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Clinical Sonography & Telecytology
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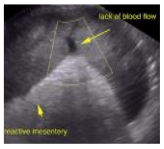

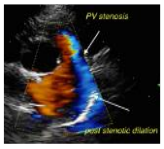

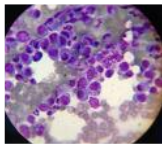
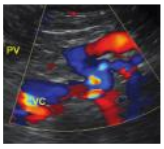

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chloe Bradley

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

6.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michelle Roche

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

14137

DATE

6/28/22

PRESENTING CLINICAL SIGNS

Not eating, lethargic
Abnormal PE/Chem/CBC/UA Results: sdma 18, creat 2.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, hyperechoic sediment was present without evidence of calculus formation, likely consistent with cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor loss of corticomedullary border demarcation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

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 criteria, or benign parenchyma changes were not noted.

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 contained a mild amount of anechoic fluid. Possible hairball-type density was present in the area of the antrum and pylorus, measuring 1.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.28 cm.

The small intestine presented intact yet subjectively mild prominent segmental wall layering. No evidence of loss of intestinal wall layering or intestinal masses was noted. No evidence of mechanical / metabolic small intestinal ileus was noted. The small intestinal wall width measured 0.29 cm.

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

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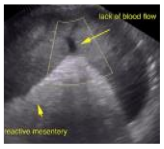
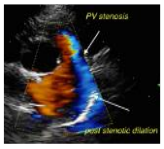
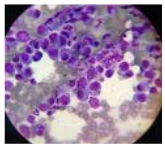
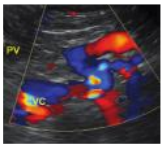

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Pancreas

The left limb of the pancreas exhibited normal size and contour with subtle uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Focal to Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.8 cm in diameter. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor urinary bladder sediment
- Mild retained gastric fluid with possible nonobstructive hairball-type density area of antrum / pylorus
- Intact yet segmental mild prominent small bowel wall layering
- Focal to intermittent suspected mesenteric lymphadenitis
- Possible low-grade pancreatitis

Secondary Findings

- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes without evidence of significant mural pathology or hypertrophy, which may suggest an underlying inflammatory process in conjunction with suspected mesenteric lymphadenitis. Neoplastic criteria is thought less likely. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Hairball therapy +/- sonographic monitoring of the nonobstructive hairball-type density in the area of the stomach and as-needed gastrointestinal support pending additional diagnostics would be reasonable.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Additional renal staging to include baseline UPC level could be considered if clinically indicated.

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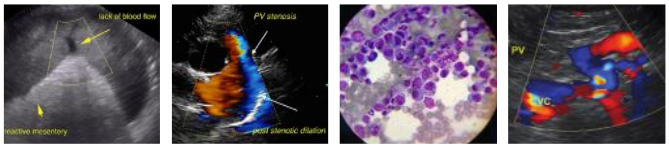

