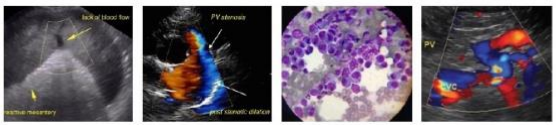


PATIENT

Simon Jackson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.51 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamiklton Regional VEC

REFERRING VET

Dr. Wattson

INVOICE

15967

DATE

6/10/22

PRESENTING CLINICAL SIGNS

History: Presenting complaint: 6-week hx of weight loss with more pronounced anorexia over last few days. No v/d/c/s. Inappropriate urination since last summer - normal UA at time. PE (admit): mild to moderate dental disease, heart murmur (parasternal, gr III-IV/VI), tense on palpation of cranial abdomen; marked hyperthermia (40.2C) meds: Cerenia, pantoprazole, ampicillin, methadone

Abnormal PE/Chem/CBC/UA Results: - moderate normocytic normochromic non-regenerative anemia (Hct 24.8%) - mild neutropenia (2.29 but suspect lower based on dot plot) with marked L shift and m1 monocytosis (0.77) and m1 lymphocytosis (7.56) (normal total WBC count - 10.66) - m3 thrombocytopenia - confirmed adequate platelet mass on smear (artifact) - m1 hyperglycemia (12.22), m1 increased SDMA (24) but otherwise normal renal values - m1 increased globulins (55) - abnormal fPL - low normal TT4 (15) - no UA or other imaging performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended yet subjective normal tone. Primarily anechoic was present with mild nondependent particulate to hyperechoic sediment and suspect mild dependent mineral. The urethra was normal to a depth of 2.0 cm.

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. Minor areas of medullary mineral were present in the left kidney and suspected right kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 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.

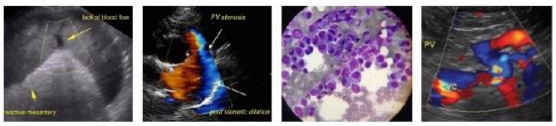
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm.

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 0.88 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 contained nonshadowing mild ingesta/chyme. The stomach was otherwise normal. The gastric body wall measured 0.24 cm.

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 small intestinal wall measured 0.21 cm in width.

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

Pancreas

The pancreas was normal in size and subjective contour. Isoechoic to mildly nonhomogeneous parenchyma noted compared to adjacent omentum. No evidence of pancreatic neoplastic criteria.

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild particulate urinary bladder sediment and dependent mineral
- Bilateral mild chronic renal changes- no overt pyelonephritis
- Overtly normal gastrointestinal tract with mild, potentially retained, nonshadowing gastric ingesta/chyme
- Potential low-grade to chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology, i.e., peritonitis, neoplastic criteria, etc., as an obvious cause of the patients clinical signs. The presence of gastric ingesta, given the anorexia, may indicate some degree of gastric hypomotility. No evidence of gastrointestinal mechanical obstruction or foreign material.

Sonographically, the appearance of the pancreas was not overtly consistent with significant or active pancreatitis. Low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation in light of the abnormal FPL.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Further assessment of the CBC abnormalities may include CBC pathology review, recheck retroviral status +/- flow cytometry given the lymphocytosis. If persistent/progressive hyperglobulinemia, protein electrophoresis could be considered. Three-view chest radiographs are suggested to assess for or rule out occult thoracic pathology as a contributing factor to the patients clinical signs and lab abnormalities. Infectious disease serology, if clinically indicated, may be considered.

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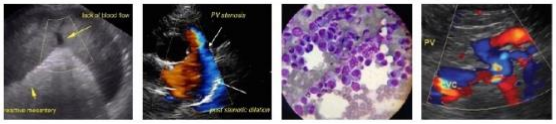

