



PATIENT

Tyken Freeman

SPECIES

Feline

BREED

Siamese Mix

PRESENTING CLINICAL SIGNS

5/4 exam decreased appetite P is lethargic, hiding more o thins P has lost weight u/d ok no c/s/v/d no meds/ supplements

Abnormal PE/Chem/CBC/UA Results: Attitude/Appearance: BAR EENT: significant dental disease; OU lenticularsclerosis Oral: ~8% dehydrated Skin/Coat: Within normal limits Cardio: Within normal limits Respiratory: Within normal limits LN: Within normal limits Abdom: significant gas in the intestines Urogenital/Rectal: Within normal limits MS/Neuro: generalized muscle wasting PLAN SECTION NOTES Discussed ddx- kidney vs. liver disease vs. neoplasia vs. gastroenteritis vs. other REc. bw and rads w/ consult-

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

MN

AGE

14yr

WEIGHT

7.92lb

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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.

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 0.90 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

Liver/Gallbladder

The liver was subjectively mildly enlarged with symmetrical capsule contour. Normal to potential mild hypoechoic parenchyma with mild increased indistinct prominence of portal vascular borders was present. 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 with mild dependent non-organized hyperechoic debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr Hanna
Hausamann

INVOICE

13726ag

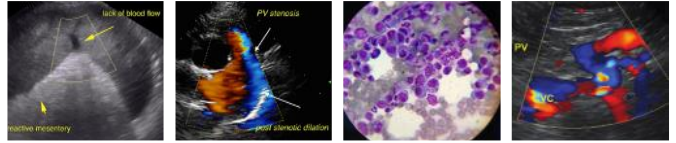
Gastrointestinal

DATE

05/06/2023



PATIENT	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.
Tyken Freeman	
SPECIES	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 0.25-0.26 cm width.
Feline	
BREED	Normal visible colon wall layers were present with luminal gas present in the descending and semi formed to soft feces present in the proximal colon.
Siamese Mix	
SEX	Pancreas
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective minor pancreatic duct dilation was present.
AGE	Free Abdomen
