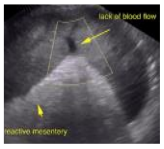
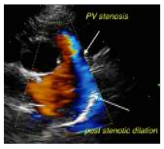
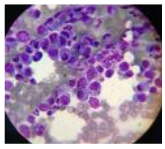
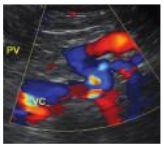
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Louie Ward

SPECIES

Feline

BREED

DSH Crossbreed

SEX

Neutered Male

AGE

5 years

WEIGHT

9.18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Sasha Black

INVOICE

14557

DATE

8/10/22

PRESENTING CLINICAL SIGNS

- still vomiting, unable to keep food down - lethargic, but no diarrhea - decreased appetite in general Abnormal PE/Chem/CBC/UA Results: Superchem Test: Result: Range: Total Protein 101 52-88 (g/L) Globulin 63 23-53 (g/L) Na/K 28 32-41 (ratio) CBC Test: Result: Range: Eosinophils 1 2-12 (%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent, 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.

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 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 4.7 cm in length. The right kidney measured 4.9 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width.

Spleen

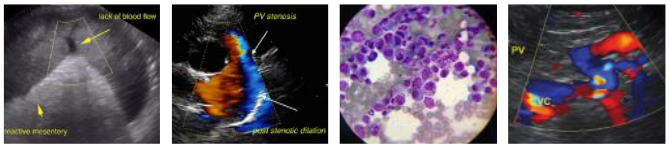
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.63 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 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 0.26 cm.



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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 small intestinal wall width measured 0.23 cm.

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 peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

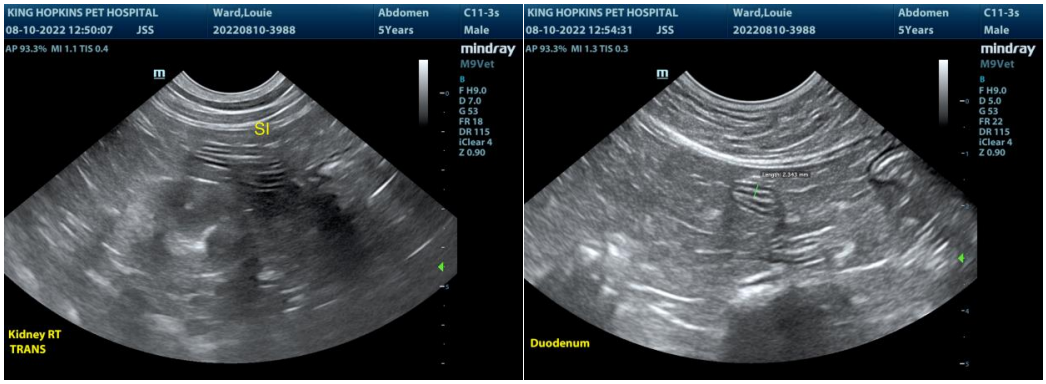
No evidence of abdominal visceral pathology, specifically gastrointestinal or pancreatic pathology, as an obvious cause of the patient's clinical signs.

Dietary hypersensitivity / food intolerance, occult parasitism, structurally insignificant inflammatory gastroenteropathy, or low-grade pancreatitis, both of which may present sonographically normal, are all possible. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

Empirical therapy such as canned hydrolyzed diet trial, gastroprotectants, as-needed antiemetics, and empirical de-worming, even if fecal testing is negative or if clinically indicated, with an assessment of clinical response would be reasonable.

The abnormal sodium/potassium ratio in this patient is suspected to be secondary to vomiting or decreased Intake. However, if persistent / progressive decreased sodium/potassium ratio, one could consider potential for Addison's Disease in this patient, although rare and poorly studied in cats.

Endoscopy may also be indicated with biopsies as underlying gastric or gastrointestinal disease could be present yet sonographically normal.



