



PATIENT

Sophie Flint

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.85 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Littleton AH

REFERRING VET

Dawn Brooks, DVM

INVOICE

14636

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Gradual weight loss since November 2021. Recurrent bouts of vomiting - most recently undigested food but will sometimes happen hours after eating. On Cerenia as needed for vomiting. Sedated with gabapentin/dexdomitor. She became nauseous and vomited soon after sedation was given, so antisecretory was given.

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 were noted.

The left kidney was subnormal in size compared to the right (expected renal size for felines). 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. Mild pyelectasia was present in the left kidney. Pinpoint medullary mineral was present. The left kidney measured 2.1 cm in length.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Lateral loss of cortical parenchyma and associated asymmetrical renal margination, consistent with lateral infarct. Pinpoint medullary mineral was present. Mild pyelectasia was noted in the right kidney. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.42 cm width.

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 0.9 cm in width.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, small uniform hyperechoic nondisruptive intraparenchymal nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



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Gastrointestinal

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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 gastric body wall measured 0.22 cm.

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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. The jejunum wall measured 0.17 cm. The ileocolic wall measured 0.36 cm.

BREED

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

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Pancreas

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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.

Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.85 Pounds

- Hepatic parenchymal remodeling with probable benign nodules- nodules suggestive of probable small lipogranulomas or areas of minor nodular hyperplasia. No overt evidence of hepatic neoplastic criteria.
- Mild gallbladder debris- nonspecific, potentially secondary to fasting or nonclinical cholestasis. Gallbladder debris has, at times, been associated with hepatobiliary inflammation in cats. Correlation with hepatic enzyme assessment could be considered.
- Bilateral chronic degenerative renal changes, more prominent in the left kidney with bilateral minor pyelectasia and right kidney lateral cortical infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of structural gastroenterocolic pathology. Potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, both of which may present as sonographically normal could be possible. As needed gastrointestinal support suggested.

