

PATIENT

Loki Farmer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

11.69 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Baxter

INVOICE

14052

DATE

6/8/22

PRESENTING CLINICAL SIGNS

PE Findings 05/26/22: Abd palpation normal, mild generalized muscle atrophy, chronic diarrhea, house soiling ASSESSMENTS 05/26: House soiling, R/o FLUTD, neoplasia, UTI, marking behavior, DM, Cushing's, neoplasia, Chronic diarrhea, R/o IBD, neoplasia
Abnormal PE/Chem/CBC/UA Results: Specific gravity 1.071 Protein 1+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 overt evidence of inflammatory or neoplastic mural criteria were noted. Potential, although not definitive, caudal location of the urinary bladder urethra within the pelvic Inlet was noted.

The area of the aortic trifurcation was free of pathology.

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. A mild to intermittent hyperechoic corticomedullary band, consistent with a mild to intermittent medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width. No evidence of adrenal pathology was noted.

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 0.81 cm width at the level of the hilus.



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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 ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 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 small Intestinal wall width measured 0.22 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 peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral nonspecific mild renal medullary rim sign
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirical conservative therapy for possible minor Idiopathic cystitis pending urine culture and sensitivity would be reasonable.

A definitive cause of the patient's generalized muscle atrophy, which may potentially indicate weight loss in addition to gastrointestinal signs, was not obvious. Dietary intolerance / food hypersensitivity, structurally insignificant Inflammatory gastroenteropathy, and low-grade to mild pancreatitis, both of which may present as sonographically normal could be considered. No evidence of gastrointestinal neoplastic criteria was noted.



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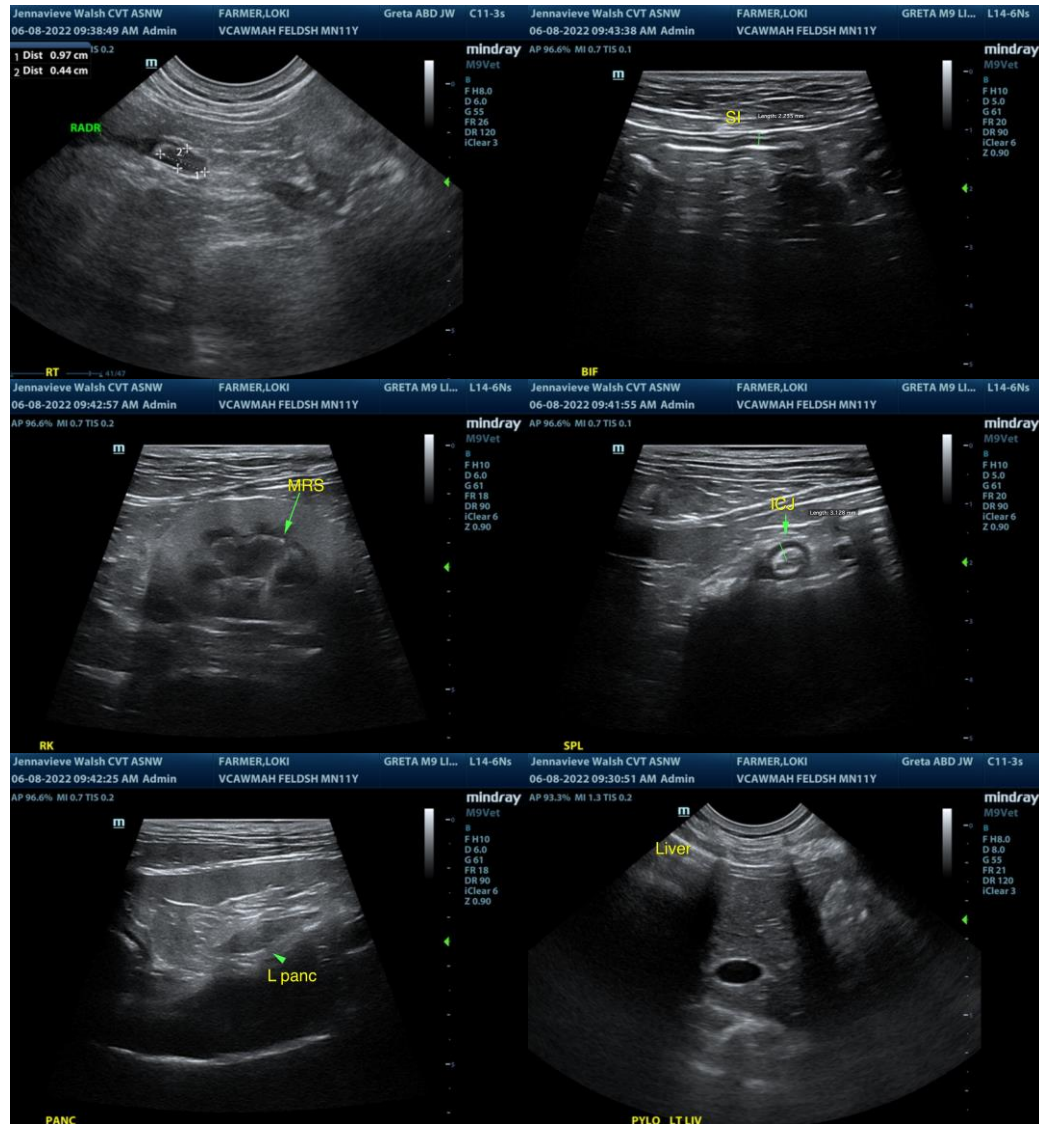
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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- fresh fecal analysis to rule out parasitic ova/ Giardia and/or diarrhea PCR panel.

