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Clinical Sonography & Telecytology
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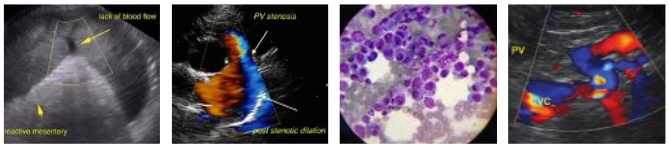


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Kelly

SPECIES

Feline

BREED

DSH

SEX

N/M

AGE

9 years

WEIGHT

9.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Robert Sova

INVOICE

17179

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Pet having history of inappropriate urination and defication chronic/ intermittent V/D and weight loss
Abnormal PE/Chem/CBC/UA Results: WNL cbc T4 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal urinary bladder wall. No evidence of inflammatory criteria or tumors was noted. Anechoic urine was present with mild, dependent to non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, ad shape. The left adrenal gland measured 0.52 cm width and the right adrenal gland measured 0.37 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.

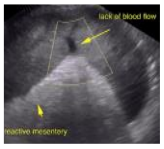
Liver/ Gallbladder

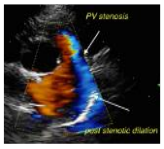
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

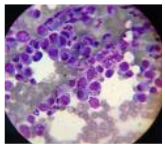
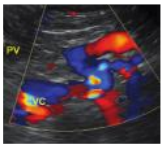
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ingesta, fluid, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine presented generalized intact wall layering with segmental propensity for segmental prominent intestinal wall layering owing to subjective mild muscularis hypertrophy. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic ileus. The small intestinal wall width measured up to 0.35 cm.





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Normal visualized colon wall layers were present. The colon appeared to be potentially distended with formed fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Scant pockets of caudal abdominal free fluid were noted adjacent to the urinary bladder and distal descending colon. No overtly visualized omental lymphadenopathy was noted. No omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Normal bilateral kidneys
- Intact segmentally prominent small bowel walls
- Normal stomach / pancreas
- Normal possible mild distended colon with formed fecal matter
- Scant caudal abdominal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary tract pathology was noted.

Although a potential for patient variant, the small intestine exhibited segmental mild mural changes, which may potentially indicate underlying intestinal disease, i.e., nonspecific enteritis, mild IBD, early infiltrative neoplasia (less likely). Given the patient's weight loss, further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic pathology as a contributing factor.

Empirical gastrointestinal support, which may include novel protein or hydrolyzed diet trial, gastroprotectants, and high colony count probiotics such as Proviable or similar, may prove beneficial. Pending additional diagnostics, intestinal biopsies may be required for a definitive diagnosis.

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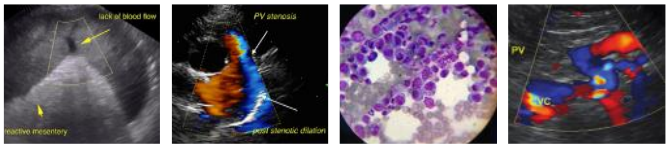

