

**PATIENT**

George Cuff

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

2.97 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties East Hamilton  
PH

**REFERRING VET**

Dr. Nanayakkara

**INVOICE**

13777ag

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

Very bloated on abdominal palpation, feels thickened(spleen?liver?intestines?)in cranial abdomen. No obvious mass but difficult to completely assess margins of kidneys due to discomfort. No teeth, removed from prior dental. Slightly unkempt haircoat. Mod-marked muscle loss and seems weak. On and off PU/PD at home. Cat tried to vomit several times during scan. No meds currently.

Abnormal PE/Chem/CBC/UA Results: N/A

**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 minor dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

The bilateral adrenal glands exhibited borderline to mild prominent size which is non-specific with potential for normal patient variant. The left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.55 cm width.

**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.

**Liver/ Gallbladder**

The liver presented 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. 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 was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental subtly prominent jejunal muscularis layer was present without evidence of intestinal mural



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hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured up to 0.27 cm width.

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

**Pancreas**

The pancreas exhibited mild irregular prominent size with capsule asymmetry. Non-homogenous focally cystic parenchyma was present.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Minor urinary bladder sediment.
- Mildly prominent bilateral adrenal glands-nonspecific, no evidence of adrenal tumors.
- Mild chronic renal changes.
- Mild irregular non-homogenous to cystic pancreas.
- Subjective intact to borderline prominent small bowel walls.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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A full urinary workup including UA, C/S if evidence of inflammatory sediment and baseline UPC level if evidence of proteinuria without evidence of significant cellular debris is suggested.

Potential for underlying mild to emerging enteropathy and chronic pancreatitis is possible given the reported muscle loss which may be the only clinical sign present in cats with underlying intestinal/pancreatic disease.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of intra-abdominal neoplastic or metastatic criteria. A full CBC/chemistry panel is recommended if not already done.

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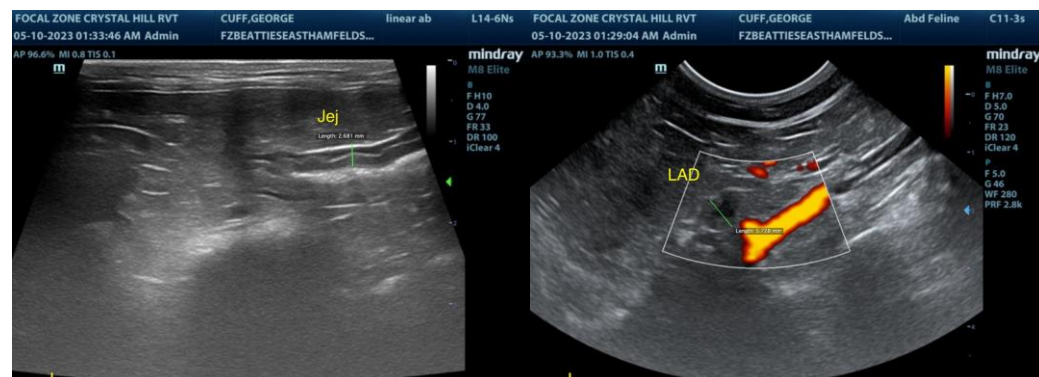
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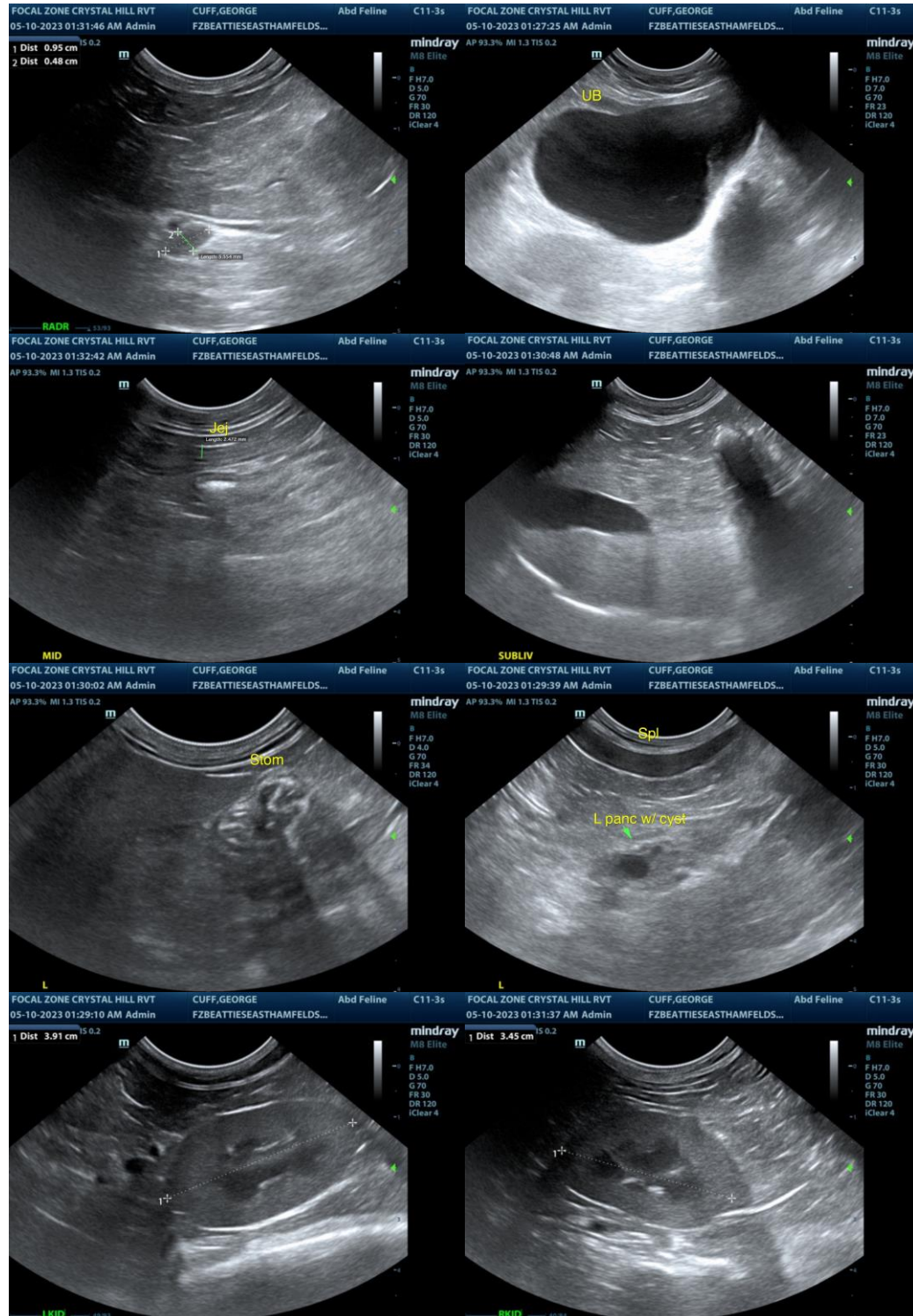
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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