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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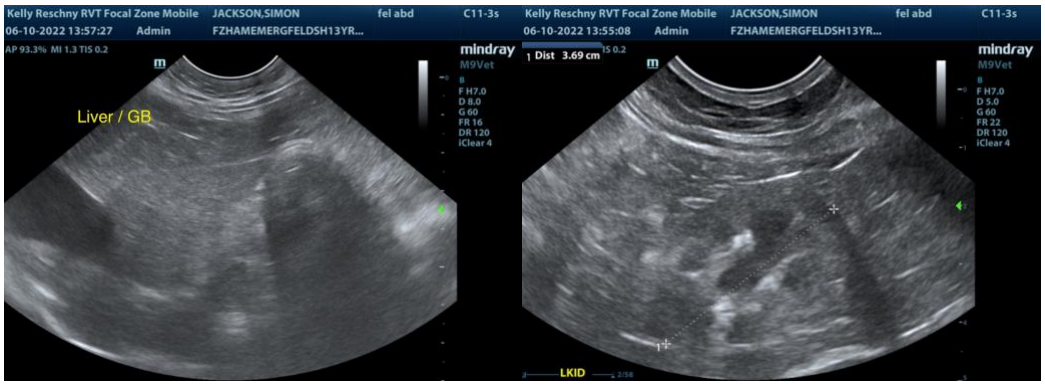
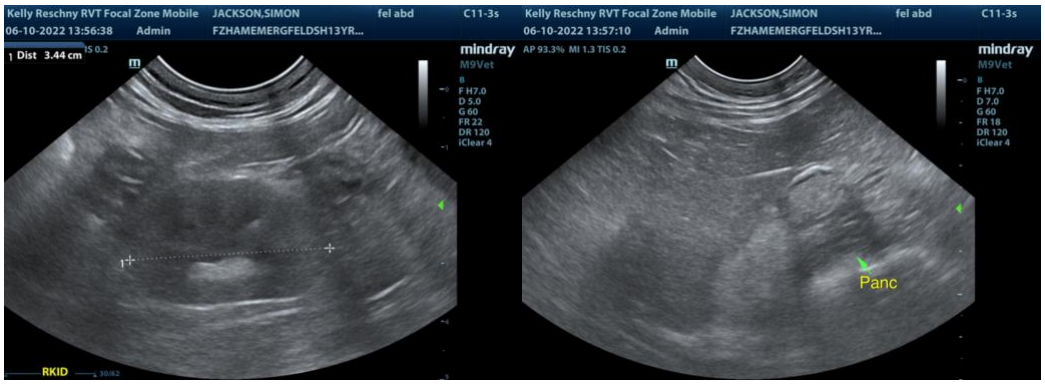
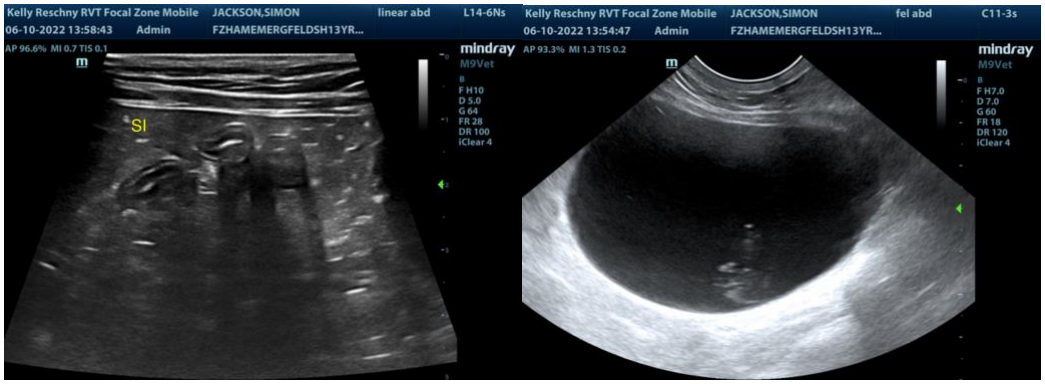
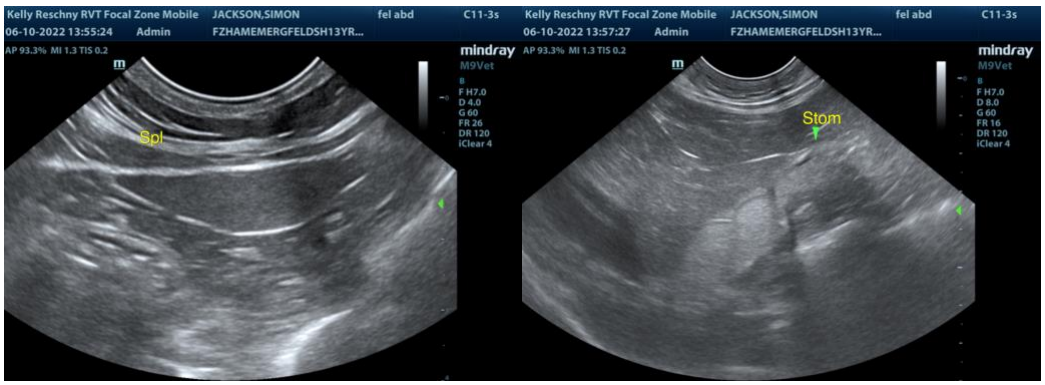
As needed supportive care, pending additional diagnostics, recommended.









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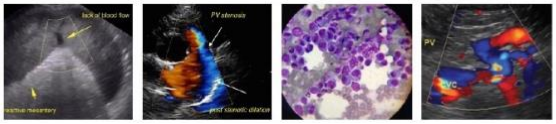

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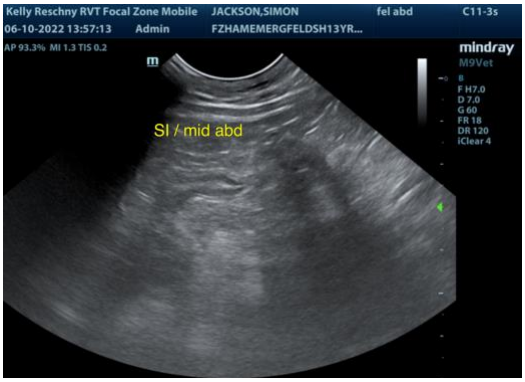

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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