



PATIENT

Delilah Meza

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

12

WEIGHT

3.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Dr. Baer / Parchello

INVOICE

14739

DATE

8/1/23

PRESENTING CLINICAL SIGNS

Weight loss over last 6 months with suspect abdominal effusion and lumpy kidneys on physical exam. Patient is emaciated with reduced muscle mass.

Abnormal PE/Chem/CBC/UA Results: Create and SDMA to of normal values Urine SG 1019

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.

No evidence of pathology in the area of the aortic trifurcation.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.30 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 0.55 cm width at the level of the mid-spleen.

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 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 0.30 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



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measured 0.26 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.34 cm width.

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

Pancreas

The pancreas base and proximal left and right pancreatic limbs exhibited subtle prominent size with minor capsule asymmetry and mild nonhomogeneous, hypoechoic parenchyma compared to adjacent regional peripancreatic, mildly hyperechoic reactive omentum.

Free Abdomen

Focal to intermittent, mildly prominent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.35 cm. The lymph nodes were not consistent with inflammatory or neoplastic criteria. No evidence of peritoneal effusion was noted. No omental masses were present.

ULTRASONOGRAPHIC FINDINGS

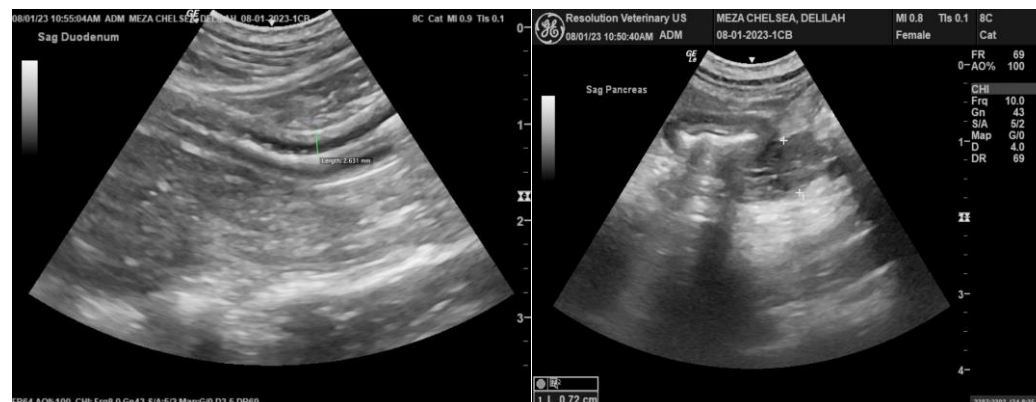
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Suspect mild chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no sonographically evident gastrointestinal mural pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in conjunction with suspect chronic active pancreatitis, is recommended.

At times, nonstructural gastrointestinal disease may present with only weight loss and reduced muscle mass as clinical signs. There was no obvious evidence of intraabdominal neoplastic criteria.

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.





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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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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.

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