



PATIENT PRESENTING CLINICAL SIGNS

Baker Arnao 5# weight loss in 1 year, decreased appetite
 Unremarkable CBC, Unremarkable Chemistry Panel, Pending Spec fPL, T4 2.3

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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. Moderate nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX MN The area of the aortic trifurcation was free of pathology.

AGE 2008 Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT 16.1 **Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. No overt pathology was noted in the area of the right adrenal gland.

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME **Liver/ Gallbladder**

Easton AH 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.

REFERRING VET **Gastrointestinal**
 Dr. Titcher

INVOICE 14193 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 0.25 cm.

DATE
 7/1/22



PATIENT

Baker Arnao

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 0.23 cm width. The ileocolic wall measured 0.40 cm width.

SPECIES

Feline

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

Pancreas

BREED

DSH

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present. No overt evidence of neoplasia. Regional mildly reactive peripancreatic omentum was noted.

SEX

MN

Free Abdomen

Previously noted mild regional peri ileocolic reactive mesentery and minor subjectively benign colic lymphadenopathy was present. An example of a colic lymph node measured 0.30 cm in diameter. No other evidence of intraabdominal lymphadenopathy was noted. No peritoneal free fluid was noted.

AGE

2008

ULTRASONOGRAPHIC FINDINGS

- Moderate particulate urinary bladder sediment
- Bilateral chronic renal changes
- Structurally unremarkable gastrointestinal tract
- Chronic active pancreatitis pattern with mild reactive peripancreatic omentum
- Minor focal colic lymphadenopathy - subjectively benign

WEIGHT

16.1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Correlation of pancreatic presentation with pending Spec fPL is suggested. A full GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for nonstructural gastrointestinal disease. If not done, three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss.

HOSPITAL NAME

Easton AH

Pending additional diagnostics, as-needed gastrointestinal support, which may include hydrolyzed diet trial, empirical cobalamin supplementation, +/- Prednisolone trial at the lowest effective dose to control clinical signs could be considered.

