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Clinical Sonography & Telecytology
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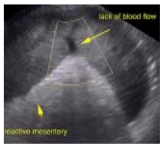

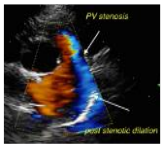

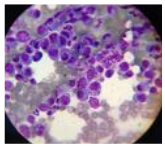
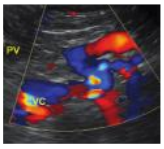

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jeremiah Bullfrog Sanders

SPECIES
Feline

BREED
DSH

SEX
NM

AGE
13 years

WEIGHT
8 lbs.

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

IMAGING PERFORMED BY
Robyn Lantz

HOSPITAL NAME
Eastgate VC

REFERRING VET
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INVOICE
14446

DATE
7/28/22

PRESENTING CLINICAL SIGNS

On 7/22/22 - _Lethargic_ P seems to be straining to defecate, back legs are not working right, pooping in weird places, P has vomited 6 times mainly yesterday. P is very lethargic, P has only urinated once. P has been grinding teeth. Started thyroid medication about a month ago, given inconsistently (Methmizole Transdermal 2.5mg/0.1mL 0.1ml BID). Has dental disease. Wet food AM, Dry food fre fed, Royal canin F hydrolized. Started on SQ fluids, Cerenia inj., Buprenorphine at home, Mirtazpine at home. Patient is doing better. No more vomiting, eating ok. P is no longer having diarrhea but trying to have a BM with no success.
Abnormal PE/Chem/CBC/UA Results: Left kidney palpates small and irregular; Right kidney palpates small; cranial mid abdominal intestinal segment ~5-7cm palpates thickened and firm. Tachycardia, 2/6 systolic sternal murmur. 3/4 tartar, worse on left side, gingivitis. Bruxism reported by owner, sometimes followed by vomiting.

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 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. Minor medullary mineral was noted in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

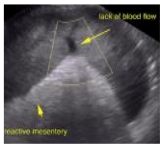
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43cm width. The right adrenal gland was indistinctly visualized yet without obvious pathology, subjectively measuring 0.34 cm width.

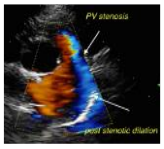
Spleen

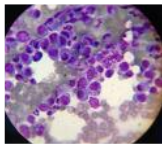
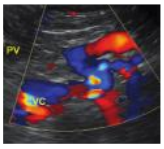
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.98 cm width at the level of the hilus.

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





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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 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.

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 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.39 cm width.

The visualized colon, specifically the distal descending colon to area of the colorectum, was sonographically normal without evidence of colonic distention with retained fecal matter or mural pathology. The descending colon wall width measured 0.23 cm.

Pancreas

The pancreas was subtly prominent in size with areas of minor capsule asymmetry. Mildly hypoechoic to nonhomogeneous parenchyma was present with no overt evidence of peripancreatic reactive mesentery.

Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes exhibiting increased corticomedullary echogenicity and mild medullary mineral
- Overtly normal gastrointestinal tract / colon
- Possible mild chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no obvious evidence of gastrointestinal mural pathology or intestinal masses. Structurally insignificant gastrointestinal disease with potential for mild chronic active pancreatitis is possible. Mild chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate, especially if evidence of weight loss, is warranted.

Continued gastrointestinal supportive care along with hydrolyzed diet, given positive gastrointestinal response, and monitoring of body weight going forward, would be reasonable. Three-view chest radiographs and thorough neurological / muscular skeletal examination are suggested if not done to assess for occult pathology which may be contributing to the patient's clinical signs.

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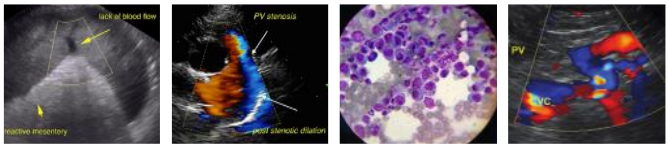

