



PATIENT PRESENTING CLINICAL SIGNS

Kimbo Hess Anorexia, lethargy, weight loss, recent URI.
 Medication: Convenia, B12, mirtazapine

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. 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.

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

AGE 2009 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Subtle bilateral cortical infarcts were noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT 7.3 **Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.41 cm width.

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**

Rush VC 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 containing primarily anechoic content with minor, echogenic gallbladder sediment. The proximal common bile duct was dilated and tortuous without overt posthepatic obstruction. The common bile duct measured 0.39 cm diameter.

REFERRING VET
 Dr. Milot

INVOICE **Gastrointestinal**

17324 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.

DATE
 7/20/23



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The small intestine presented primarily intact wall layering with a maintained 1:3 wall layer ratio. Segmental midabdominal mild to variably thickened intestine was present, consistent with probable jejunal location, exhibiting intact mildly thickened wall layering along with segmental mild mural hypertrophy, decreased mural echogenicity, and indistinct to loss of discernable wall layer detail. The segmentally thickened intestine measured potentially 4.0 cm in length with wall width up to 0.34 cm. By comparison, normal-appearing small intestine measured 0.2-0.22 cm wall width.

SPECIES

Feline

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

BREED

Pancreas

DSH

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

MN

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

AGE

2009

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.3

- Urinary bladder sediment
- Moderate chronic renal changes with subtle cortical infarcts
- Segmental mild to variably thickened midabdominal small bowel with potential for emerging segmental intestinal mural mass
- Heterogeneous pancreas - patient / age-related variant, minor benign remodeling owing to previous inflammation, possible chronic pancreatitis
- Minor gallbladder sediment with mild nonobstructive proximal common bile duct dilation - age-related common bile duct variant, potential for mild cholangitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

HOSPITAL NAME

Rush VC

Considerations for the segmental small bowel thickening may include inflammatory emerging neoplastic or granulomatous etiologies. Intestinal biopsies would be required for a definitive diagnosis.

REFERRING VET

Dr. Milot

Despite cobalamin supplementation, a GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for occult disease as a contributing factor to the weight loss may be considered. As-needed gastrointestinal support and empirical inflammatory enteropathy / chronic pancreatitis therapy protocol with monitoring of gastrointestinal signs and weight loss going forward, as well as sonographic monitoring of the intestinal tract for evidence of progressive mural changes would be a more conservative approach.

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REFERRING VET

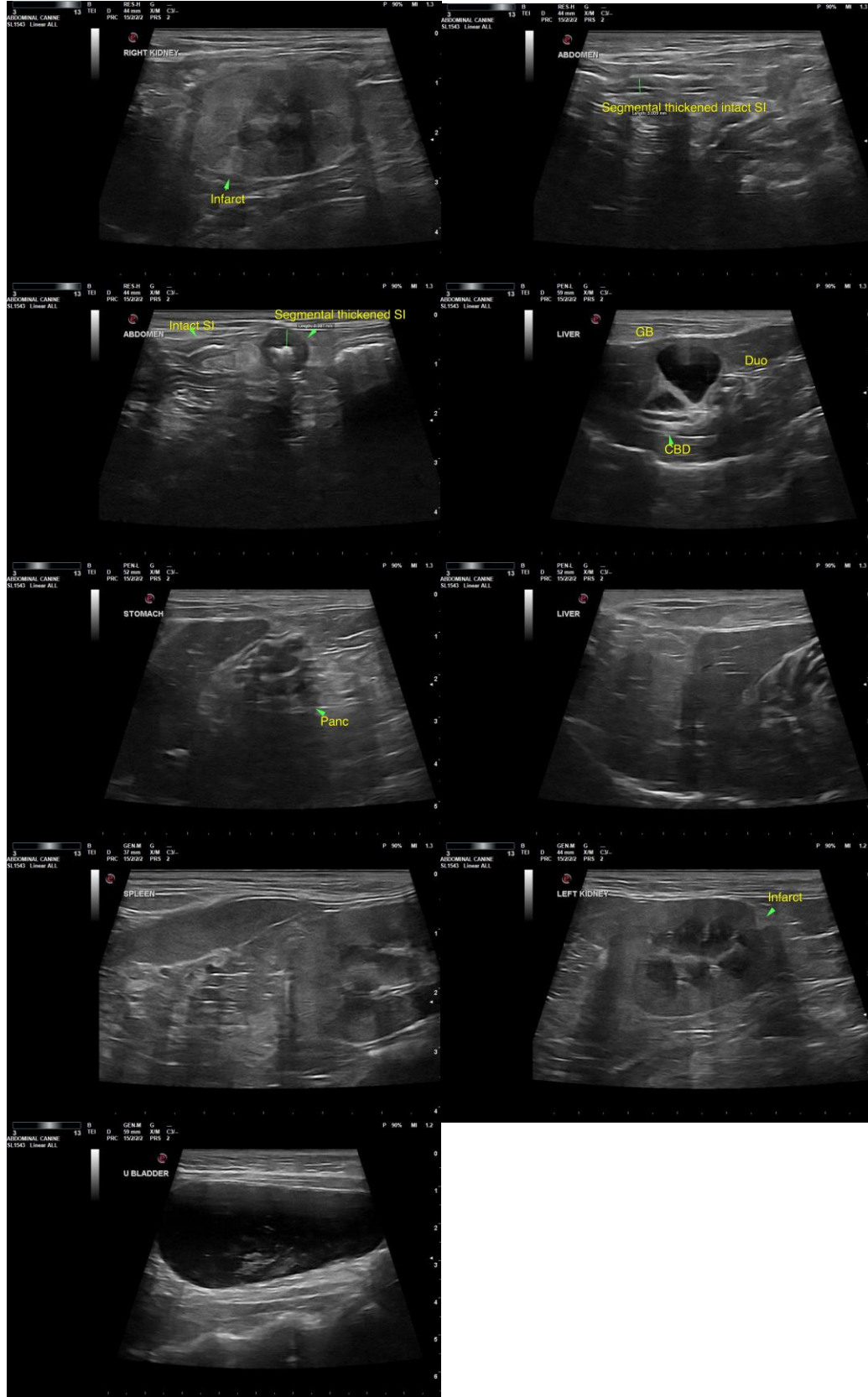
Dr. Milot

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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.

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Feline

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.

BREED

DSH

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