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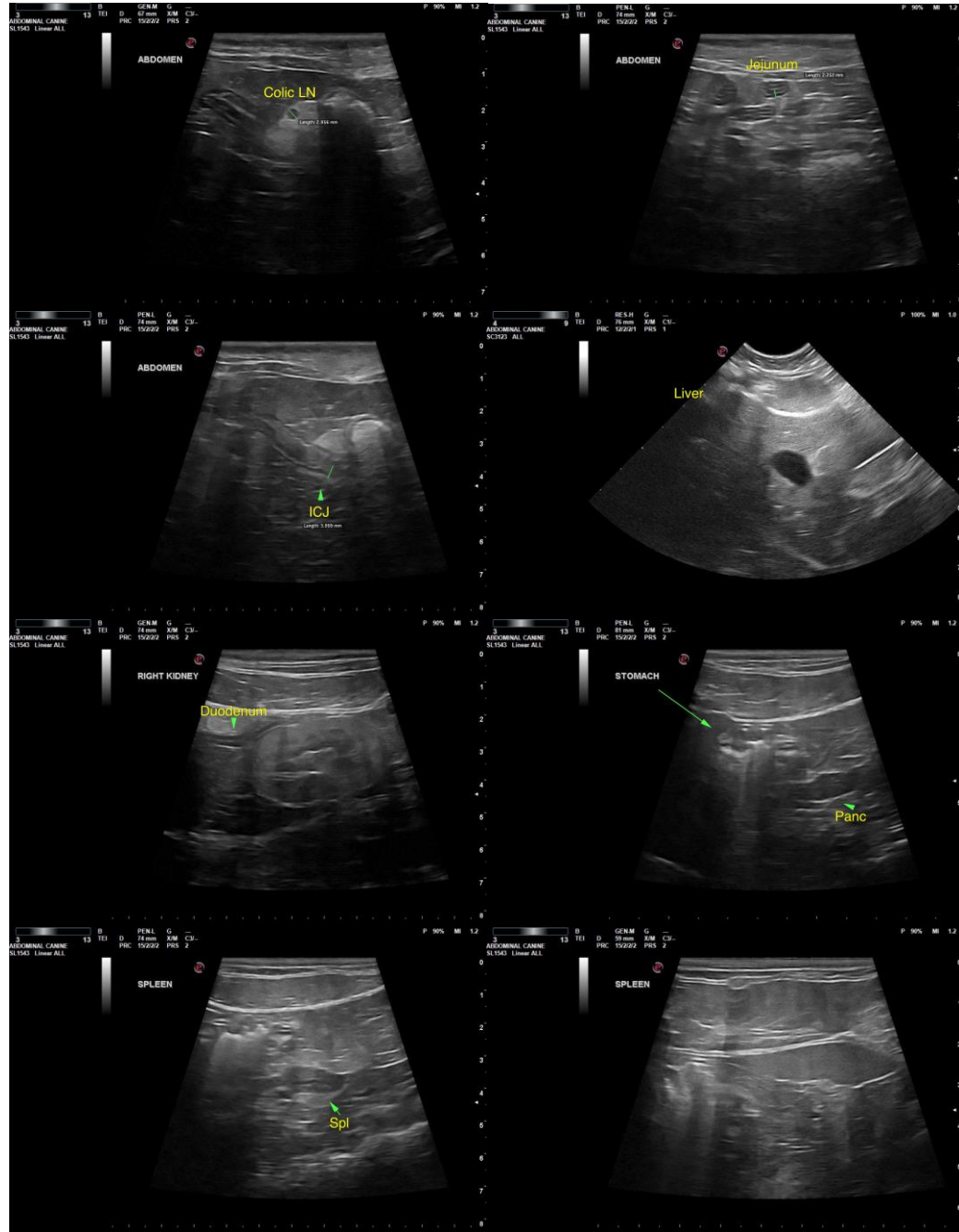
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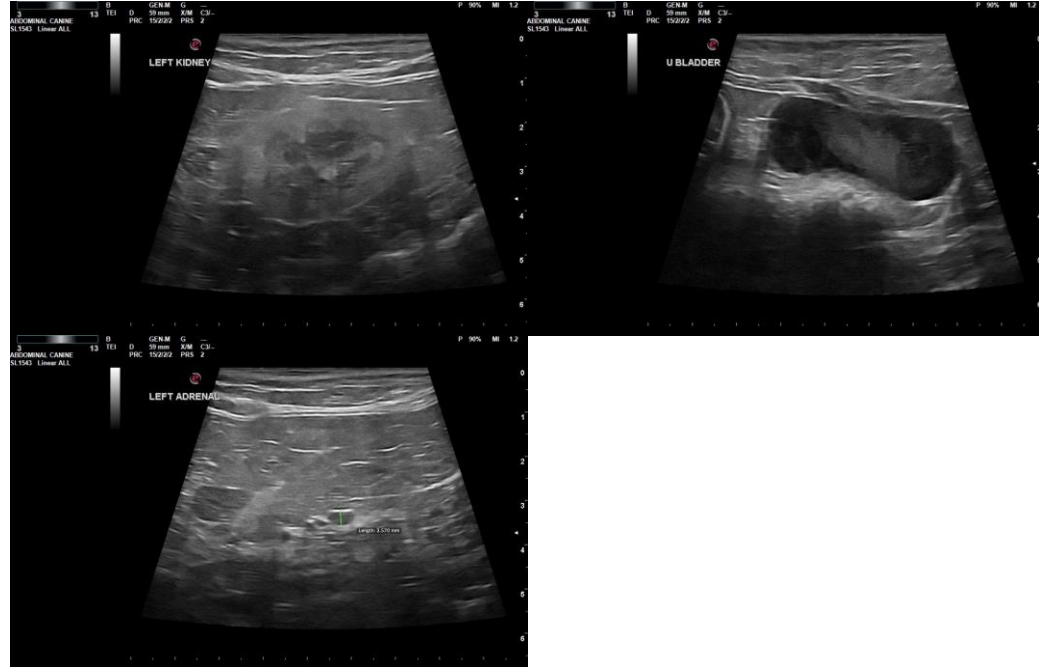
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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