



PATIENT

Buster Cutchin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

13873

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Patient has unexplained weight loss.

Abnormal PE/Chem/CBC/UA Results: Exam is normal except weight loss. CBC is wnl except slight lymphocytosis. Chems are wnl except low total protein. Albumin and globulin are wnl but low end of normal. PLI and folate are normal. Cobalamin is high (pt has NOT been on B12 supplementation).

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 area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 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 0.43 cm width. No overt pathology was noted 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. Mild asymmetrical to subtly scalloped medial capsule contour was present with no evidence of masses or nodules. 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 0.75 cm in width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 gastric body wall width measured 0.25 cm.



PATIENT

Buster Cutchin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME
Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

13873

DATE

5/13/22

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 width measured 0.20 cm. The jejunal wall width measured 0.20 cm. The ileocolic wall width measured 0.27 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation was present.

Free Abdomen

Intermittent colic lymph nodes adjacent to the ileocolic junction were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.3 cm in diameter. No evidence of omental masses or peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific chronic renal changes
- Overtly normal gastrointestinal tract
- Minor nonspecific yet subjectively benign / reactive colic lymphadenopathy
- Suspect chronic pancreatitis
- Sonographically unremarkable liver / gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology.

Although the PLI was normal in this patient, the sonographic appearance of the pancreas may suggest chronic to potential low-grade pancreatitis.

Potential for structurally insignificant gastrointestinal disease with the possibility of associated hypoproteinemia in the face of weight loss cannot be excluded.

The elevated cobalamin is nonspecific yet at times may be associated with underlying hepatic disease or nonobvious neoplasia. Continued monitoring of cobalamin levels could be considered. Three view chest radiographs, as well as thorough neurological and muscular / skeletal examination to rule out occult disease as a contributing factor to the patient's weight loss, is suggested if not already done.

If persistent lymphocytosis, CBC pathology review +/- flow cytometry could be considered.



PATIENT

Buster Cutchin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

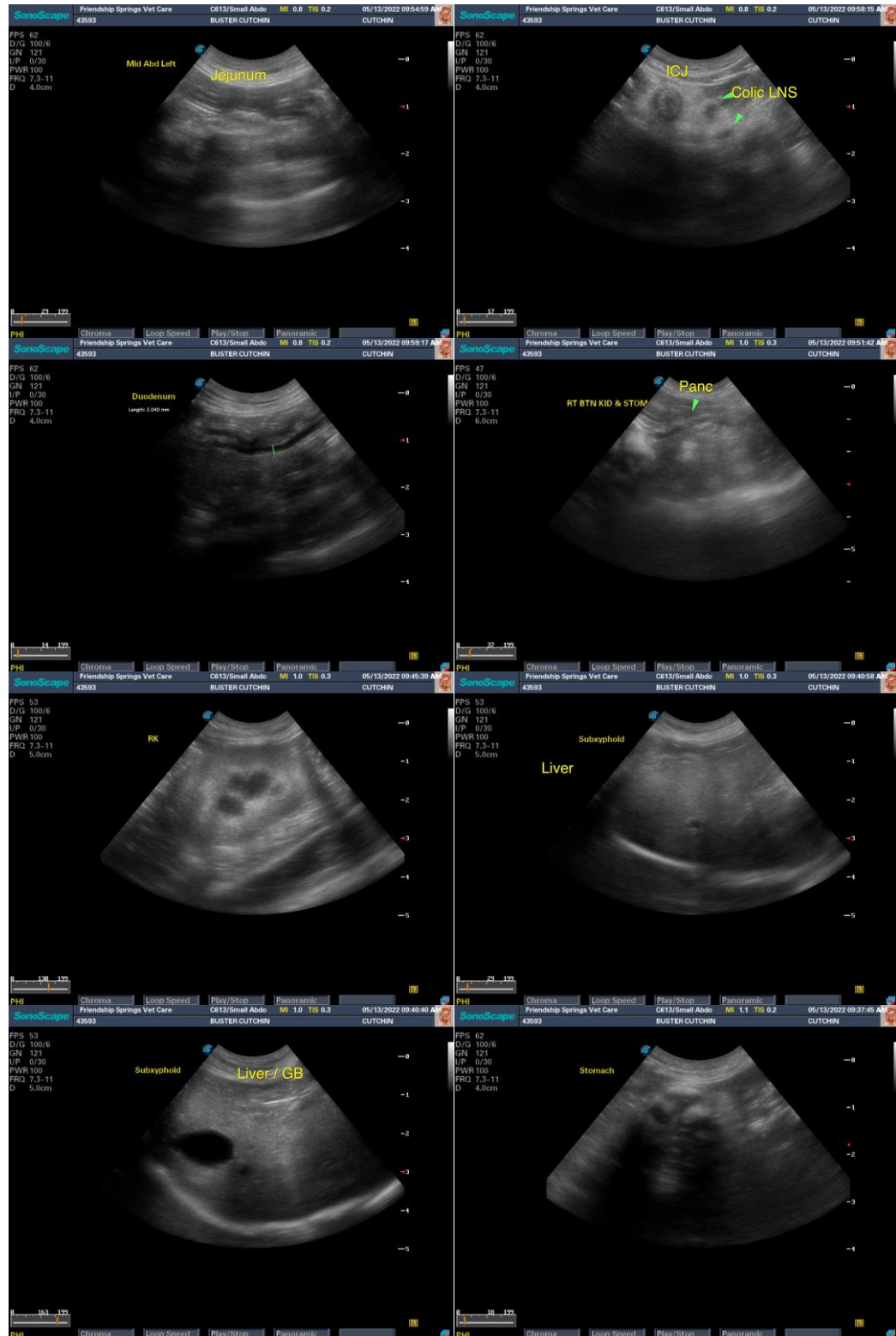
Dr. Trae Cutchin

INVOICE

13873

DATE

5/13/22





PATIENT

Buster Cutchin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

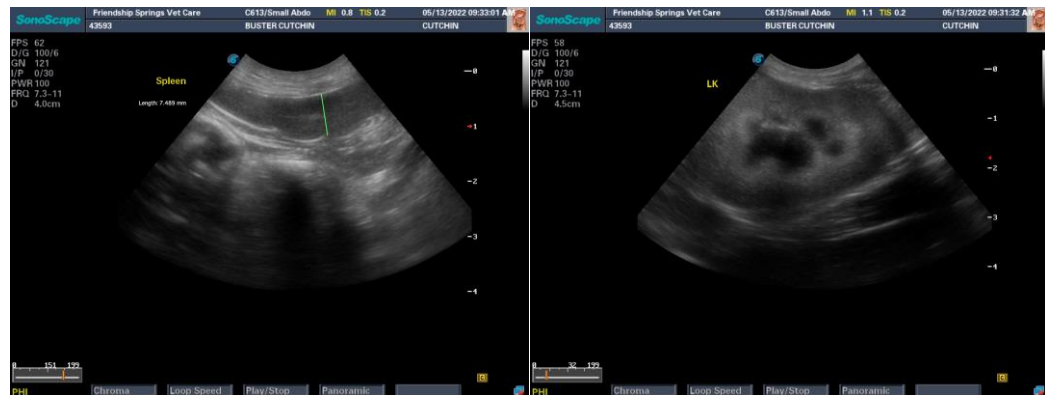
Dr. Trae Cutchin

INVOICE

13873

DATE

5/13/22



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