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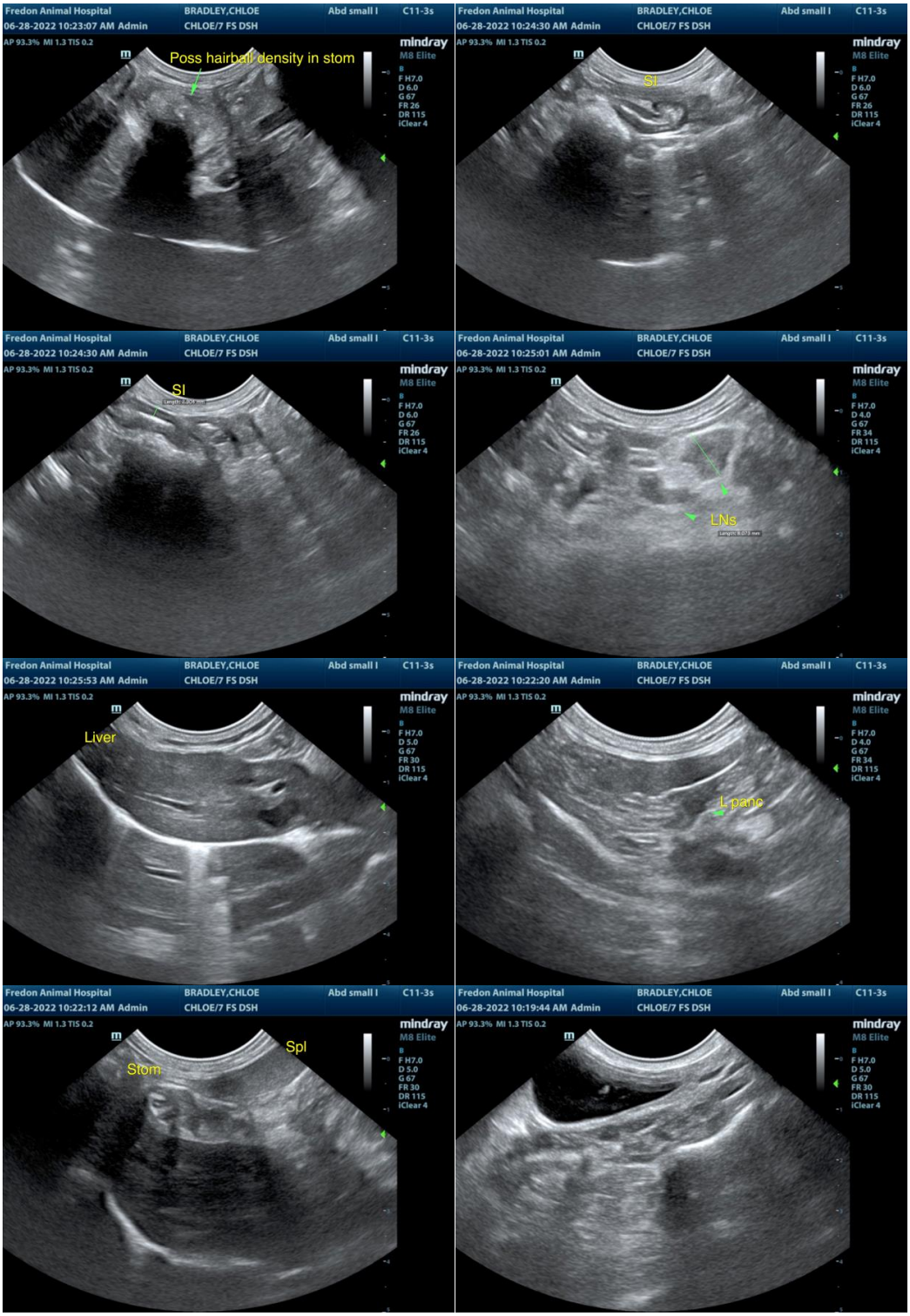

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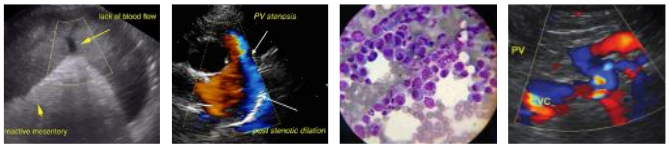

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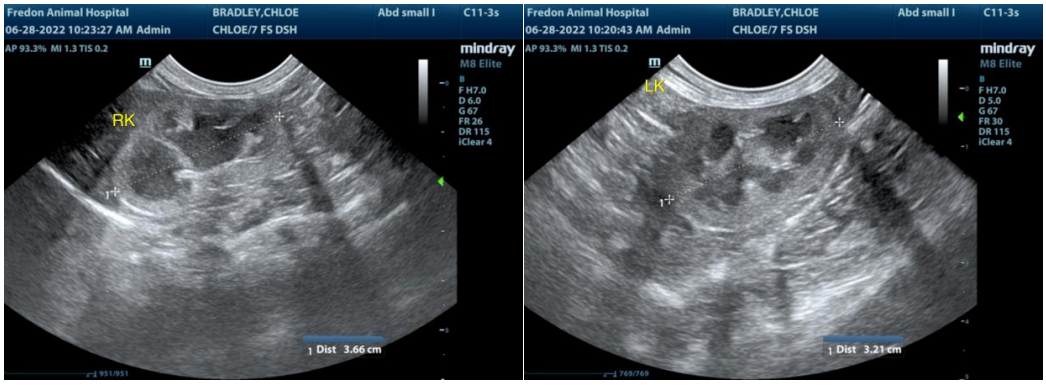

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com