



PATIENT

Britty Kitty Steed

SPECIES

Feline

BREED

British Shorthair

SEX

SF

AGE

13.5 years

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Robyn Lantz

INVOICE

17330

DATE

7/20/23

PRESENTING CLINICAL SIGNS

7/18/23 - Not E/D, Vomiting - O was gone for a week, she's usually pretty moody when they come back, this time her balance seemed off and she wasn't e/d, can be finicky w/ food and water/ lethargic, not as lovey as usual. drank water w/ encouragement but threw it up a few minutes afterwards. Did drink last night and didn't v+, still doesn't look like she has touched her food. Does sometimes get tired of food and O has to change it, not sure if that is part of it. Goes in the backyard. Given Cerenia inj on 7/18/23 7/19/2023- Patient still has not eaten over night. The patient has been refusing all things that the patient is being offered, including fish. Sent home with Mirtazipine topical appetite stimulant on 7/19/23, owners have given 1-2 doses. Did eat 1/4 can of food today, but took alot of persuading on owner's part. chronic ocular discharge, dental disease, mild generalized muscle wasting

Abnormal PE/Chem/CBC/UA Results: CBC wnl mild/moderate elevated - amylase, bun, glucose Calcium >16mg/dL Alb, alp, alt, tbil, phos, creat, Na, K, TP, Glob all wnl Urinalysis wnl except 3+ protein and struvite crystalluria (collected via cystocentesis)

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. Primarily anechoic urine was present in the lumen. Mild 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited mild enlargement with 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 1.2 cm width at the level of the mid spleen. No evidence of splenic masses or nodules was noted.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended likely secondary to decreased food intake / inappetence. No evidence of inflammatory criteria was noted. The gallbladder contained anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact overtly normal wall layering. The stomach contained a mild amount of retained pyloric fluid. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.26 cm.

The small intestine presented intact subjective mildly prominent wall layering with minor segmental nonobstructive intestinal ileus. No overtly visualized loss of intestinal wall layering or intestinal masses. No evidence of intestinal foreign material to the level of the colon. The small intestinal wall width measured 0.28 cm. The ileocolic wall width measured 0.30 cm.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

Pancreas

The left pancreatic limb was mildly prominent in size exhibiting mild capsule asymmetry and nonhomogeneous mild hypoechoic parenchyma compared to the adjacent omentum.

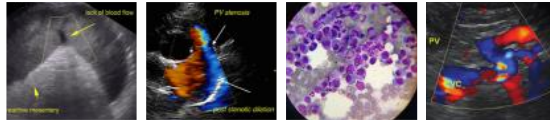
Free Abdomen

No overt or significant omental lymphadenopathy, evidence of peritoneal effusion, or omental masses was present.

Transdiaphragmatic view of the caudal thorax revealed subjective mild volume pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild to moderate chronic renal changes
- Mild splenomegaly - nonspecific, incidental hyperplasia, hematopoiesis, splenitis, early infiltrative round cell neoplasia all potentials
- Nonspecific gastroenteritis pattern with minor retained pyloric fluid
- Probable mild chronic to chronic active left pancreatitis
- Subjective mild volume pleural effusion on transdiaphragmatic view



