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Clinical Sonography & Telecytology
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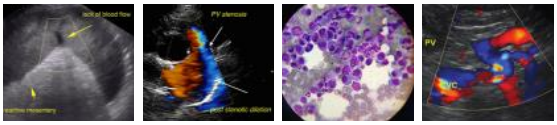


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Butter Hough

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 yr

WEIGHT

11 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Westmoreland Animal Hospital

REFERRING VET

Dr. Baxter

INVOICE

11073ag

DATE

07/08/2022

PRESENTING CLINICAL SIGNS

History: 3/26/2022 PE exam findings Painful palpation, over grooming of abdomen, Alopecia, Pica -eating of cat litter and occasional vomiting. 5/13/2022 - Blood work with cystocentesis, no obvious abnormalities in the bladder

Abnormal PE/Chem/CBC/UA Results: Chol- 221 labs attached

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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands normal in position and overall shape with potential for mild subnormal to flattened appearance. This is a nonspecific finding and is likely a normal patient variant. The left adrenal gland measured 0.27 cm width. The right adrenal gland measured 0.31 cm width.

Spleen

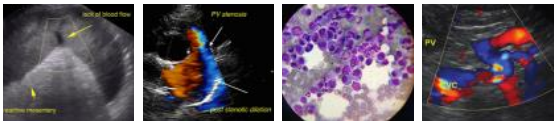
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

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 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 measured 0.25 cm in width.



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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. The duodenum wall measured 0.25 cm in width. The jejunum wall measured up to 0.28 cm in width.

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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Sonographically unremarkable GI tract
- Sonographically unremarkable urinary bladder
- Subjective mildly subnormal to flattened bilateral adrenal glands-likely patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt abdominal visceral pathology as an obvious cause of the patient's abdominal pain or abdominal over grooming. Structurally insignificant GI disease given the history of pica and occasional vomiting with dietary intolerance/food hypersensitivity or low grade to chronic pancreatitis which may present sonographically normal could be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment for evidence of extra abdominal pain or discomfort i.e. musculoskeletal pain may be considered if clinically indicated.

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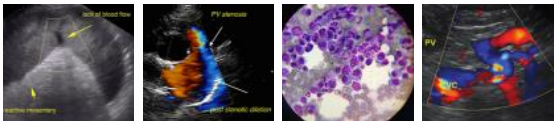

