



PATIENT PRESENTING CLINICAL SIGNS

Leo Reid Occasional vomiting, slow, progressive weight loss.
 Medication: Cerenia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 mild non-obstructive 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.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

2018

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and mildly enhanced corticomedullary border demarcation was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and Leptospirosis. However, it is a nonspecific finding. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

13.6

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Nankman

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

INVOICE

13704ag

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 0.24 cm in width.

DATE

5/4/23

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 measured 0.22 cm width. The jejunum wall measured 0.21 cm width.



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

Leo Reid **Pancreas**

SPECIES 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 were evident.

Feline **Free Abdomen**

BREED No overt lymphadenopathy or peritoneal effusion was present.

DSH **ULTRASONOGRAPHIC FINDINGS**

Primary Findings

- SEX**
- Non-specific bilateral subtle renal medullary rim sign.
- MN**
- Structurally unremarkable GI tract.
 - Overtly normal pancreas.
- AGE**
- Mild non-obstructive proximal common bile duct dilation.
- 2018
- Mild urinary bladder sediment.

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13.6 A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria or inflammatory sediment is suggested. Sonographically no evidence of structural GI pathology or evidence of pancreatitis present. A definitive cause of the progressive weight loss was not obvious.

INTERPRETED BY

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(Canine and Feline)

Dietary indiscretion / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. No overt neoplastic criteria.

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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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Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, gastroprotectants and prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) pending additional diagnostics would be reasonable.

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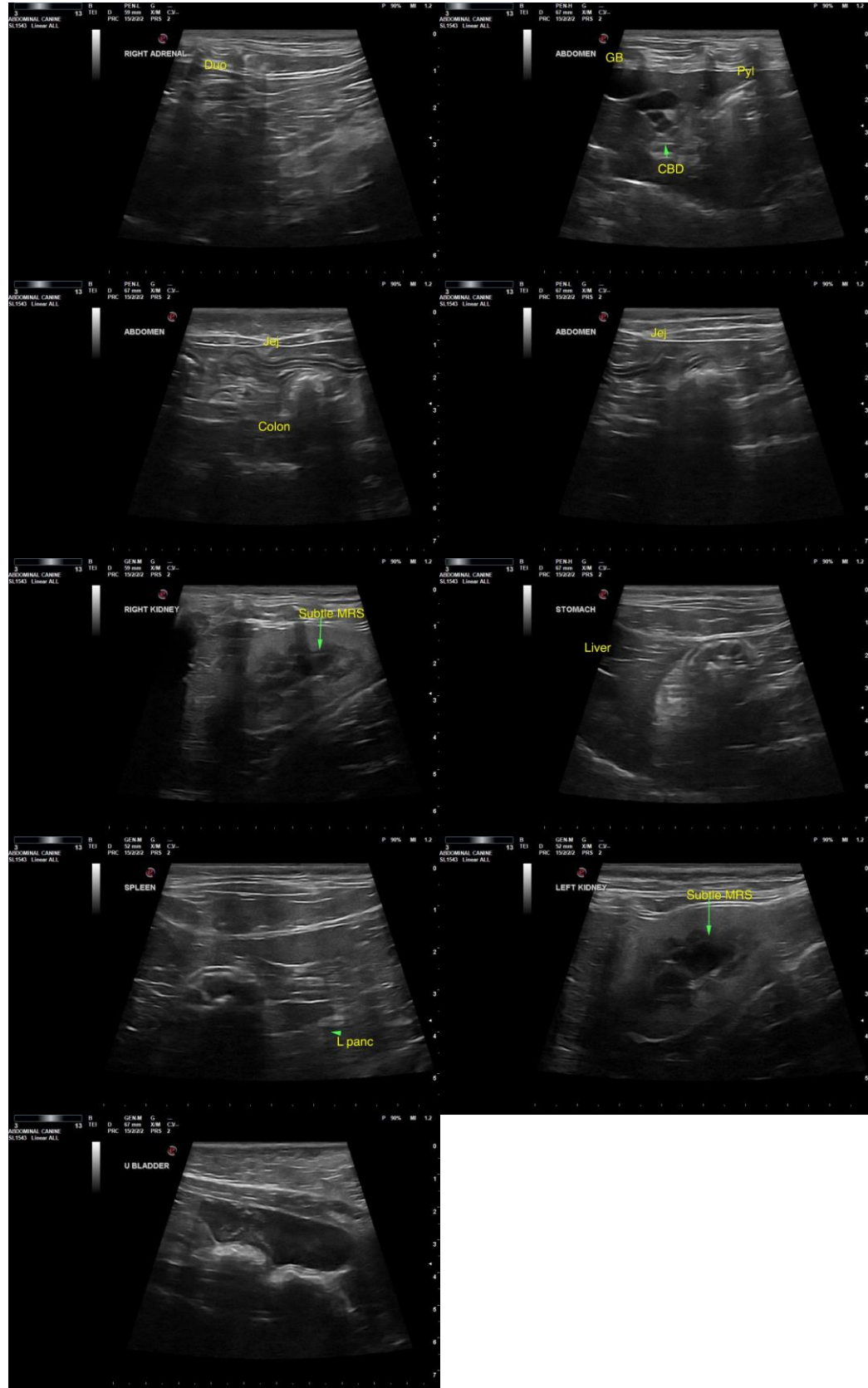
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PATIENT

Leo Reid

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.

SPECIES

Feline

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.

BREED

DSH

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