14yr	No omental masses or peritoneal effusion was present.
WEIGHT	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 1.2 cm.
7.92lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Minor age related renal changes. • Subjective mild hepatomegaly with mild gallbladder sludge. • Overtly normal GI tract. • Heterogenous pancreas. • Intermittent non-specific yet subjectively benign/reactive mesenteric lymphadenopathy.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Michaleen	Although non-specific without evidence of previous hepatic enzyme elevations, potential acute or progressive hepatopathy i.e., cholangiohepatitis in light of mild gallbladder debris could be a potential in this patient. Correlation with reassessment of hepatic enzymes +/- screening hepatic FNA cytology assuming normal clotting status could be considered. Non-structural intestinal disease and low grade to chronic pancreatitis i.e., triad disease could be a potential as intestinal disease and pancreatitis may present sonographically normal in light of patient weight and muscle mass loss.
HOSPITAL NAME	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.
DPC Veterinary Hospital	
REFERRING VET	Empirically, pending additional diagnostics, hospitalization with rehydration protocol, as needed GI support and clinical reassessment may prove beneficial.
Dr Hanna Hausammann	
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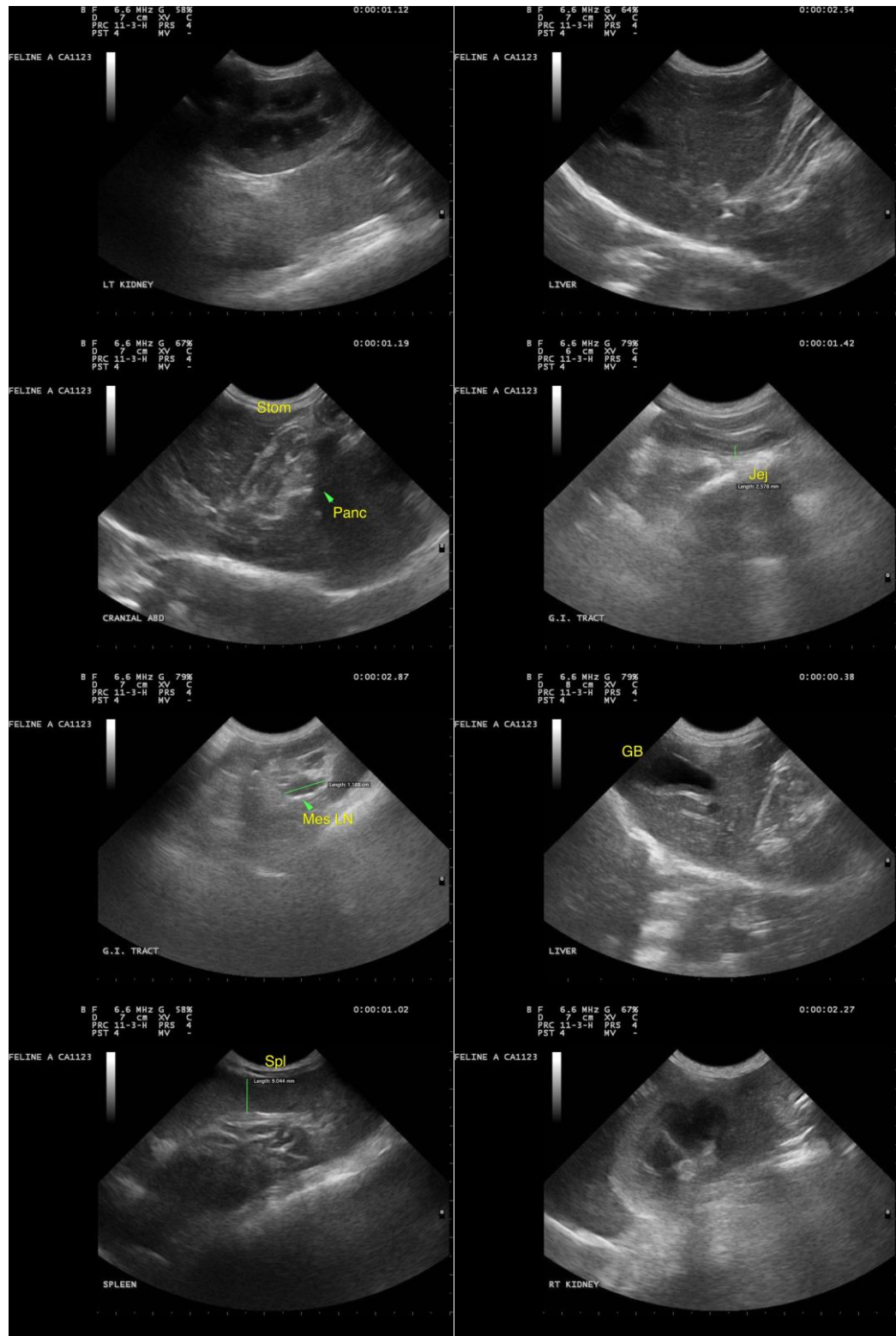
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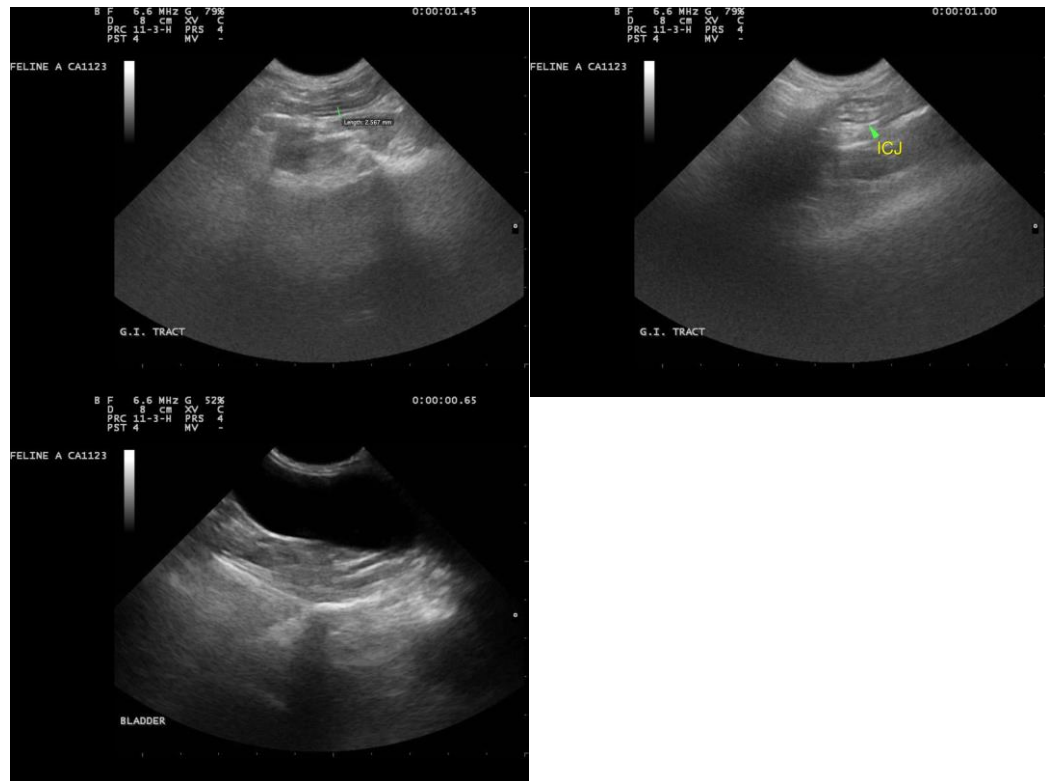
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AGE

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WEIGHT

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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.

INTERPRETED BY

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(Canine and 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.

IMAGING PERFORMED BY

Michaleen

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