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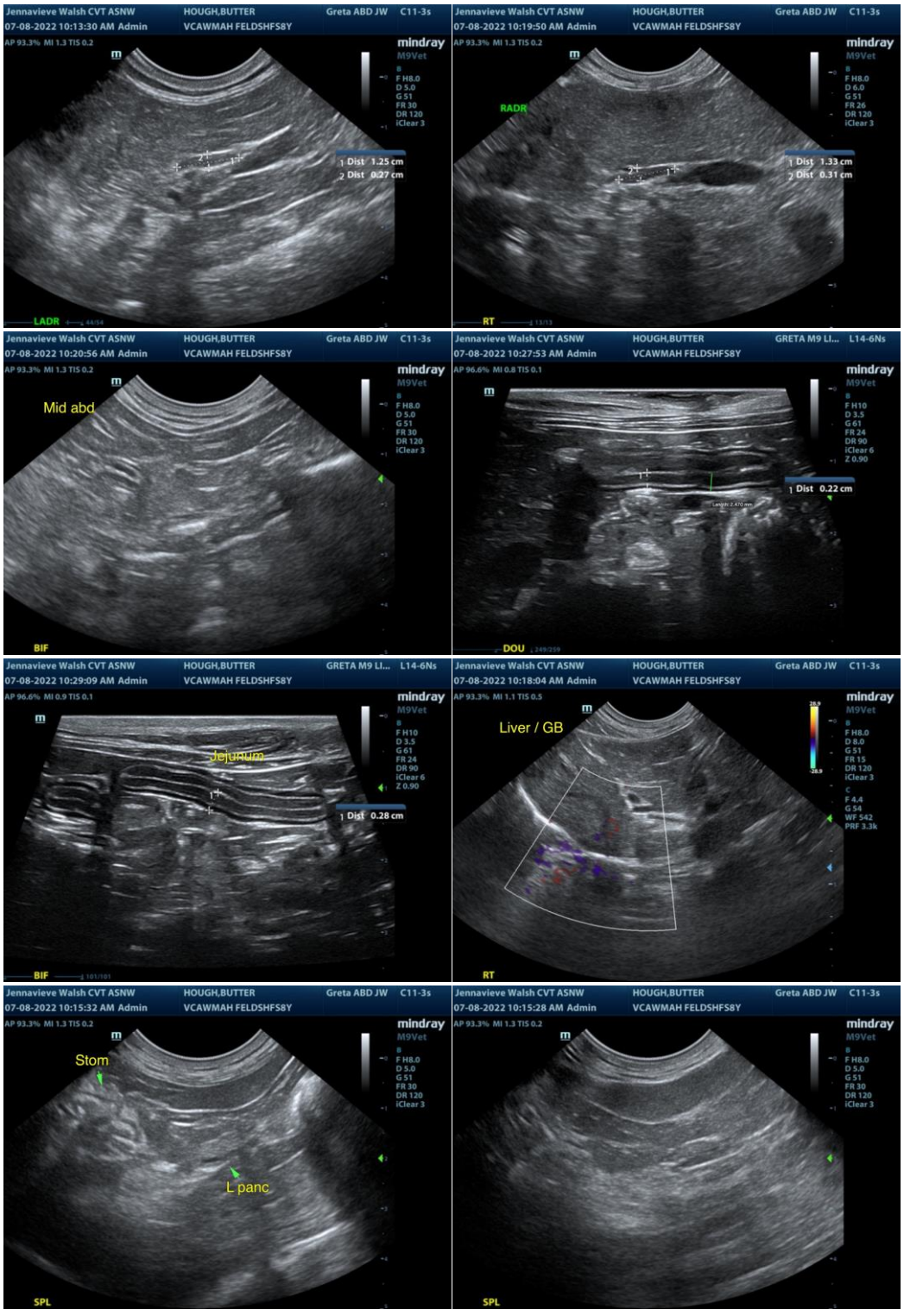

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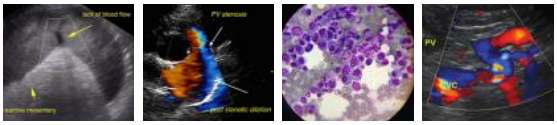

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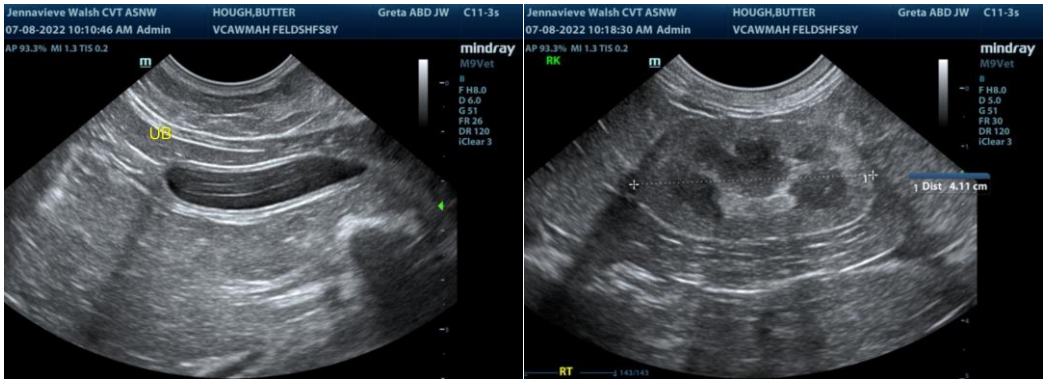

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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