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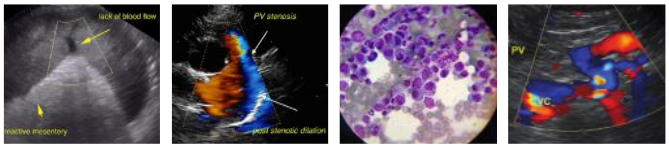

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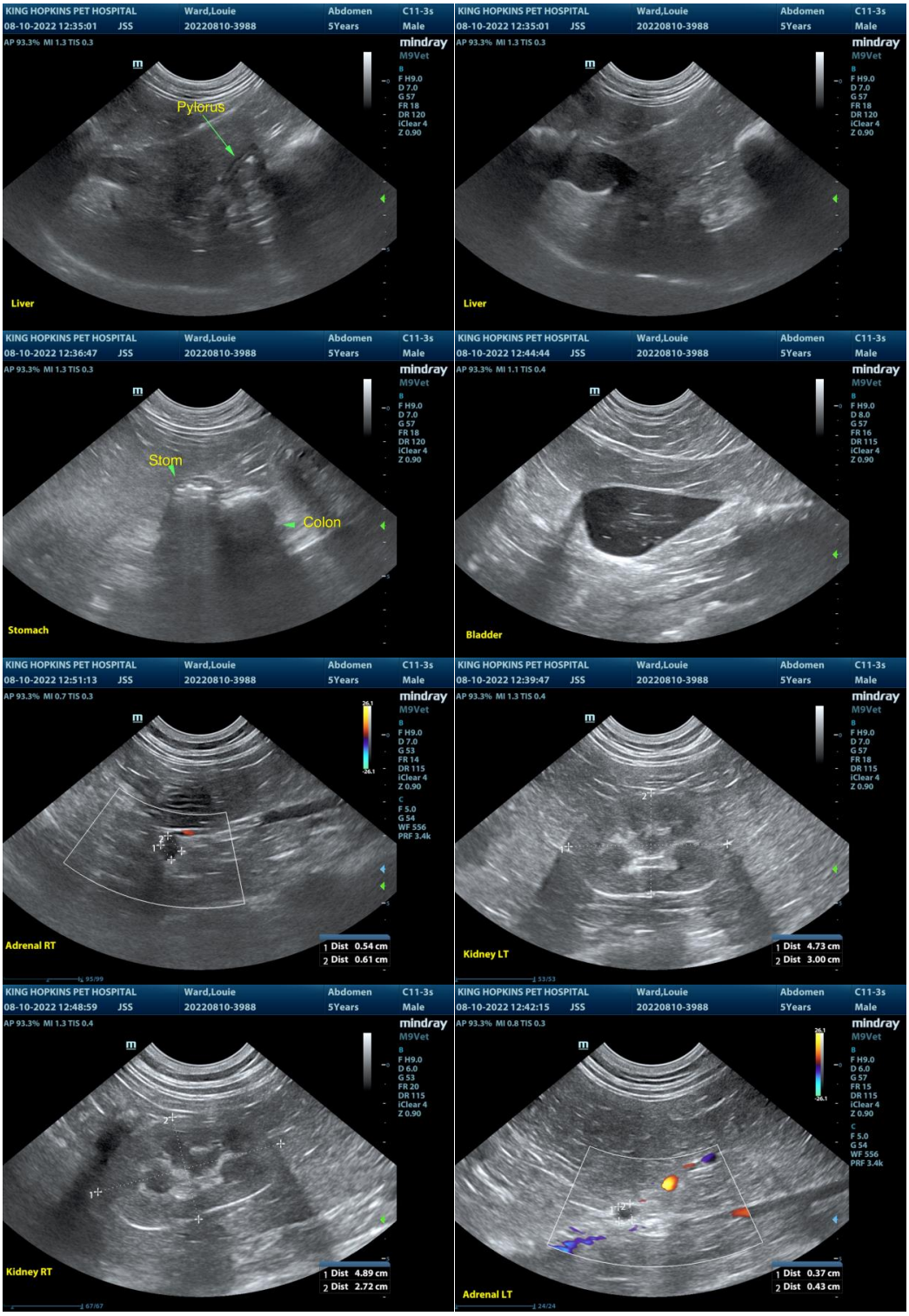

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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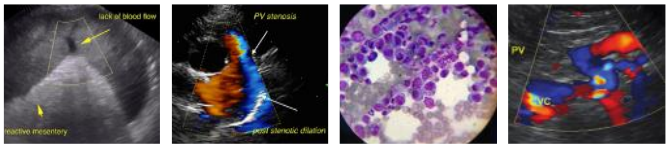

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com