



PATIENT

Ralph Mersereau

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

16375

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Weight loss of 2 lbs. No vomiting or decrease in appetite per O. Previous BW unremarkable except for CK elevation.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6-7/9, sensitive on palpation of mid to cranial abdomen. RADS (Abd): indistinct soft tissue density in L upper quadrant. Stomach axis appears to be pushed caudally. CBC/Chem/T-4 (Sept. 2021): all WNL except CK 1,608.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 4.3 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal gland.

Spleen

The spleen was mildly enlarged, measuring 1.2 cm in width at the level of the hilus. The spleen exhibited 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. No masses or nodules noted.

Liver

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 exhibited normal and intact visualized gastric walls. The stomach contained a moderate amount of ingesta, exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer yet without evidence of significant mural hypertrophy or loss of intestinal wall layering. Intestinal wall measured 0.27 cm. Segmental areas of minor jejunal ileus. No evidence of mechanical obstruction.



PATIENT	1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Ralph Mersereau	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	The left pancreatic limb was normal in size and overall contour. Subtle hypoechoic parenchyma compared to adjacent omentum with intermittent small parenchymal cyst.
BREED	<i>Free Abdomen</i>
DSH	No omental masses, lymphadenopathy or evidence peritoneal free fluid was present. No overt evidence of pathology, including no evidence of masses in the left cranial abdomen.
