



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bravo Welch
SPECIES Feline
Hx: Decreased appetite, occ vomiting, loss of interest in socialization with family x 3-4 months. Responsive to supportive care (SQ fluids, Cerenia) but Miritaz needed to keep appetite up. -PE: Discomfort on palpation of caudal abdomen (could not r/o abdominal discomfort vs. MS/OA-related). Generalized muscle wasting. 30% weight loss over past year. -Previous hx of rodent ulcers, urinary crystals and potential discomfort in hips

BREED DMH
SEX MN
Abnormal PE/Chem/CBC/UA Results: Chem 15 + SDMA - WNL TT4 WNL at 3.4 ug/dL (0.8-4) but trending up over past year UA - WNL, USG 1.021 FeLV/FIV/HW - all neg CBC: Mild inflammatory or stress leukocytosis at 21.8 K/uL (3.5-16) -Neutrophilia at 17004/uL (2500-8500) -Monocytosis at 872/uL (0-600) -No bands noted Mild anemia with RBCs at 5.8 M/uL (5.92-9.93) and HCT at 27%
Current Medications Miritaz PRN Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE 15yr
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 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.

WEIGHT 7.3lb
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
Normal renal size with asymmetrical margination was 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. Minor bilateral pyelectasia was noted. The left kidney measured 4.7 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY Sara Hansen
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width.

HOSPITAL NAME Ark Animal Hospital
Spleen

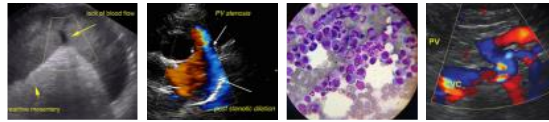
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.57 cm in width at the mid spleen.

REFERRING VET Dr. Parker
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

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DATE 05/05/2023



PATIENT

congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Bravo Welch

Gastrointestinal

SPECIES

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy primarily in the area of the mid gastric body extending to the antrum and pylorus. Intact wall layering was maintained and distinct. The gastric body wall measured ~ cm width. Mild gastric distension with primarily anechoic fluid was present.

Feline

BREED

DMH

The small intestine presented generalized intact wall layering with segmental mildly prominent mucosa layer. No overtly visualized evidence of 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.

SEX

MN

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

AGE

15yr

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.

WEIGHT

7.3lb

Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes 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 of a lymph node measured 3.0 cm x 0.79 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern with mild retained gastric fluid.
- Chronic enteropathy with intermittent subjective benign/reactive mesenteric lymphadenopathy.
- Non-specific chronic renal changes.
- Heterogenous pancreas.
- Minor hepatic parenchyma remodeling.

HOSPITAL NAME

Ark Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the GI tract and pancreas. No evidence of significant GI mural pathology although stomach exhibited mild inflammatory criteria with subtle intestinal mural changes suggestive of chronic inflammatory disease. Minor potential for early low grade neoplastic infiltrative enteropathy cannot be definitively excluded.

REFERRING VET

Dr. Parker

A full thickness intestinal surgical biopsy is required for a definitive diagnosis. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.

