



PATIENT PRESENTING CLINICAL SIGNS

Mr. Sophie Minihan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.9

exam on 8/6/21- O thought she felt mass in abd the night before, pt has also been loosing wt. During PE it was noted that a firm ball was palpated in L cranial abd. Pt has been E/D ok. O unsure of BM (O has multiple cats). Pt was started on canned Gastro food and kept separate from other cats in household. Pt had a couple small/hard BM, and on the third day pt had a normal BM. Current Medications Lactulose, Metoclopramide Radiographic Findings Rads were taken on 8/6/21- entire colon is full of fecal matter and gas. Stomach and small intestines appear empty, intestinal walls appear thickened. A second set of rads were taken on 8/9/21 after O fed pt gastro canned food and secluded pt in a room away from other cats- Lots of gas and feces in entire colon, material in stomach but didn't get fed that morning. Concern for Ileus?

Unremarkable CBC/Chem.

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 were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

R. McKenzie Daniel,
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(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 4.0 cm. The right kidney measured 4.4 cm.

IMAGING PERFORMED BY

Heidi Putnam

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm in width. The left adrenal gland measured 0.52 cm in 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 0.56 cm in width.

HOSPITAL NAME

Jenna Walsh

REFERRING VET

Dr. Michele Nugent

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.

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PATIENT *Gastrointestinal*

Mr. Sophie Minihan The stomach exhibited intact wall layering with mild retained primarily anechoic fluid. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. Gastric body wall measured 0.28 cm. Pylorus wall measured 0.30 cm.

SPECIES

Feline The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized luminal gas was present and potential minor gas distention. Minor upper duodenal ileus was present. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.22 cm.

BREED

DSH Normal visible colon wall layers were present with formed to shadowing feces in lumen. No overt evidence of significant colonic distention.

SEX

Pancreas

Neutered Male The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern – subjectively mild
- Mild hypomotile stomach
- Suspect enteropathy with subjective to potential inefficient peristalsis pattern
- Bilateral interstitial nephrosis renal pattern – chronic renal disease with potential for non-specific nephritis such as interstitial nephritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective hypomotile stomach and inefficient small bowel peristalsis pattern did not appear to be mechanical in nature and may be secondary to underlying gastrointestinal inflammatory process without evidence of mural changes given the patient's weight loss. Some contribution of the weight loss owing to chronic active pancreatitis may also be possible.

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Potential for chronic triad disease may be considered in this patient if previous history of hepatic enzyme elevation. Intestinal biopsies may be required for definitive diagnosis. Empirically, continued gastrointestinal support including prokinetic agents as well as therapy for constipation (if clinically indicated) would be appropriate.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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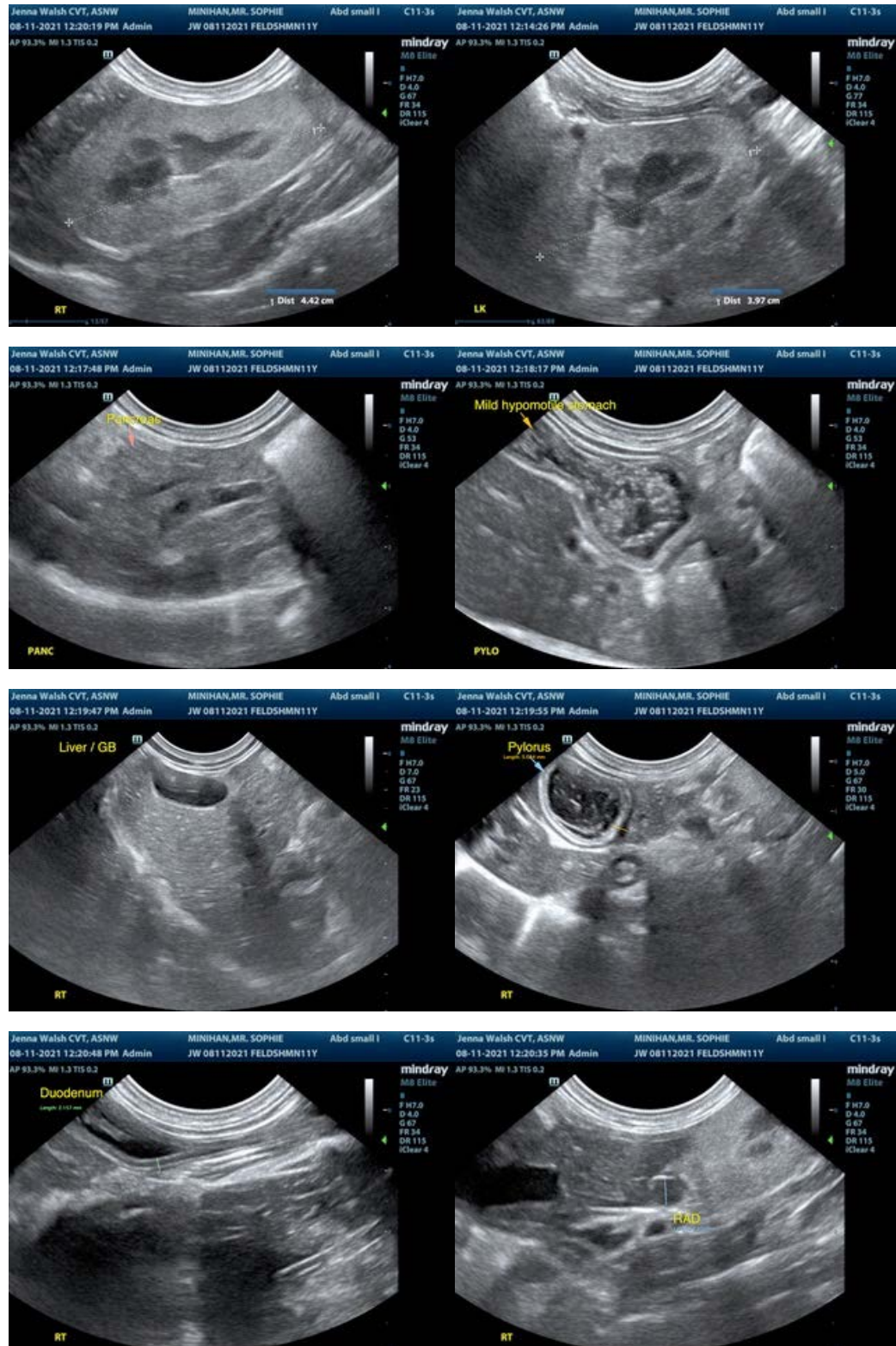
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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