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered Male	<ul style="list-style-type: none"> • Bilateral chronic renal changes • Minor urinary bladder sediment
AGE	<ul style="list-style-type: none"> • Subtly hypoechoic to intermittently cystic left pancreas- age-related/patient variant with benign cysts, potential for low grade to chronic active pancreatitis
10 Years	<ul style="list-style-type: none"> • Mild splenomegaly with maintained symmetrical capsule contour- nonspecific, patient variant, mild hyperplasia, hematopoiesis, neoplastic criteria thought less likely yet cannot be definitively excluded
WEIGHT	<ul style="list-style-type: none"> • Shadowing gastric ingesta, potential for hairball density • Intact yet mildly prominent small bowel walls
18.9 Pounds	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. If no evidence of inflammatory cells, baseline UPC for further renal staging could be considered.
IMAGING PERFORMED BY	Given the patients weight loss and assuming normal clotting status, screening splenic FNA, using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present. The small intestine exhibited potential for subtle mural changes, which may indicate underlying inflammatory enteropathy. 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. Correlation with most recent meal ingestion is suggested if documented NPO. Potential for hairball density or similar in the stomach possible. Monitoring for evidence of gastric emptying, following documented fast may be indicated.
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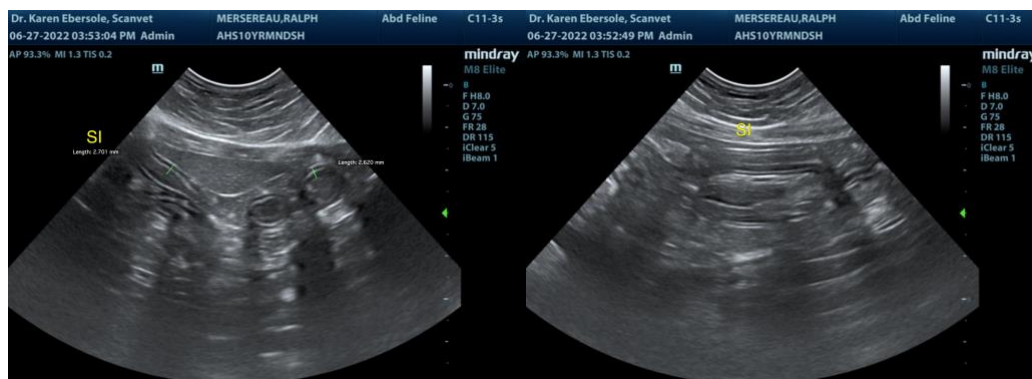
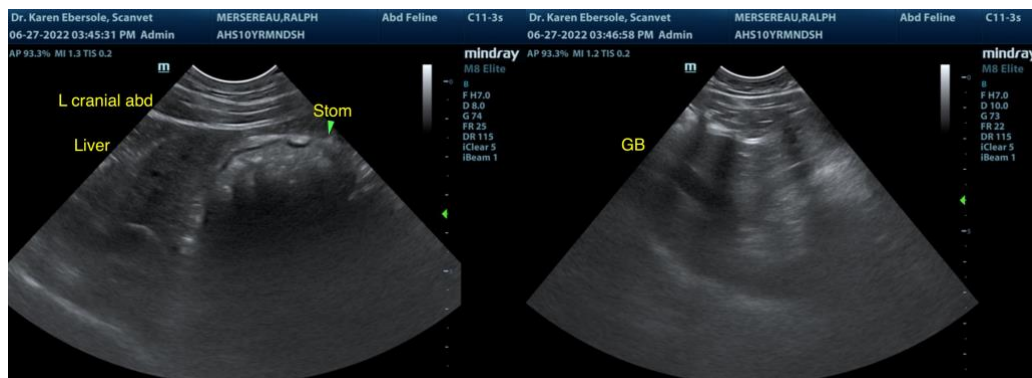
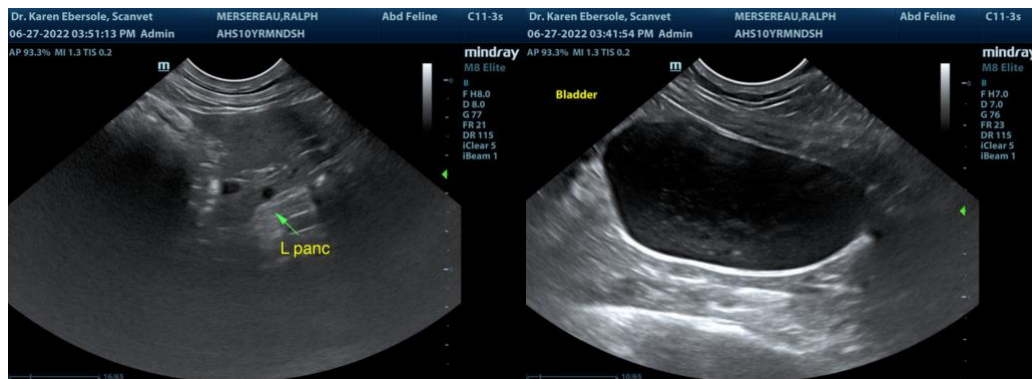
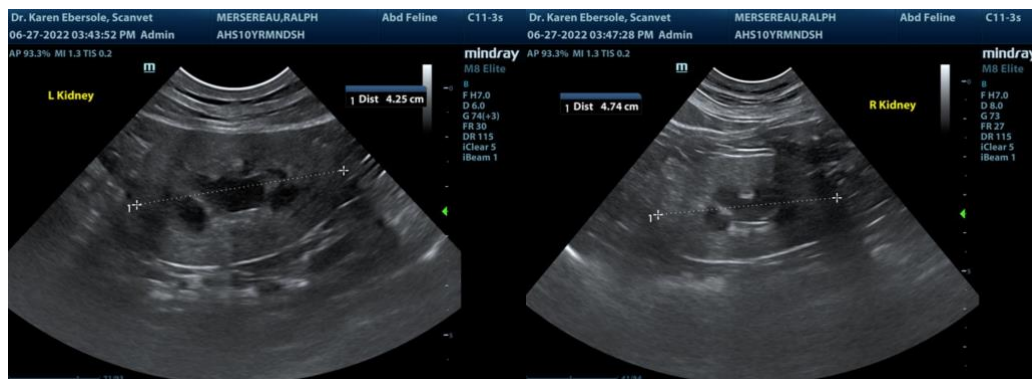
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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