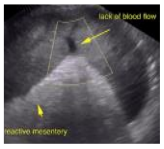
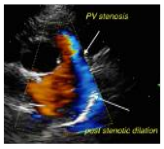
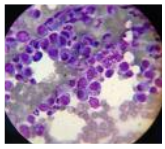
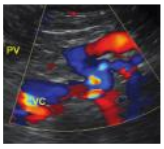
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Baby Boy Velez

SPECIES

Feline

BREED

Singapura

SEX

CM

AGE

4 YO

WEIGHT

6.25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Kwasnik

INVOICE

14599

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Hx of weight loss, good appetite, otherwise ok, no medical HX
Abnormal PE/Chem/CBC/UA Results: BCS 4.5/9 BW 8/8/22 Vet screen: ALT: 339 (H) 10-100 CBC: RBC: 4.8 (L) 5.92-9.93 Hemoglobin: 7.9 (L) 9.3-15.9 HCT: 27 (L) 29-48% Neutrophils: 468 (L) 2500-8500 Fecal not performed. UA not performed.

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. Primarily anechoic urine was present in the lumen with minor, nondependent, particulate sediment 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 3.5 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 width and the right adrenal gland measured 0.49 width.

Spleen

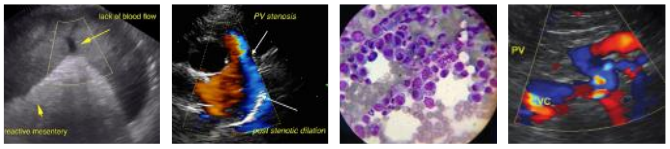
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.60 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 contained anechoic content with minor, luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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.



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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 0.23 cm width. The jejunum wall measured 0.20 cm width. No overt pathology was noted in the area of the ileocolic junction.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - nonspecific, suggestive of inflammatory hepatopathy / hepatobiliary disease i.e., cholangiohepatitis, no evidence of neoplastic criteria
- Minor gallbladder debris
- Overtly normal gastrointestinal tract
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive or obvious or definitive cause of weight loss in this patient was not evident, given the lack of gastrointestinal structural pathology or evidence of overt pancreatitis. Underlying structurally insignificant gastrointestinal disease or low-grade pancreatitis (both of which may present as sonographically normal) cannot be excluded.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to rule out occult thoracic pathology as a contributing factor. Assessment of caloric plane and for a possible competitive eating environment could be considered if clinically indicated.

Screening hepatic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered for cytology and possible identification of inflammatory cell type.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. CBC pathology review could be considered for further assessment of the mild anemia.

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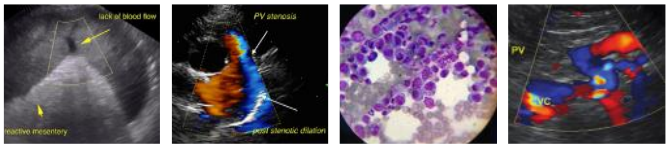

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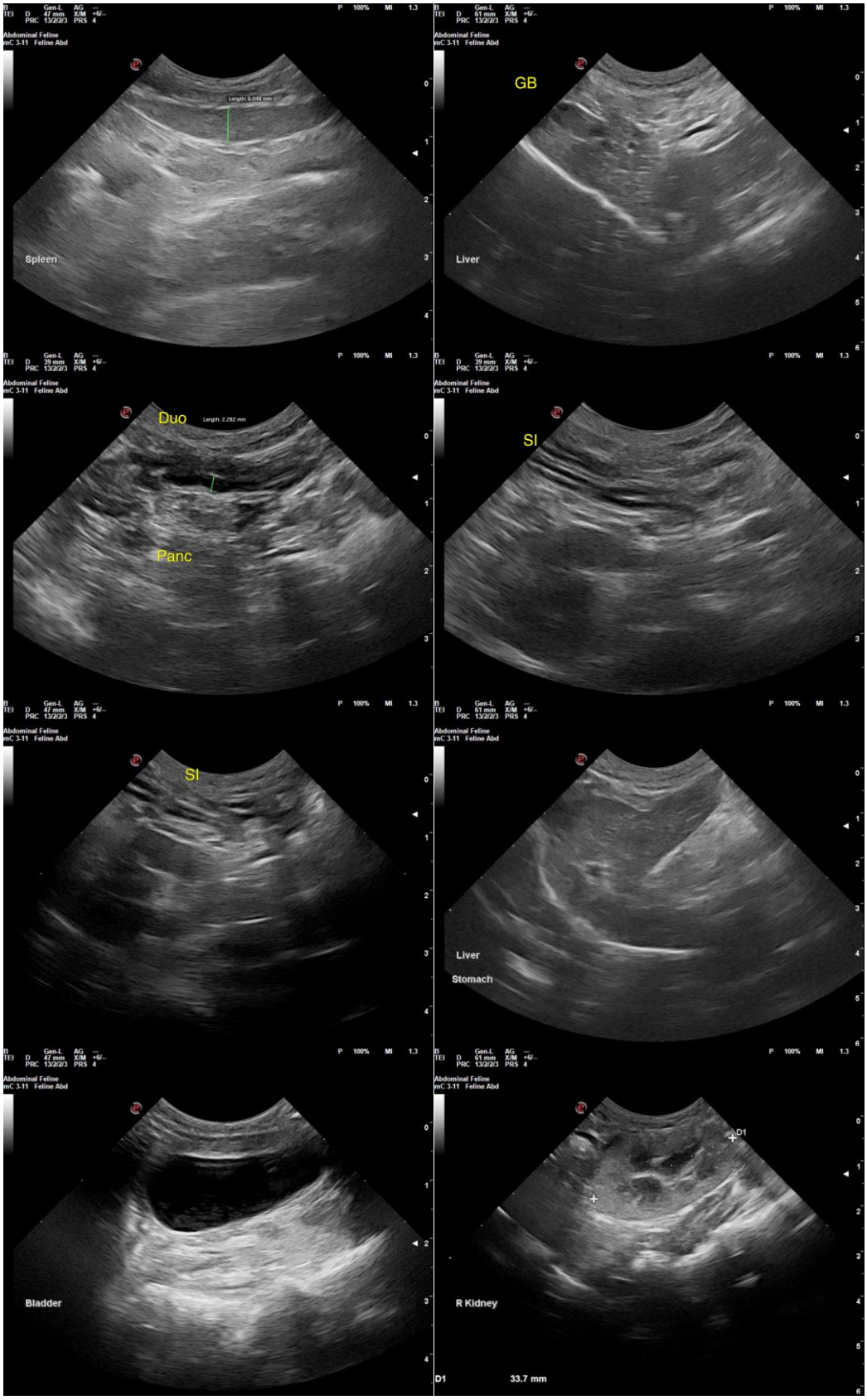

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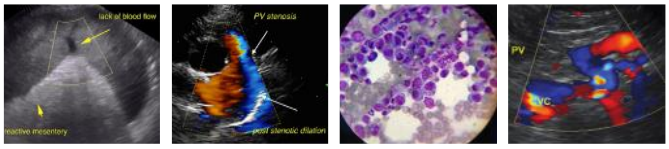

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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