



PATIENT

Kitty Gooch

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

8.42 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Ward

INVOICE

24614

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Chief Complaint: V/D History: P presents for vomiting and diarrhea. O states P began to vomit yesterday and diarrhea also presented. O switched P's food on the 5th and has been well since. O did give P some new cat treats yesterday and P vomited after. O also added cat grass to food after the vomiting. O mentioned no blood noted in the diarrhea. P does cry when he goes uses the litterbox. O unsure if it is occurring when P is defecating or urinating. O mentioned when P does urinate it is not lots and he is in the litterbox for a longer period.

Abnormal PE/Chem/CBC/UA Results: bloodwork from 8/5/21 Neutrophilia (16.0; 2.5-8.5) causing leukocytosis (18.3; 3.5-16.0) TT4 WNL=1.2 USG=1.064 Urine protein=3+ with quiet sediment Urine glucose=trace (rule-out stress-serum BG=164)

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.

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 4.2 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm in width. The left adrenal gland was not definitively visualized.

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 0.75 cm in width.

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.

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. Gastric body wall measured 0.26 cm.

The visualized 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 0.25 cm.



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Normal visible colon wall layers were present with apparent formed feces in lumen. Colon wall measured 0.17 cm.

Pancreas

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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.

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Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or effusion.

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- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of visceral pathology as an obvious cause of the patient's gastrointestinal signs and potential straining when in the litterbox. Potential for dietary intolerance, food hypersensitivity, or acute diet change, occult parasitism (if the patient is indoor/outdoor), or underlying inflammatory gastroenterocolic process without evidence of mural changes may be possible. Additionally, the potential for possible low-grade idiopathic cystitis (if the patient is determined to display stranguria or dysuria) cannot be excluded.

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Empirically, gastrointestinal support with bland or hydrolyzed diet trial is recommended. Baseline urine protein/creatinine ratio given the 3+ proteinuria in light of quiet urinary bladder sediment is suggested. Conservative therapy for potential mild idiopathic cystitis (environmental enrichment, canned diet with increased water intake, etc.) may also be indicated.

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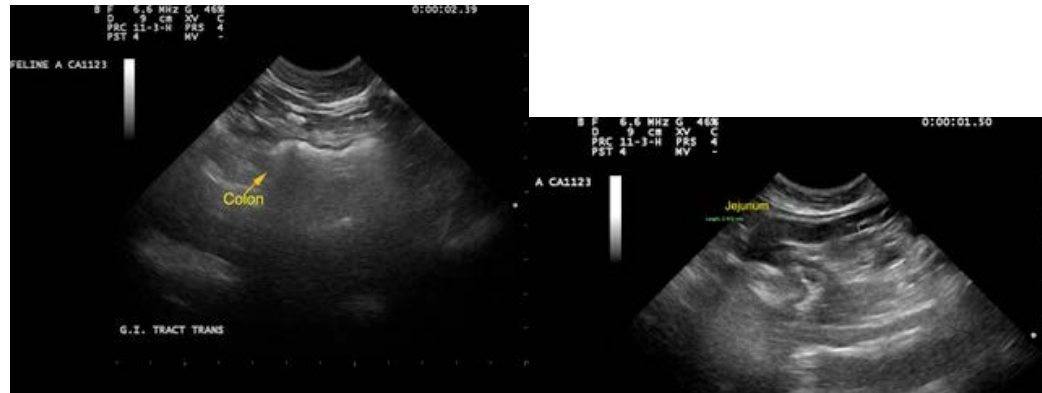
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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