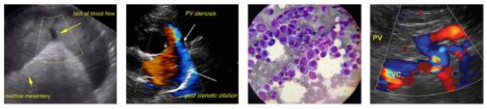
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Simba Rankis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1 year

WEIGHT

10.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Littleton AH

REFERRING VET

Dawn Brooks, DVM

INVOICE

14169

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Seen on May 22 for biannual wellness - NSF on PE or BW. Seen again on June 21for chronic vomiting and weight loss (0.5 lb since May visit, 2.5 lb since August, 2021 (not intentional). Little interest in eating anything but is actively seeking food. T4 WNL. Abdominal exam: soft, pliable, no signs of pain. Intestines palpated fluid/gas filled. Stools softer than normal. Fecal screening - no ova seen. r/o infiltrative disease, lymphoma vs IBD. On Mirataz transdermal and Cerenia.

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. 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.

The area of the aortic trifurcation was free of pathology.

A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained In the bilateral kidneys. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Scant pyelectasia was noted in the right kidney, which is likely physiological. The left kidney was mildly subnormal in size compared to the right kidney yet was without overt evidence of pathology measuring 3.1 cm in length. The mildly subnormal left kidney size is likely a patient variant. The right kidney measured 3.9 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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. The spleen measured 0.8 cm width at the level of the hilus.

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.

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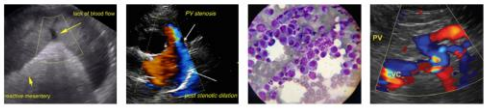

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 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 duodenum wall measured 0.27 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.35 cm width.

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

Pancreas

The pancreas was normal in size and overall contour with mild hypoechoic parenchyma compared to mildly hyperechoic adjacent peripancreatic omentum.

Free Abdomen

Intermittent, mildly prominent, uniformly hypoechoic colic lymph nodes were present. A normal width: length ratio was maintained (<0.5). Evidence of minor adjacent perilymphatic reactive mesentery was evident. An example of lymph node size was 1.3 cm x 0.6 cm. No evidence of omental masses or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract
- Possible minor colic lymphadenitis
- Potential low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade pancreatitis Is possible although not definitive. This may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or ideally, full GI panel to include PLI/TLI/Cobalamin/Folate to assess for structurally insignificant gastrointestinal disease, given the patient's weight loss, Is warranted.

Dietary intolerance / food hypersensitivity, low-grade pancreatitis, and structurally insignificant inflammatory enteropathy with possible secondary minor colic lymphadenitis may be considered primary potentials In this case. Even though fecal screening was negative, broad-spectrum prophylactic deworming is suggested If the patient is indoor/outdoor.

Three view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as a contributing factor.

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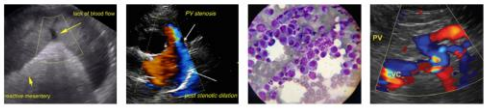

