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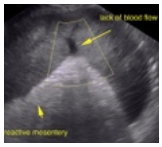
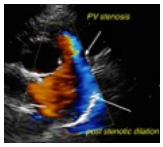
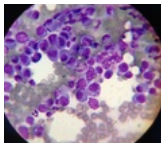
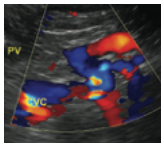
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Najla Nasralla

SPECIES
Feline

BREED
Abyssinian

SEX
Spayed Female

AGE
8 yrs

WEIGHT
3.60 kg

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

IMAGING PERFORMED BY
Dr. Judy McFarlen

HOSPITAL NAME
Van Isle Veterinary Hospital

REFERRING VET
Dr. Conner Silverthorn

INVOICE
10328

DATE
7/14/2023

PRESENTING CLINICAL SIGNS

Primary Complaint is wt loss, hyporexia, and occasional nausea (possibly) and intermittent asthma cough.

Abnormal PE/Chem/CBC/UA Results: normo-glycemic glucosuria -checked on two different samples on different days and also on stick. USG 1.041, proteinuria (UPCR pending), no UTI chem panel mild globulin elevation 54 (28-51) and mild amylase increase 1934 (500-1500)-reported also on prior blood work last year.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal renal size with asymmetrical margination was 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. A mild loss of corticomedullary distinction was also present. No pyelectasia or evidence of left or right retroperitoneal inflammation. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 3.4 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 0.46 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

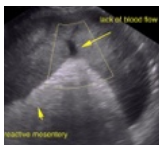
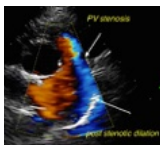
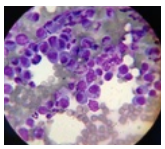
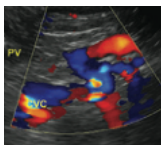
Spleen

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 mid spleen.

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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting subtle to mild progressive distal acoustic shadowing primarily in the area of the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction. The pylorus wall measures 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 evidence of small intestinal mechanical/metabolic ileus. The duodenum wall measured 0.29 cm in width. The jejunum wall measured 0.25 cm in width.

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

Pancreas

The left pancreatic limb is mildly prominent in size, exhibiting subtle asymmetrical capsule contour. Mild non homogenous, hypoechoic left pancreatic parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No lymphadenopathy, omental masses, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonspecific interstitial nephritis renal pattern
- Sonographically normal urinary bladder
- Structurally unremarkable gastrointestinal tract with mild gastric ingesta
- Mildly prominent hypoechoic to non homogenous left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation which may allude to low-grade chronic to chronic active pancreatitis recommended. Given mild weight loss and hyperoxia GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further assessment of the pancreas and for non-structural occult intestinal disease as a contributing factor. If documented NPO potential for mild non-obstructive delayed gastric emptying is possible. Gastro protectant protocol, canned novel protein, or hydrolyzed diet with potential smaller more frequent feedings, +/- hairball therapy if clinical history of hairballs may prove beneficial.

The normal glycemic glucosuria is of unclear clinical significance. Assessment for evidence of glucosuria at home using non-absorbent liver may be considered to rule out potential stress glucosuria. If persistence glucosuria with rule out of stress glucosuria, the potential for renal glucosuria could be a consideration.

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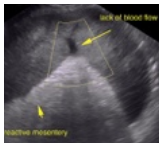
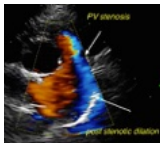
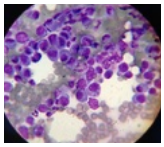
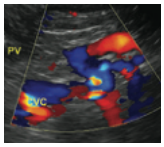