Empirical hydrolyzed diet trial, broad spectrum deworming if the patient is indoor/outdoor, or if clinically indicated, high colony count probiotics such as Provable, and as-needed gastrointestinal support pending additional diagnostics may prove beneficial.





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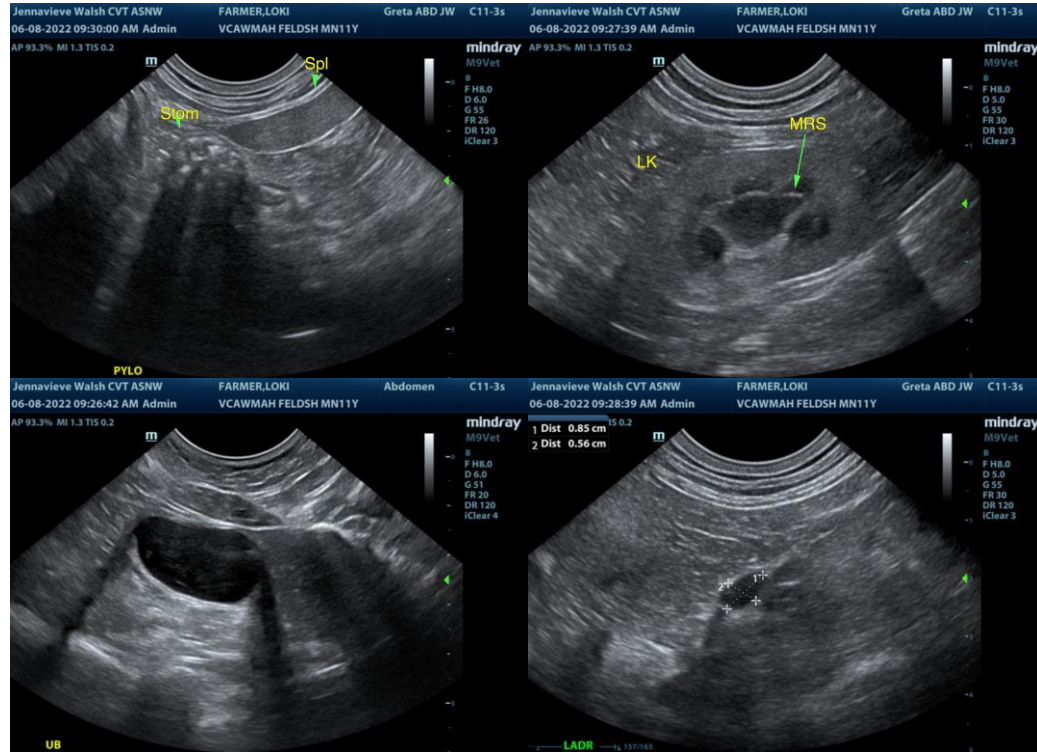
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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