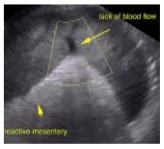
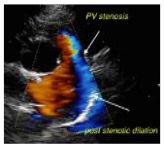
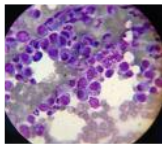
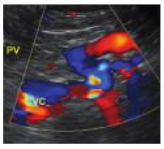
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Tilly Jennings

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

8 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate Veterinary Clinic

REFERRING VET

Josiah Moses

INVOICE

17214

DATE

6/29/23

PRESENTING CLINICAL SIGNS

On 6/15/23 - P is here for an Annual Exam and updating the Rabies Vax . P would periodically be interested in eating current food & wouldn't be interested the next day. Current Diet (protein, amnt, freq): Royal Canin Indoor Formula Treats: N/A Current medications(Including Rx, OTC, preventive, supplements, etc.): N/A ASSESSMENT very mild/early dental disease GI: behavioral/picky, primary GI, CKD, IBD, open

Abnormal PE/Chem/CBC/UA Results: ALBUMIN 4.3 (HIGH) 2.5-3.9 g/dL ALT (SGPT) 159 (HIGH) 10-100 IU/L HGB 16.2 (HIGH) 9.3-15.9 g/dL CHOLESTEROL 231 (HIGH) 75-220 mg/dL AMYLASE 1,489 (HIGH) 100-1,200 IU/L Specific Gravity 1.043 1.015-1.060 pH 8.0 (HIGH) 5.5-7.0 Protein 2+ (HIGH) NEGATIVE Felv/Fiv/HW and PSL all wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

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

Normal size and margination were present in the kidneys. The kidneys exhibited subjective mild uniform increased cortex echogenicity with no evidence of pelvic dilation. A normal 1:3 cortex / medulla ratio was maintained with mildly enhanced corticomedullary border demarcation. No pyelectasia was noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 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, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was normal in size, contour and vascular volume with normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No masses or nodules were visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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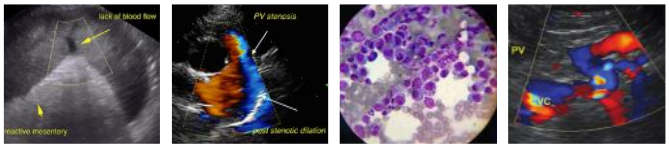

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas. There were no signs of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.29 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 mechanical / metabolic ileus, obstruction, or foreign material. The small intestinal wall width measured 0.26 cm.

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

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

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective nonspecific increased renal cortex echogenicity with mildly enhanced corticomedullary border demarcation - nonspecific, potential for patient variant
- Structurally unremarkable gastrointestinal tract with mild gastric gas
- Sonographically unremarkable pancreas
- Low-grade hepatopathy - sonographically consistent with benign hepatopathy, suspect low-grade inflammatory hepatopathy, given ALT elevation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline UPC ratio is suggested if persistent mild proteinuria.

Overall, there was no sonographic evidence of significant visceral pathology as an obvious cause of the patient's periodic anorexia. No sonographic evidence of IBD criteria, intrabdominal neoplastic criteria, or active pancreatitis.

As-needed gastrointestinal, if clinically indicated, is suggested. If progressive anorexia or other gastrointestinal signs and/or weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as sonographic reassessment may be considered.

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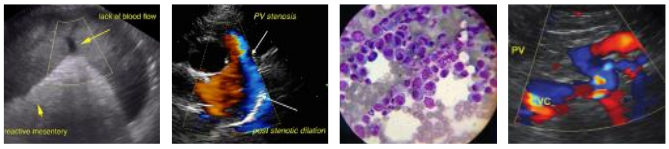

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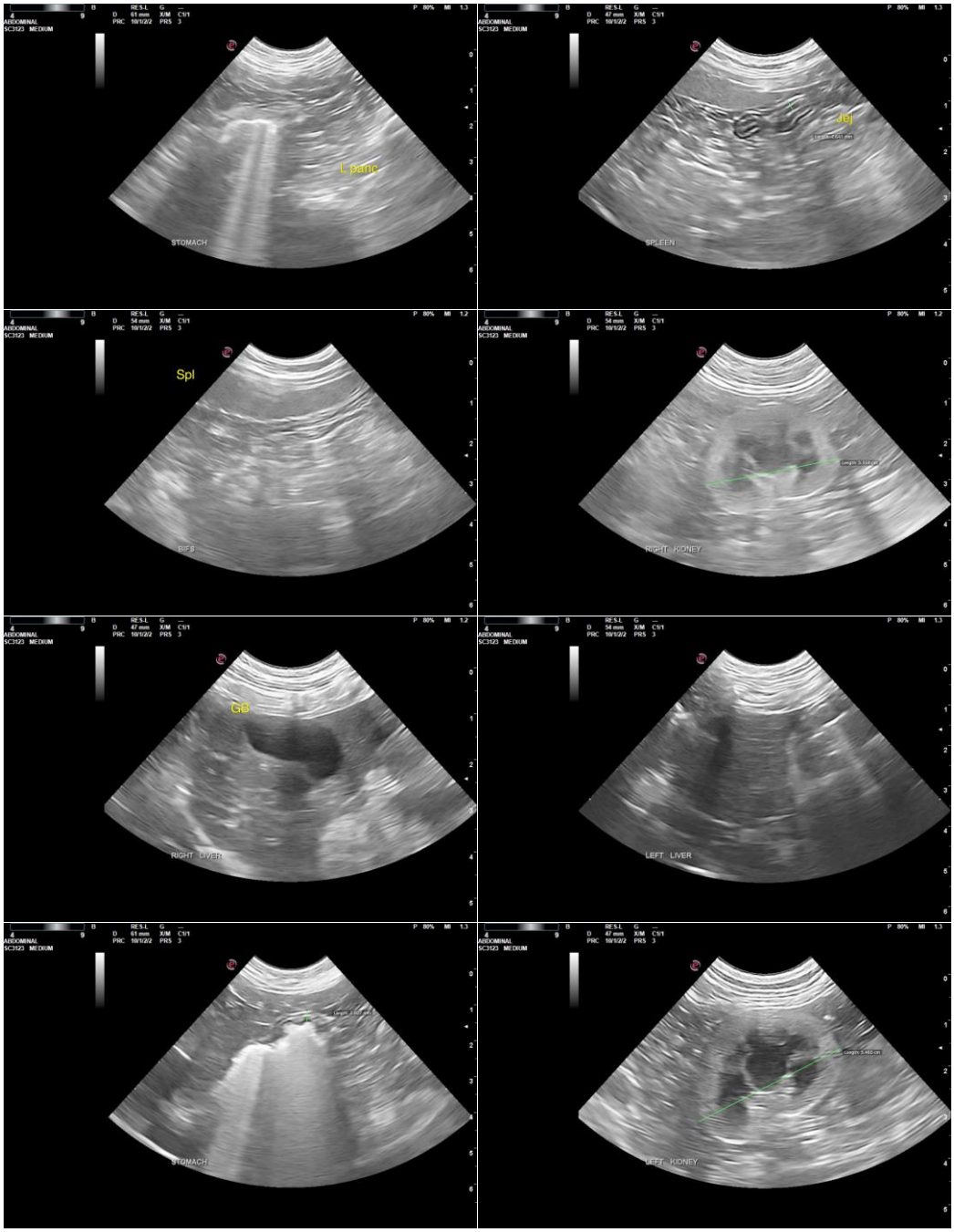

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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