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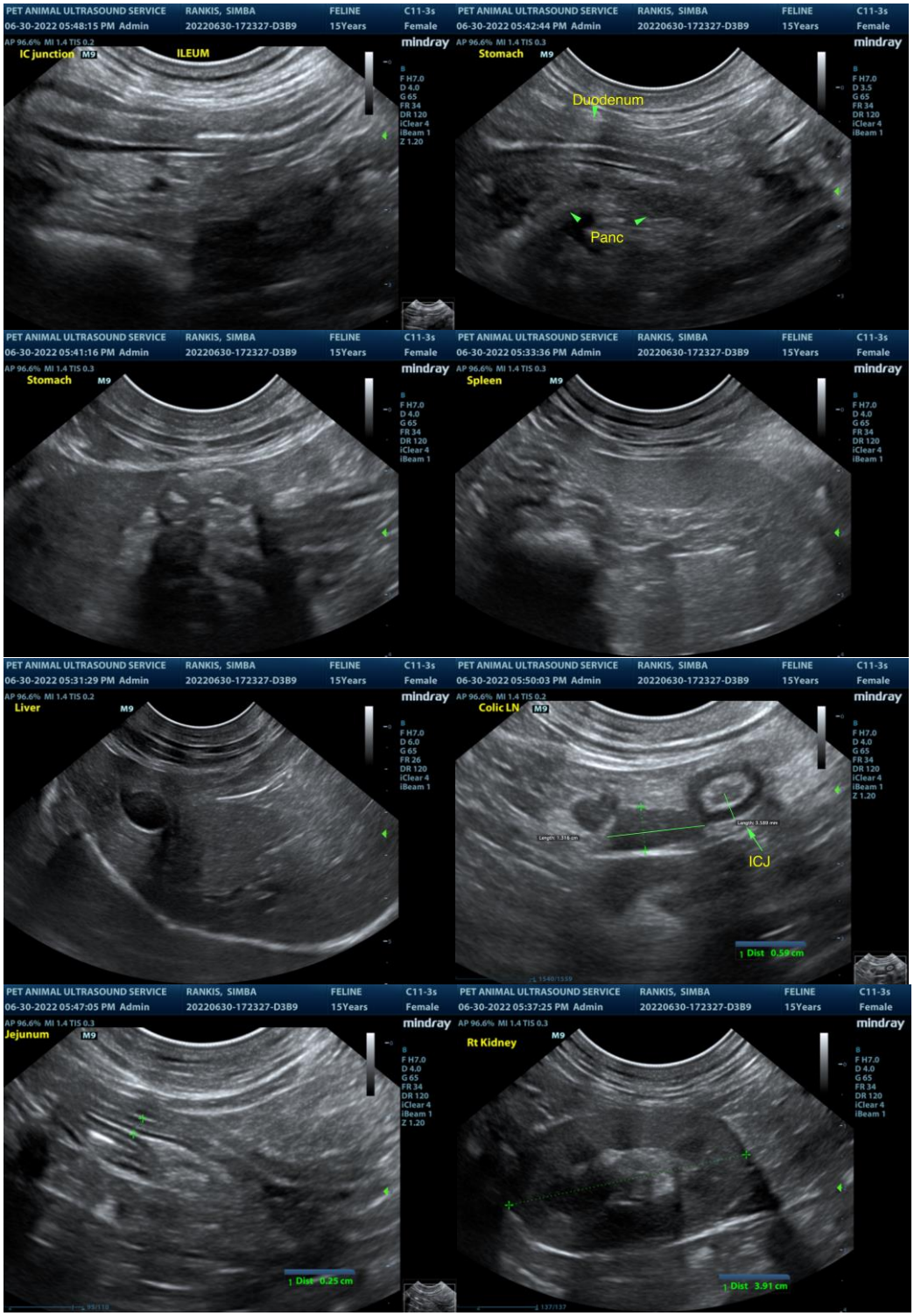

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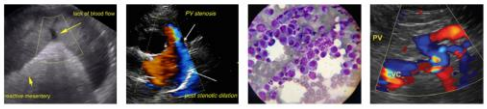

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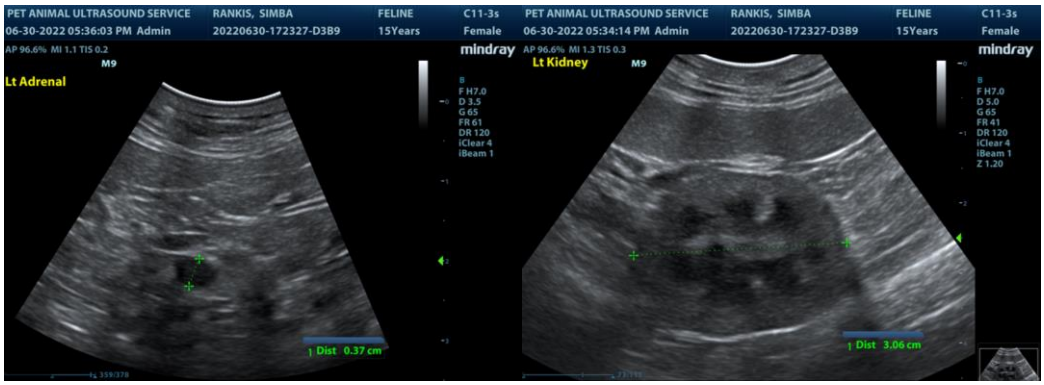

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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