



PATIENT

Phoenix Weinland

SPECIES

Feline

BREED

Tonkinese

SEX

MN

AGE

15

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan/Pacific
Crest Mobile
Veterinary Service

HOSPITAL NAME

Pacific Crest Mobile
Vet

REFERRING VET

Dr. Groff/ Chuckanut
Feline Center

INVOICE

13723ag

DATE

05/05/2023

PRESENTING CLINICAL SIGNS

Abdominal ultrasound requested due to weight loss and vomiting.

Abnormal PE/Chem/CBC/UA Results: No PE abnormalities referable to present complaint. Labs (CBC/Chem/T4/proBNP) are pretty normal other than high normal renal values, isosthenuria.

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 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.

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 3.5 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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. The spleen measured 1.0 cm in width at the level of the hilus.

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 measured 0.26 cm in width.

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental mildly prominent intact jejunum wall was present. No 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. The duodenum wall measured 0.24 cm width. The jejunum wall measured up to 0.28 cm width. The ileocolic wall measured 0.34 cm width.



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

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Pancreas

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

Feline

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Tonkinese

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild chronic renal changes.
- Intact subjective mild prominent small intestinal wall.
- Mild heterogenous non-enlarged pancreas.

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Overall, there is no overt evidence of significant abdominal visceral pathology. The small intestine exhibited subtle evidence of mural changes which may suggest mild inflammatory criteria. No evidence of intra-abdominal neoplastic criteria.

15

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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.

10lb

Empirically, as needed GI support which may include a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, +/- conservative IBD protocol and assessment of clinical response pending additional diagnostics would be reasonable. If evidence of persistent/progressive GI sign or weight loss despite empirical therapy, sonographic reassessment is recommended.

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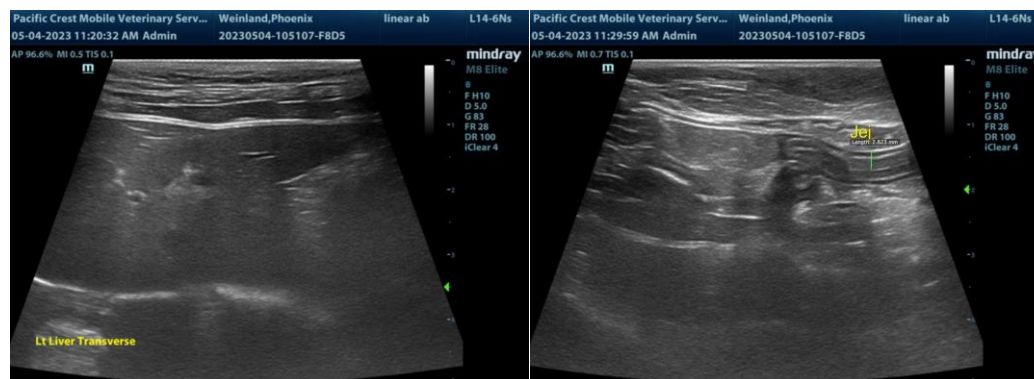
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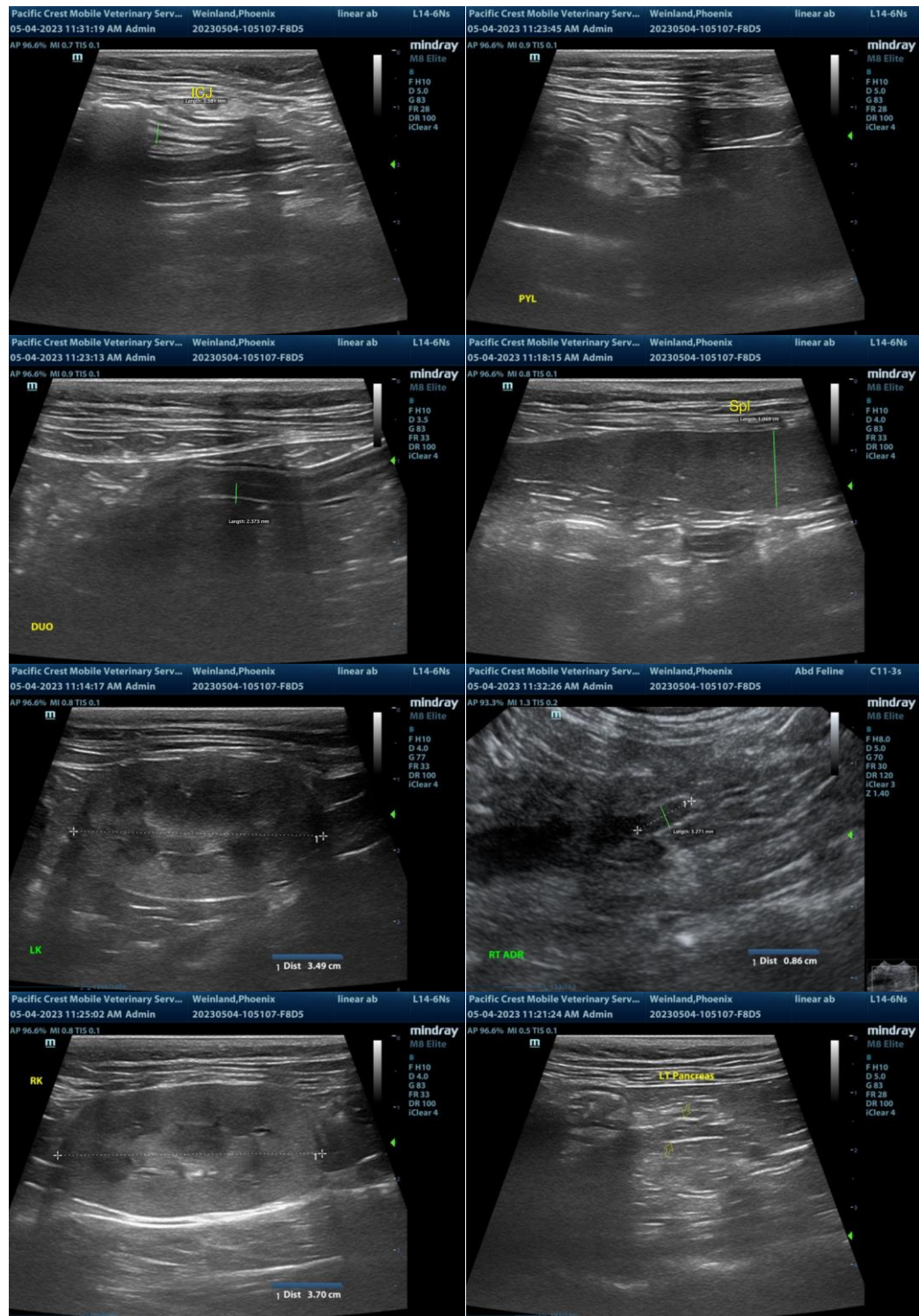
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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