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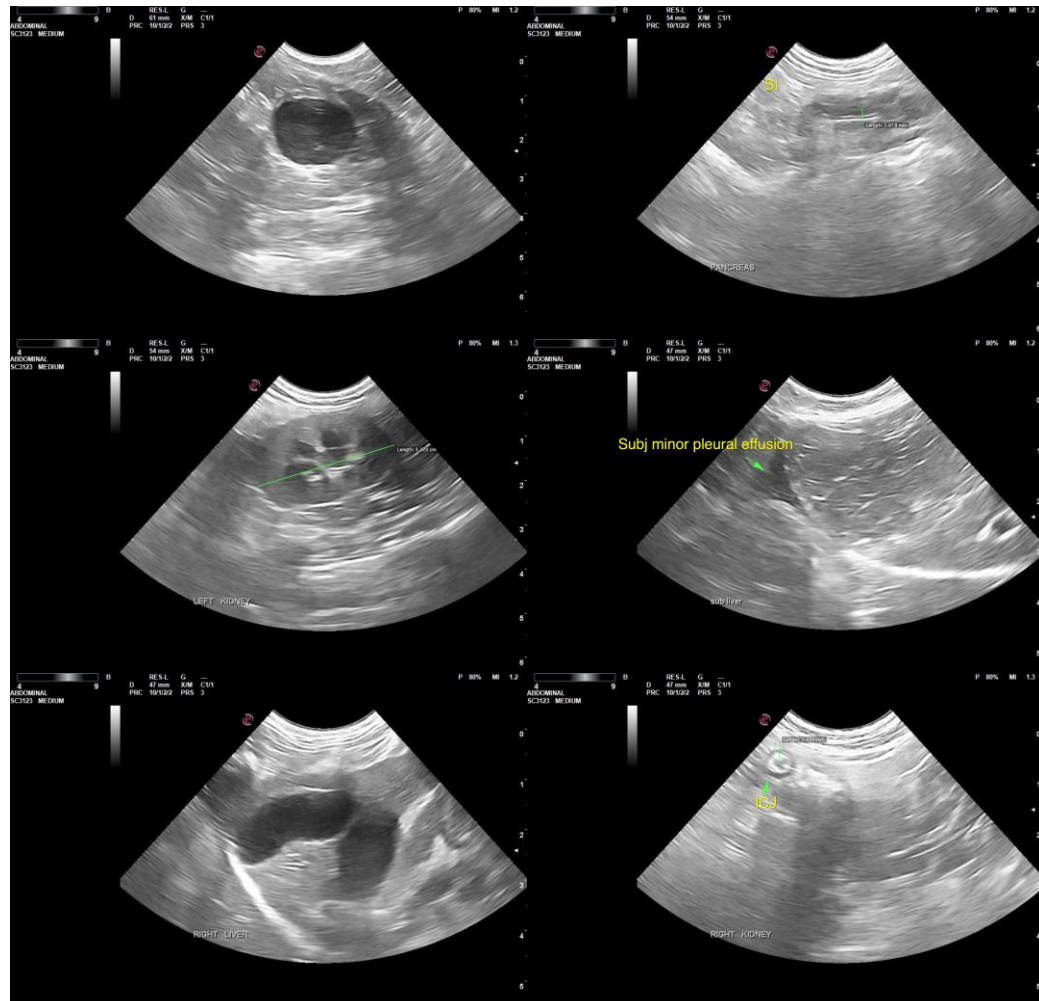
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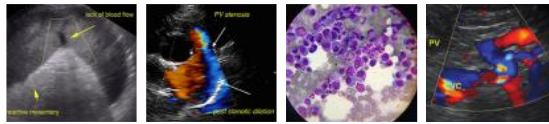
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view chest radiographs are recommended to assess for subjective mild volume pleural effusion, as well as intrathoracic pathology as a potential contributing factor. Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology is warranted especially if persistent splenomegaly or evidence of weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Baseline UPC level, given the relatively quiet urinary bladder sediment +/- screening urine C/S could be considered. Pending additional diagnostics, as-needed GI support would be reasonable.





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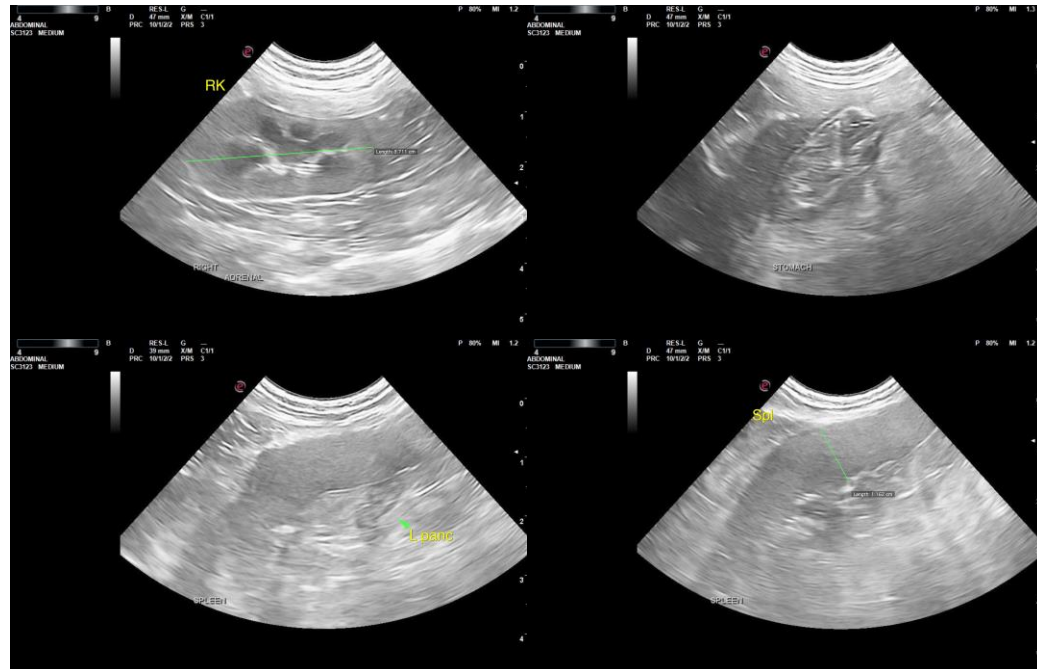
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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