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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.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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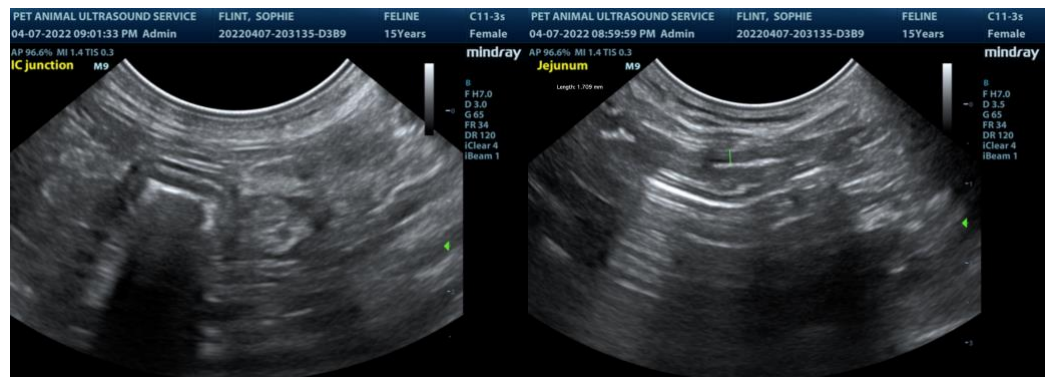
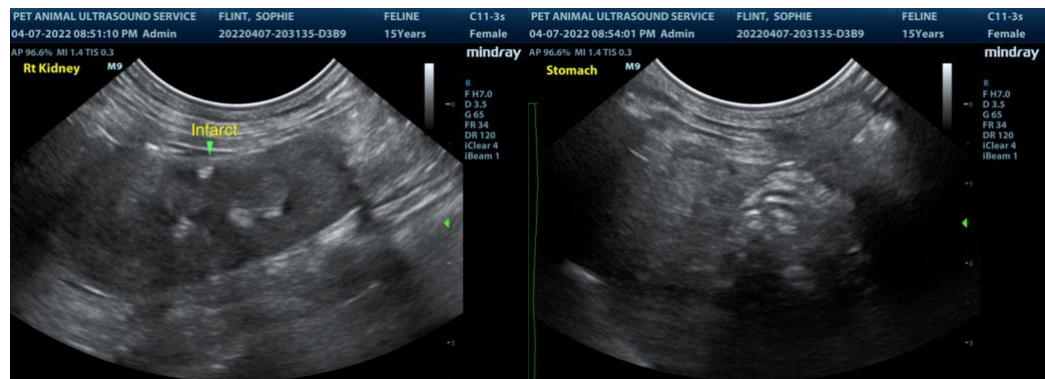
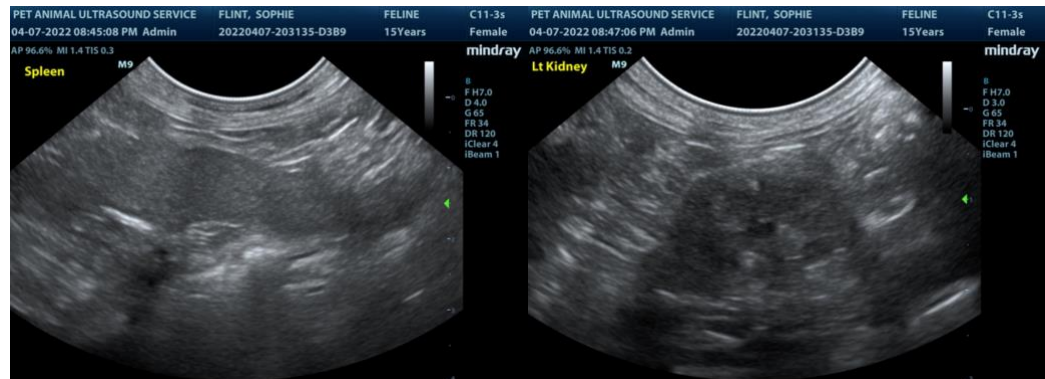
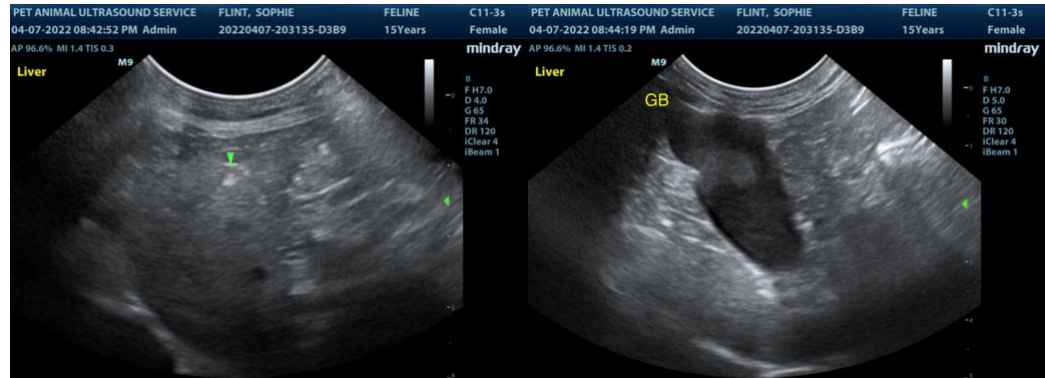
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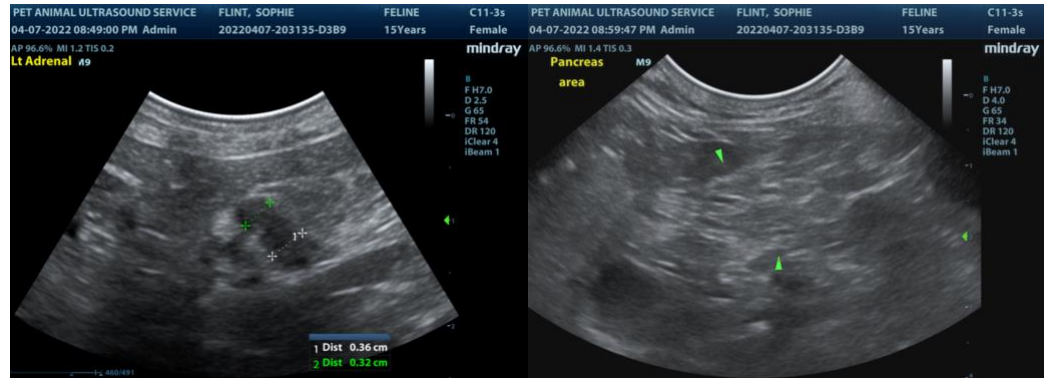
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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