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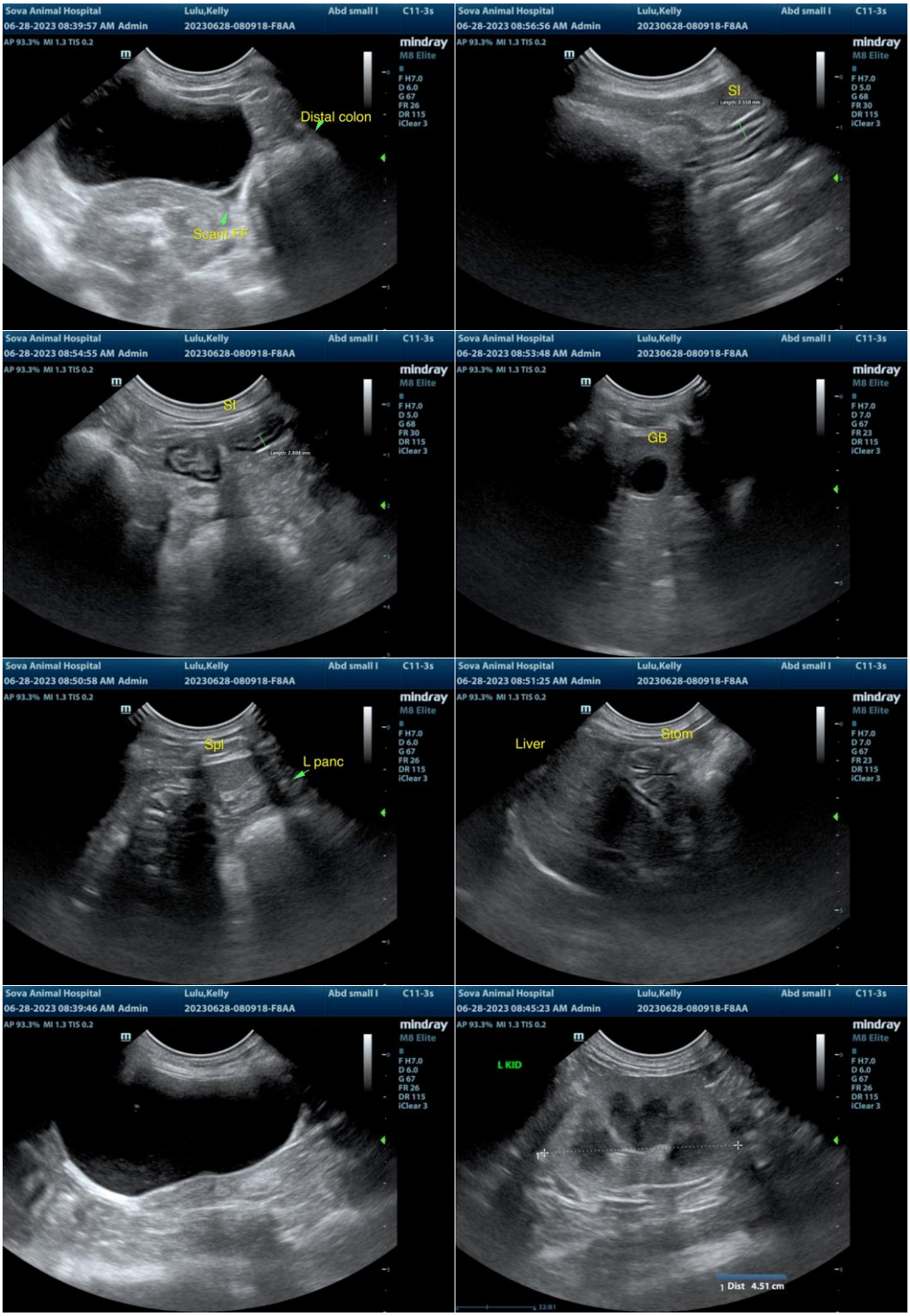

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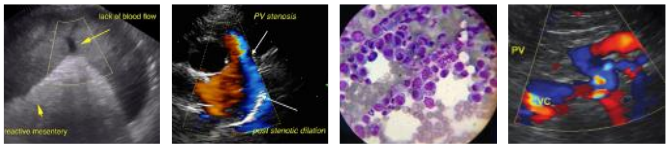

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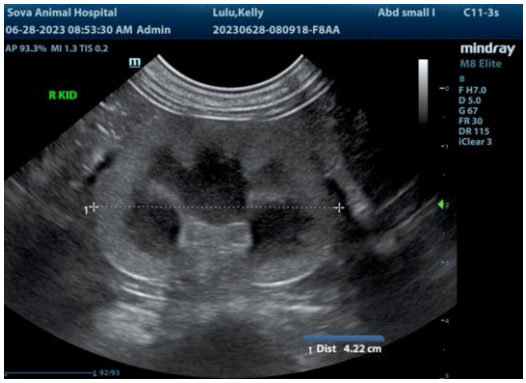

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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