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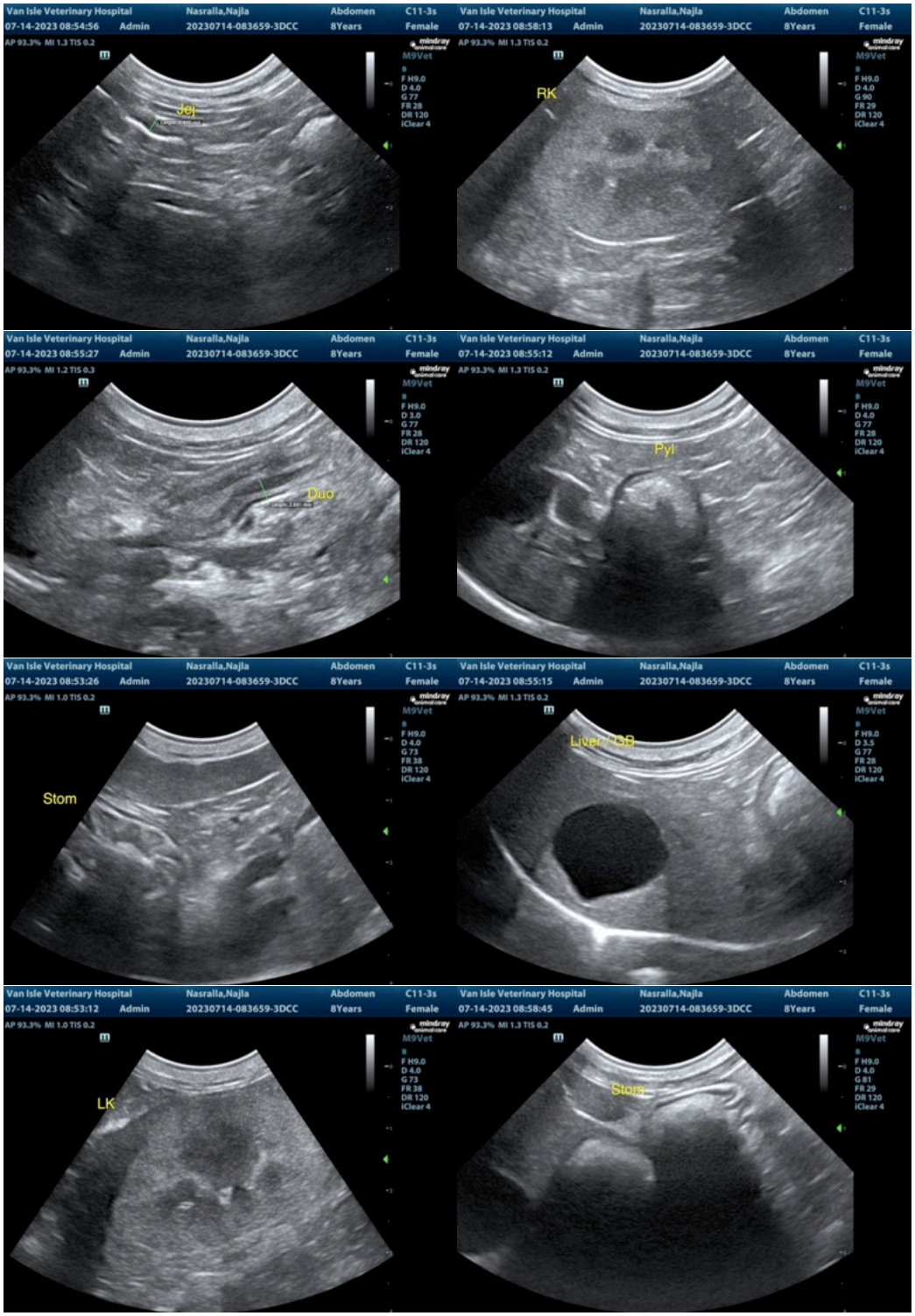

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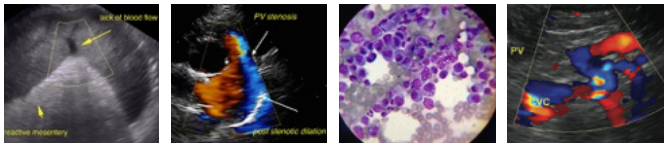

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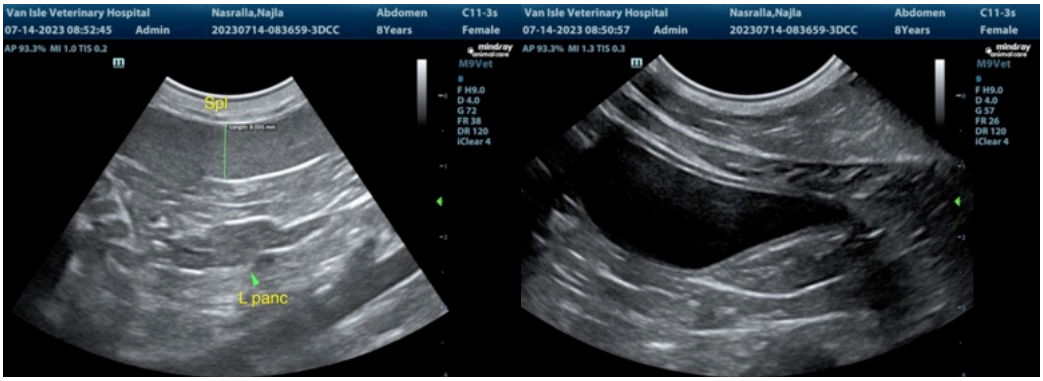

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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