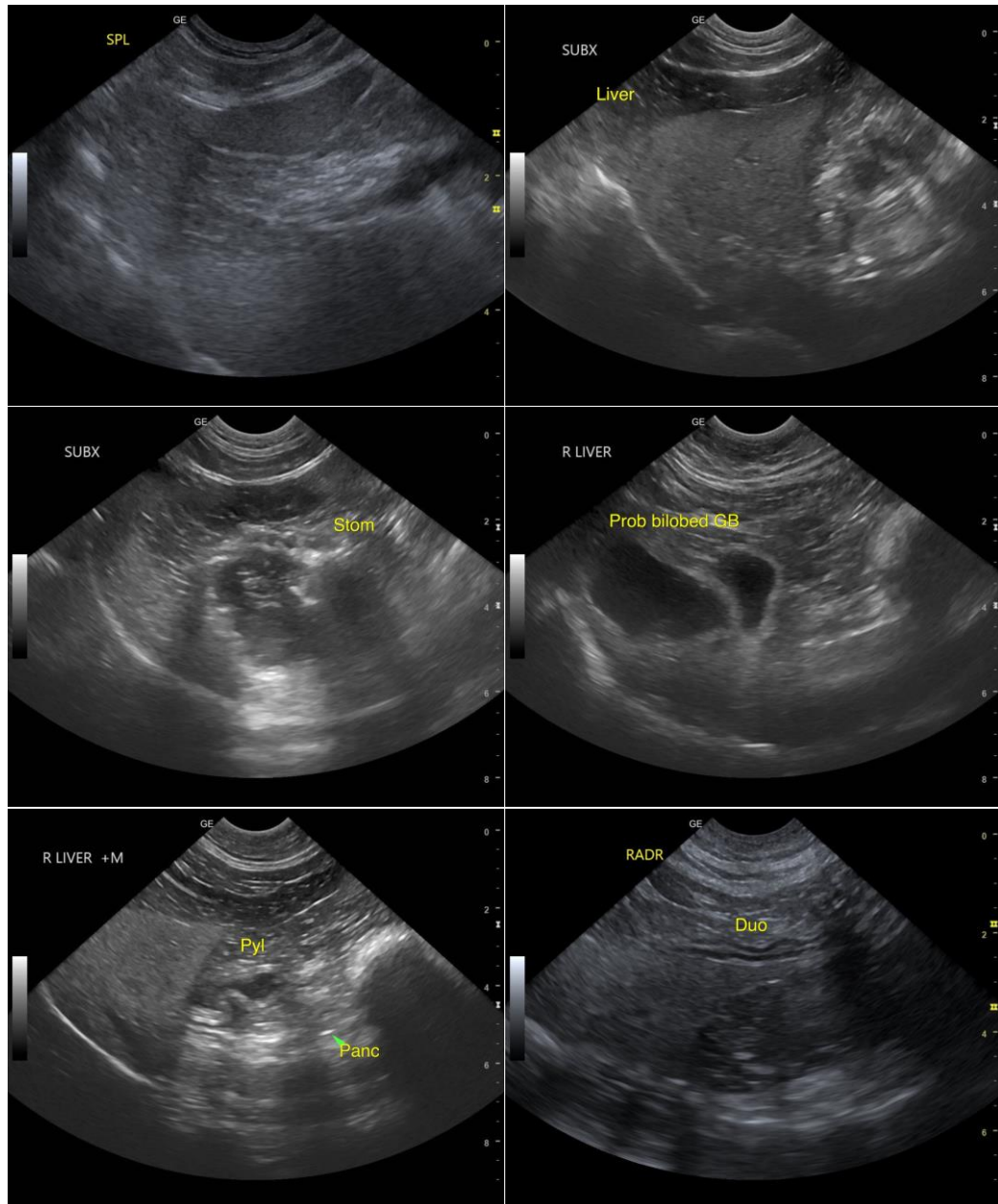
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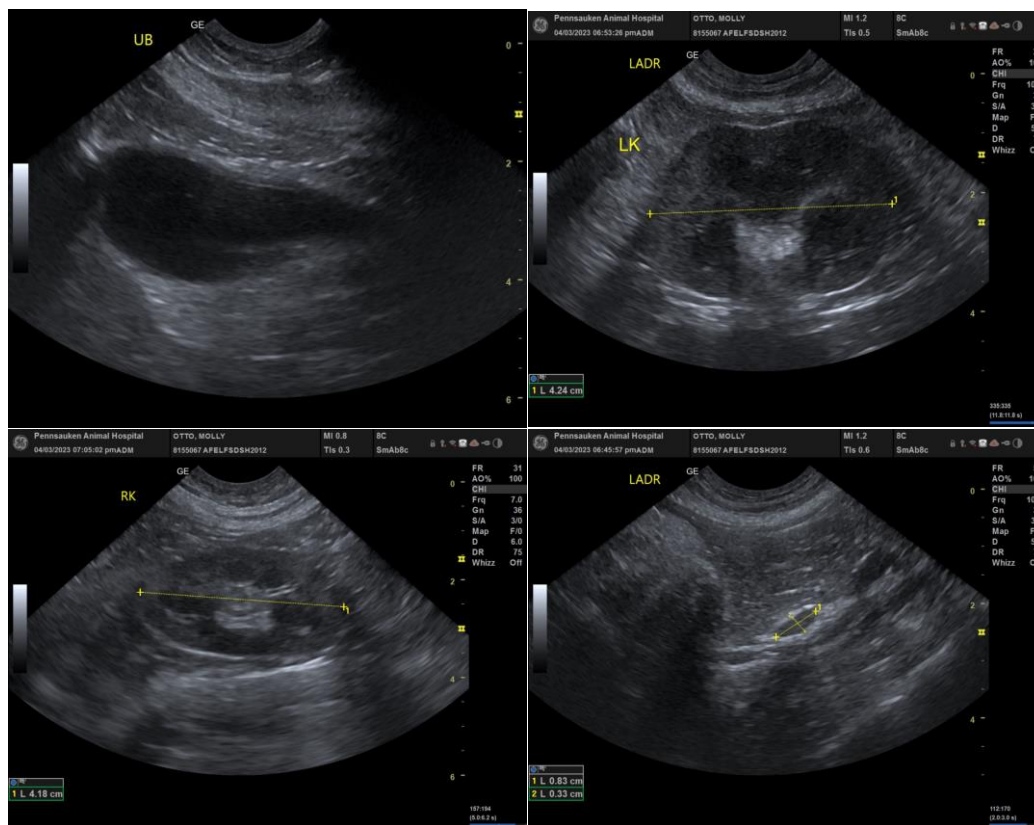
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com