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IMAGING PERFORMED BY

Sara Hansen

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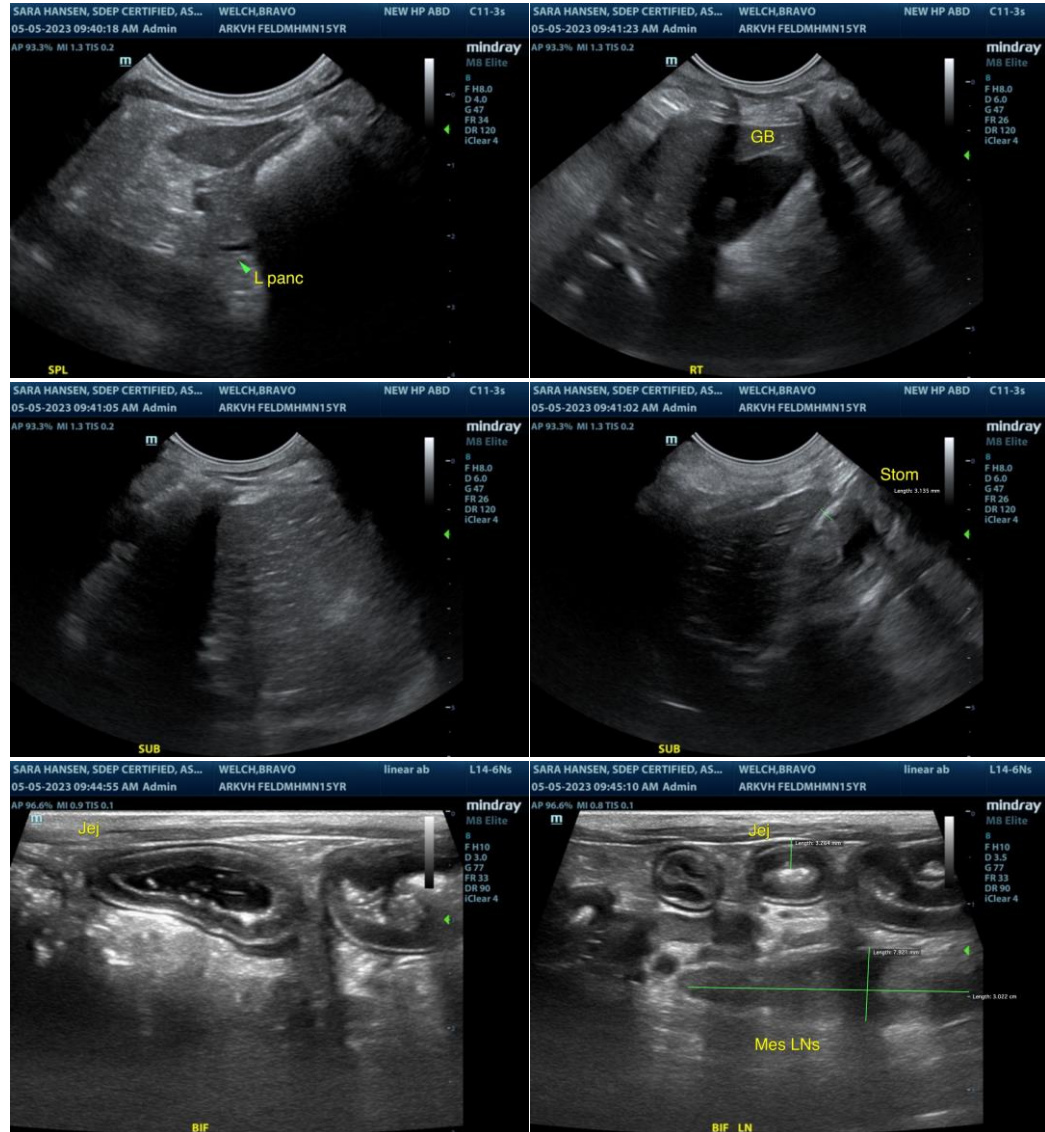
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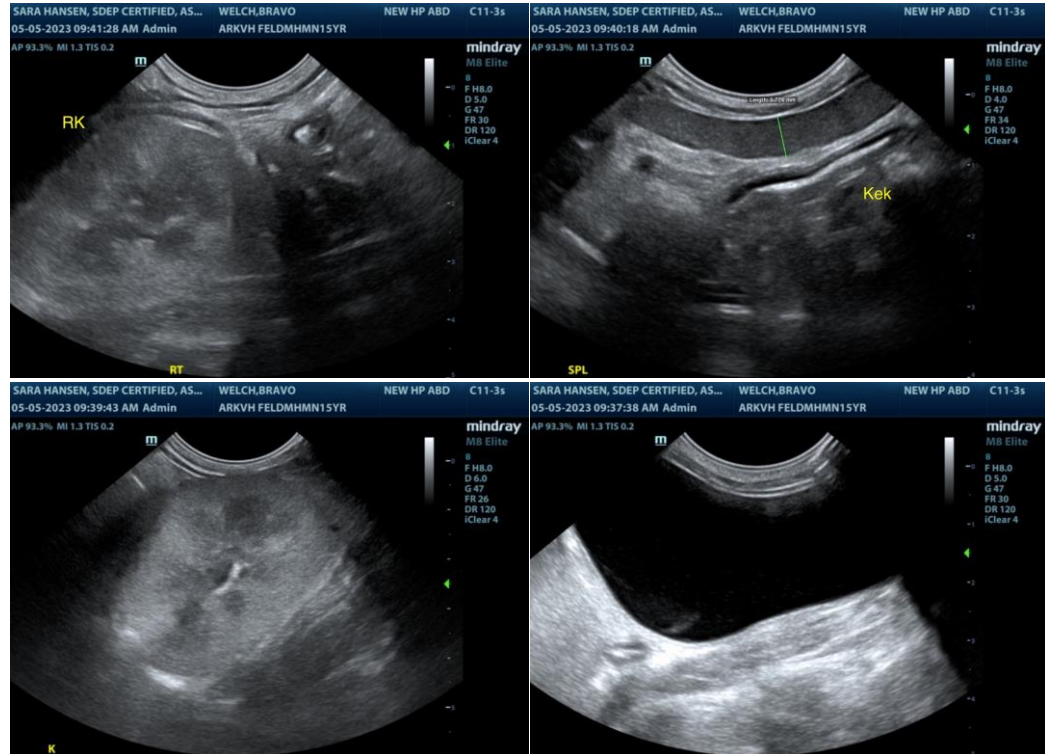
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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