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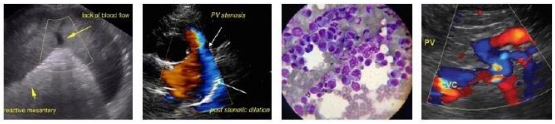


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jennie Leung

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

11.12 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Nick

INVOICE

14364

DATE

7/22/22

PRESENTING CLINICAL SIGNS

Decreased appetite, losing weight. Has been on Prazosin. All bloodwork WNL
Abnormal PE/Chem/CBC/UA Results: U/A RBCs 250, WBC less than 1/hpf, no bacteria detected, sp. grav - 1.045.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.36 cm width. The right adrenal gland subjectively measured 0.39 cm width.

Spleen

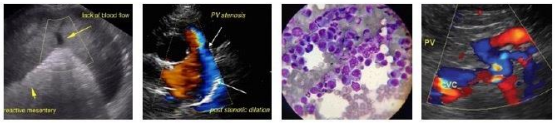
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing.



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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.

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 evidence of peritoneal free fluid was present. Subjective increased intraabdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

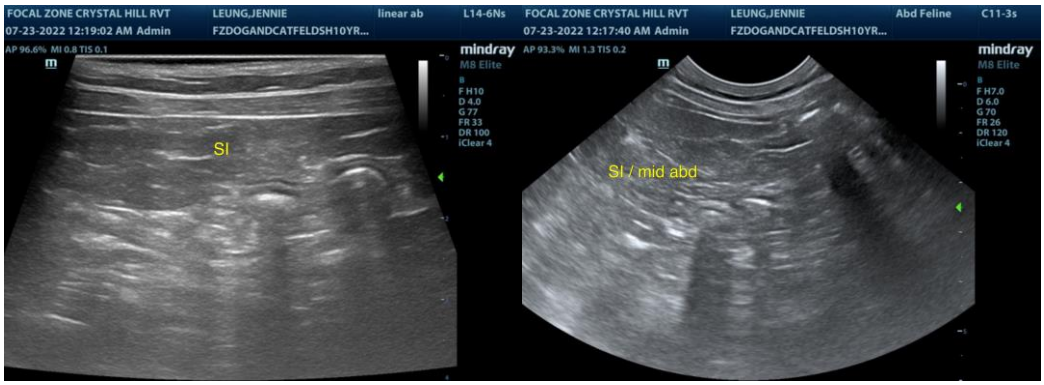
- Sonographically unremarkable abdomen
- Moderate progressively shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant intraabdominal pathology as an obvious cause of the patient's weight loss. Aside from the presence of progressively shadowing ingesta, no evidence of structural gastrointestinal pathology was noted.

The presence of gastric ingesta may indicate recent meal ingestion. If documented NPO prior, the potential for nonobstructive gastric stasis or delayed gastric emptying could be considered. Likewise, the possibility of nonobstructive gastric hairball density, if a clinical history of hairballs, could be present.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Monitoring of gastric emptying following a documented fast could be considered if clinically indicated.



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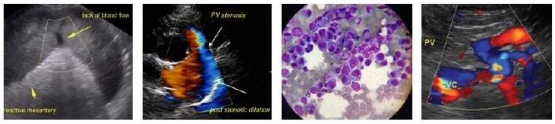

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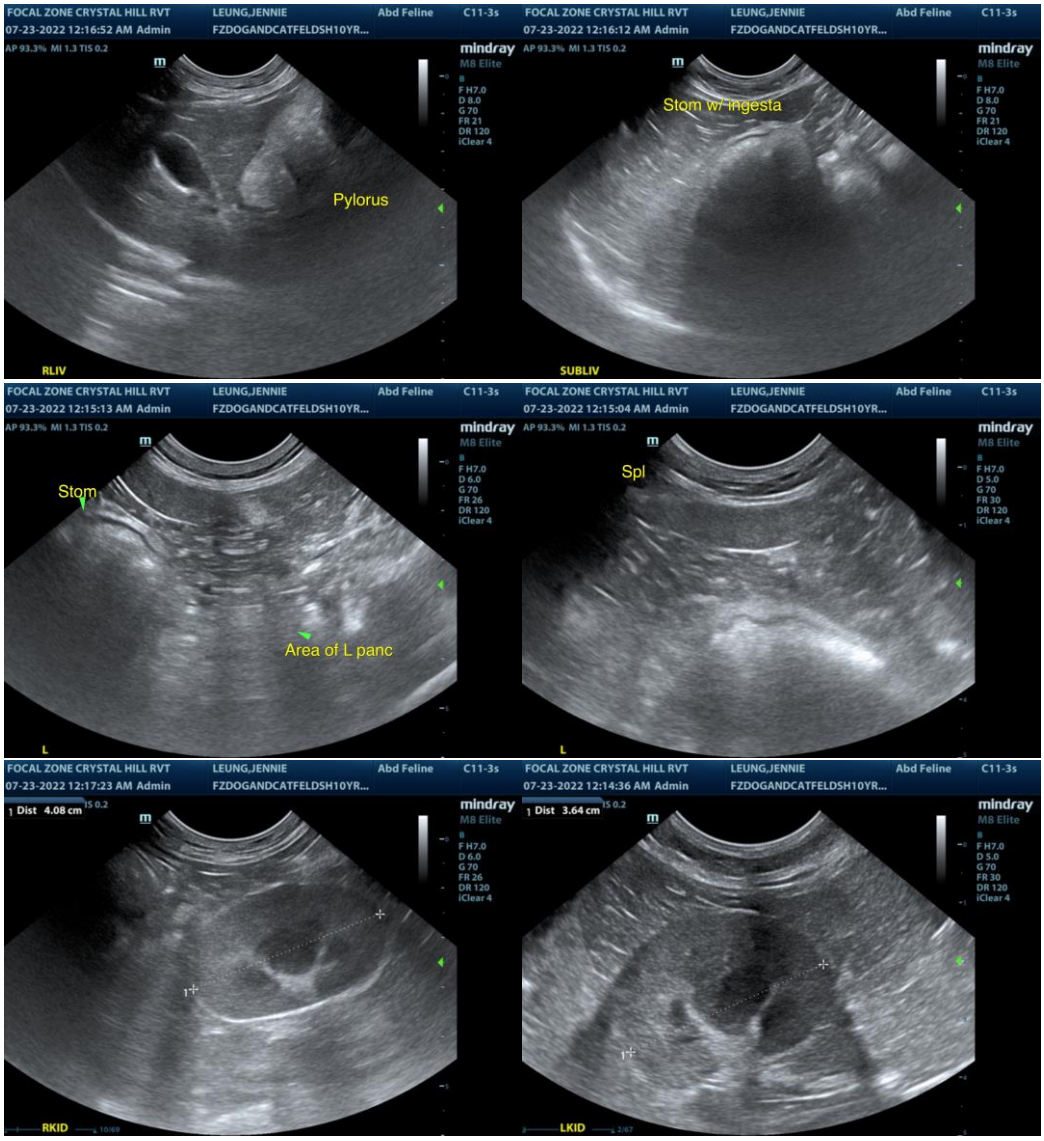

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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