



PATIENT

Dedro Peyton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.46 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield, DVM

HOSPITAL NAME

Patti Mayfield

REFERRING VET

Andrea Clay, DVM

INVOICE

15229

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: Per the client, two years ago Dedro was vomiting chronically, but that was when the hyperthyroidism was diagnosed. Rx diet and management of the hyperT has since led to resolution of chronic vomiting. GI panel and recent blood work were performed as a screening tool in preparation for RI131 treatment. Patient has exhibited mild and gradual weight loss, chronic over the last 2 years. AUS was scheduled as a screening tool prior to RI131 Chronic, intermittent URI and historical heart murmur. Patient has been doing well at home, per owner. Fasted for 12 hours. Received Gabapentin prior to arrival. Patient receives felimazole for chronic hyperthyroidism.

Abnormal PE/Chem/CBC/UA Results: PE: Iris atrophy and lenticular sclerosis OU. Missing most teeth. Pale pink mm's, slightly tacky. No heart murmur appreciated today, NSR. Generalized muscle atrophy/lean, BCS: 3/9. Generalized stiffness, and moderately sedate from Gabapentin. Blood work: 4/15/2022 CBC: -- NSF CHEM: -- Alb 2.2 g/dL (low) -- ALP <10 U/L (low) T4: 0.7 ug/dL (low) BP: WNL GI panel: --folate slightly increased (>24 ng/dL) Otherwise wnl UA: USG: 1.028 Mild hematuria (cysto), otherwise inactive sediment Telectology of US-guided FNA of the spleen pending through SonoPath

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. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary border demarcation owing to subjective mild increased medullary echogenicity. Pinpoint areas of medullary mineral noted. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 0.30 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

Spleen

The spleen exhibited mild enlargement with areas of mild asymmetrical medial capsule contour. Very subtle parenchymal heterogeneity was present in the spleen with potential for very discreet hypoechoic micronodular changes. Splenic vascularity was normal.

Liver

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



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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 0.25 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 up to 0.26 cm. The ileocolic wall measured 0.30 cm.

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

BREED

Pancreas

DSH

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Intermittent very scant pockets of periintestinal free fluid were noted. No evidence of significant intraabdominal lymphadenopathy noted.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly, exhibiting potential discreet micronodular parenchymal changes
- Overtly normal gastrointestinal tract
- Suspect mild pancreatitis
- Mild nonspecific chronic renal changes
- Intermittent very scant pockets of periintestinal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly is nonspecific with considerations including benign hyperplasia, hematopoiesis, incidental splenitis, while given the patients weight loss, potential for infiltrative splenic neoplasia cannot be excluded. Correlation with pending splenic FNA is suggested.

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No overt evidence of structural gastrointestinal pathology. Some contribution to the patients clinical signs and weight loss may be owing to mild pancreatitis, even without evidence of pancreatitis on the GI panel. The slightly increased folate level is nonspecific and difficult to correlate in cats yet may potentially owing to dysbiosis. Likewise, the weight loss, chronic gastrointestinal signs and muscle atrophy are at times seen in cats with chronic potential structurally insignificant yet nonspecific gastrointestinal disease, including the possibility of neoplastic infiltrative enteropathy.

REFERRING VET

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Pending splenic FNA, three-view chest radiographs, if not recently done, to rule out occult thoracic pathology as a contributing factor to the patients weight loss and as needed gastrointestinal supportive care would be reasonable.

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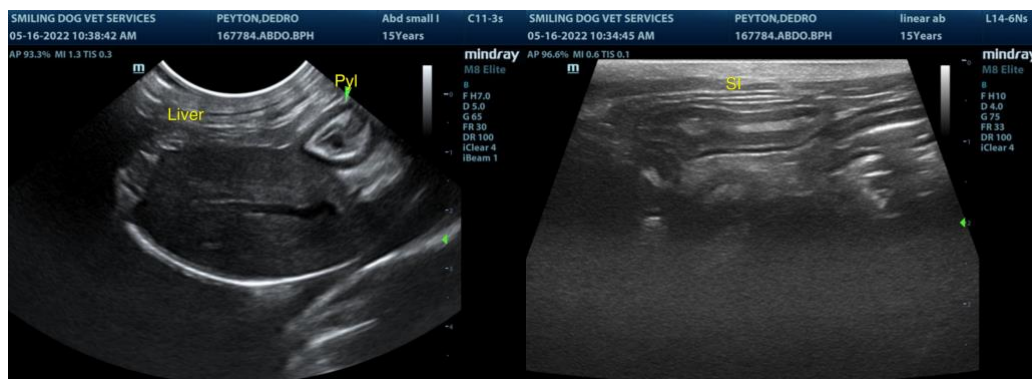
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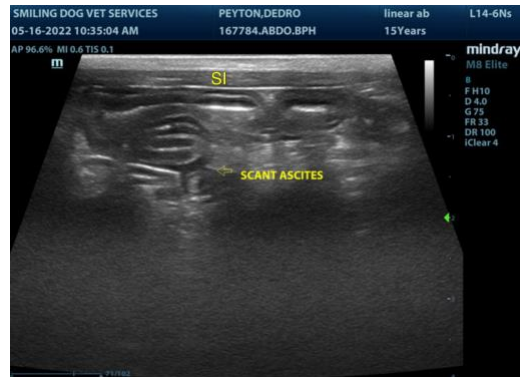
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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