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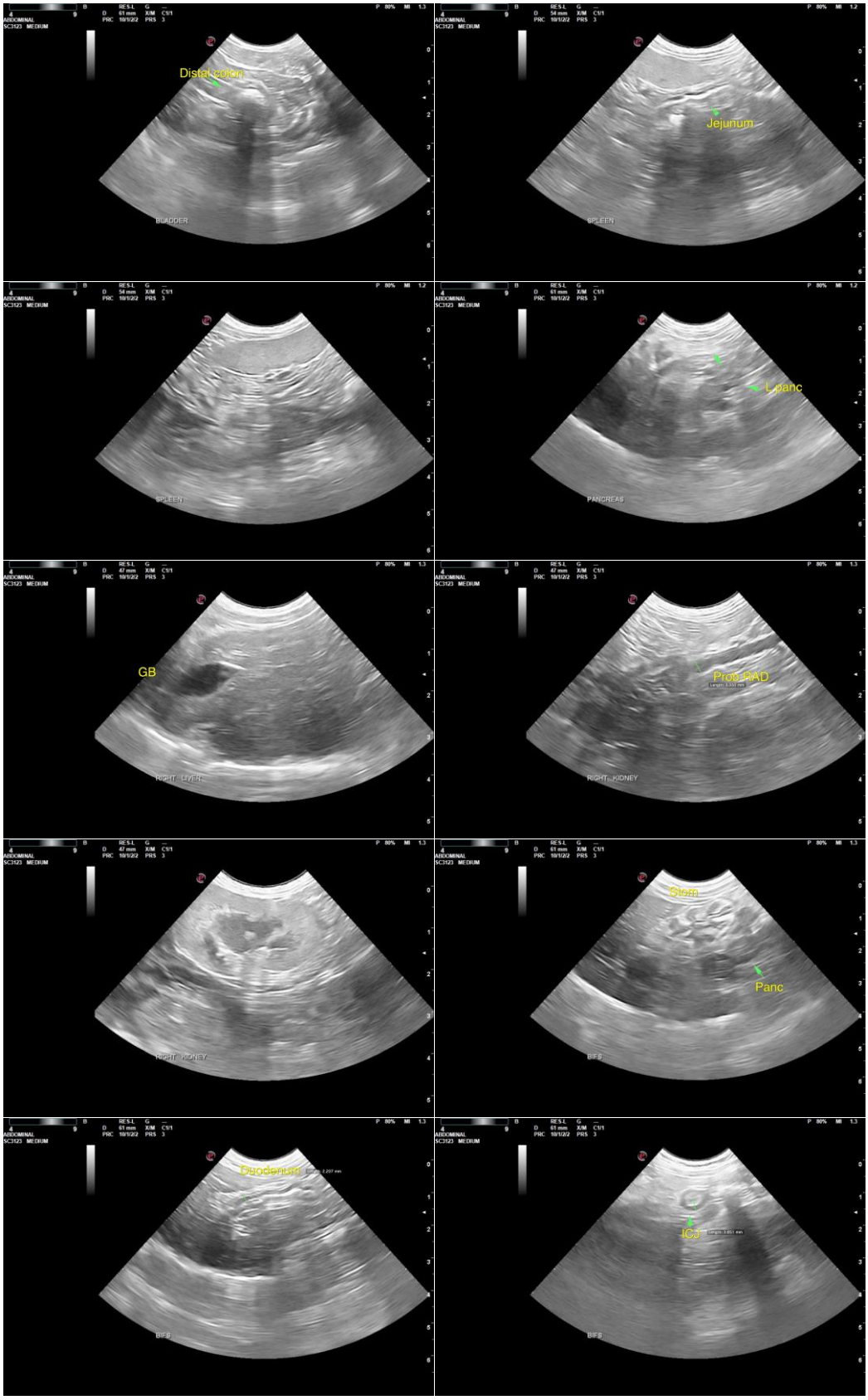

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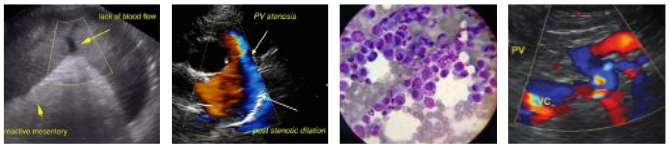

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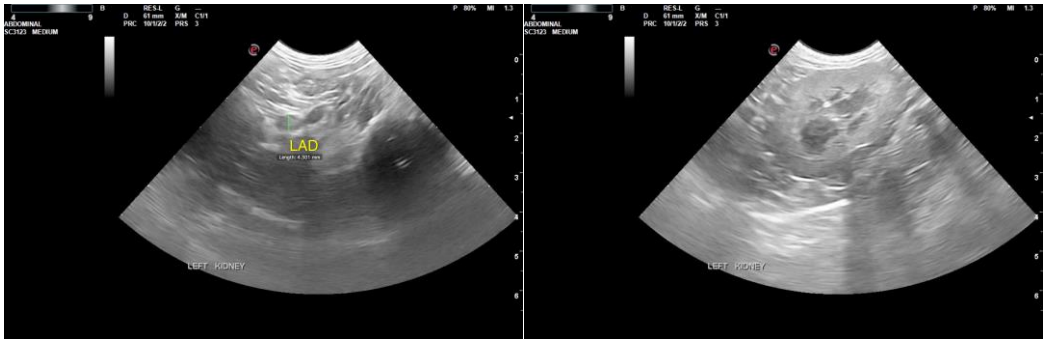

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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