

PATIENT PRESENTING CLINICAL SIGNS

Chester Dehart
SPECIES
Feline

Presented 8-3-21 due to a fight wound, but was also noted to have lost over 2 lbs. Owner reports prior issues with vomiting, but changing to a Royal Canin GI diet resulted in resolution of vomiting. Diarrhea had been seen twice in the couple of weeks prior to exam, but stools are not observed a majority of the time. Exam: Largely unremarkable. Moderate dental tartar/gingivitis, suspected cellulitis RF leg (since resolved), nuclear sclerosis. Current Medications Prednisolone (chronic administration due to hx of asthma); Torb/Bup for US.

BREED
DSH

Abnormal PE/Chem/CBC/UA Results: Idexx Healthcheck plus: CBC: Borderline for anemia - Hct is low normal at 30.8, but RBCs are slightly low at 6.62 and Hgb at 9.8. Chemistries: WNL T4: Normal at 2.2

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male
Urinary System

AGE
12 Years

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 to moderate non-dependent to 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.

WEIGHT
10.37

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal renal size with asymmetrical margination was 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. The left kidney measured 3.5 cm. The right kidney measured 4.4 cm.

Adrenal Glands

IMAGING PERFORMED BY

Heidi Putnam

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm in width. No overt pathology in the area of the right adrenal gland.

Spleen

HOSPITAL NAME

Santa Clara AH

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.77 cm in width at the level of the hilus.

REFERRING VET

Dr. Barbara Brasted-Maki

Liver

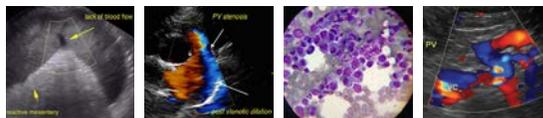
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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal 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.

DATE

8/10/21



PATIENT *Gastrointestinal*

Chester Dehart 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. Gastric body wall measured 0.25 cm.

SPECIES

Feline

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. Jejunum wall measured 0.21-0.25 cm. Duodenum wall measured 0.23 cm.

BREED

DSH

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

SEX

Neutered Male

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.

AGE

12 Years

Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or effusion.

WEIGHT

10.37

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis renal pattern
- Sonographically unremarkable gastrointestinal tract

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(Canine and Feline)

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

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No overt evidence of significant visceral pathology as an obvious cause of the patient's mild weight loss. Potentially, the long-term Prednisolone use could be masking intestinal mural changes owing to underlying gastrointestinal disease given the patient's history of resolved vomiting and potential diarrhea.

HOSPITAL NAME

Santa Clara AH

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

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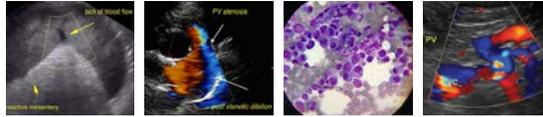
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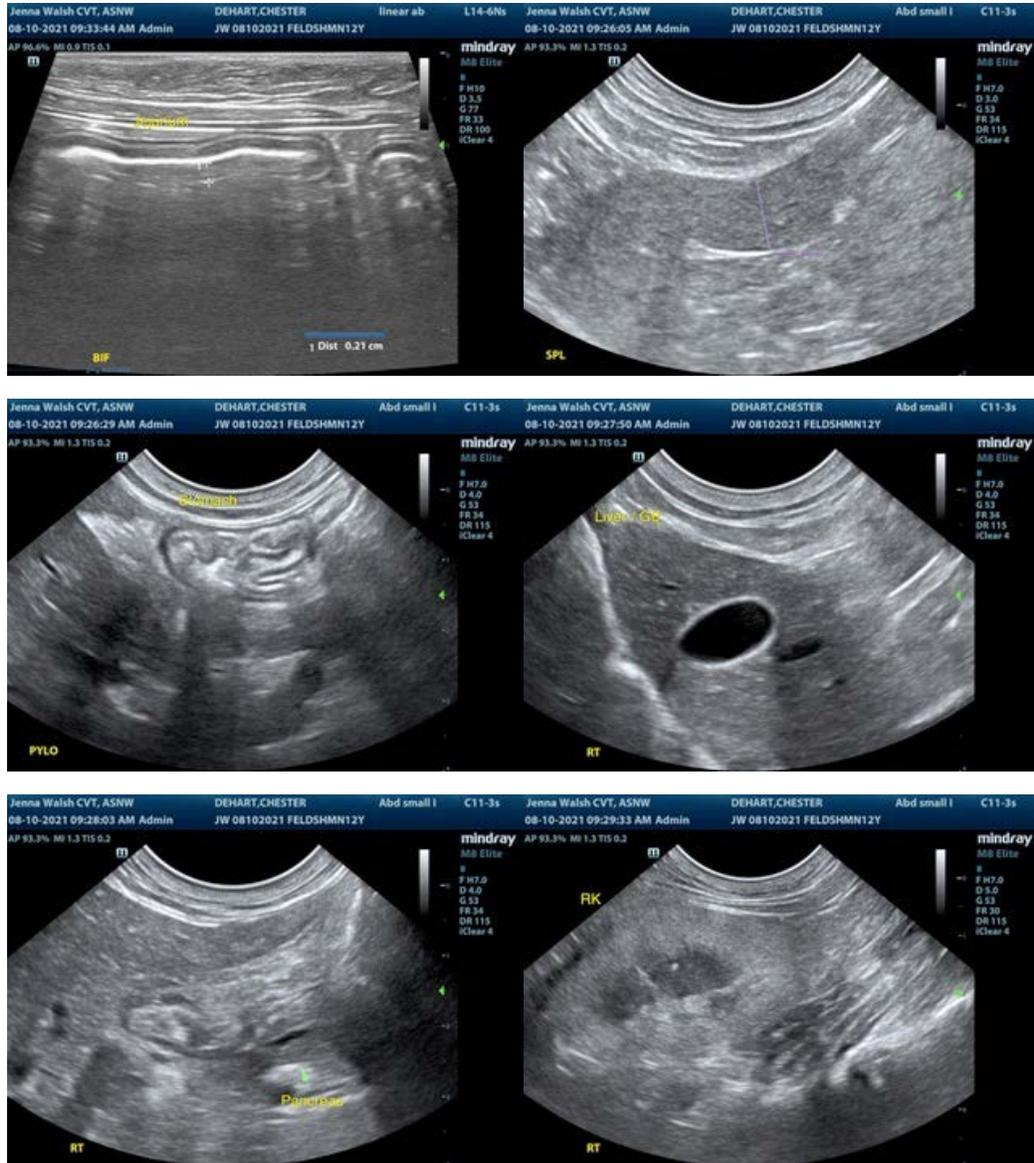
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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