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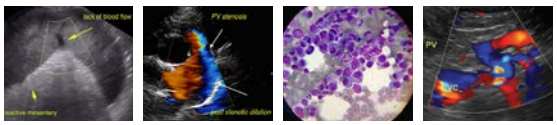

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Tikki Visconti

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Lisa Poquette

INVOICE

24675

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Imaging performed by: Jenna Walsh
PE unremarkable dental done 5/2021 loose bowels since 4/2021, now becoming mildly fecal incontinent minimally responsive to Metronidazole rc ultamino diet - just started
Abnormal PE/Chem/CBC/UA Results: fecal negative 7/2021 bloodwork 5/2021 sdma 16, rest wnl

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.

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 right kidney measured 3.7 cm. The left kidney measured 3.0 cm, mildly subnormal in size compared to the right.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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.

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 0.25 cm.

The small intestine presented intact wall layering with primarily maintainedc1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized mildly prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured up to 0.32 cm wall width.

The visualized colon was sonographically unremarkable with subjective semiformed to soft feces. Descending colon wall measured 0.27 cm width.

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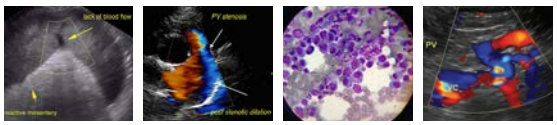

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

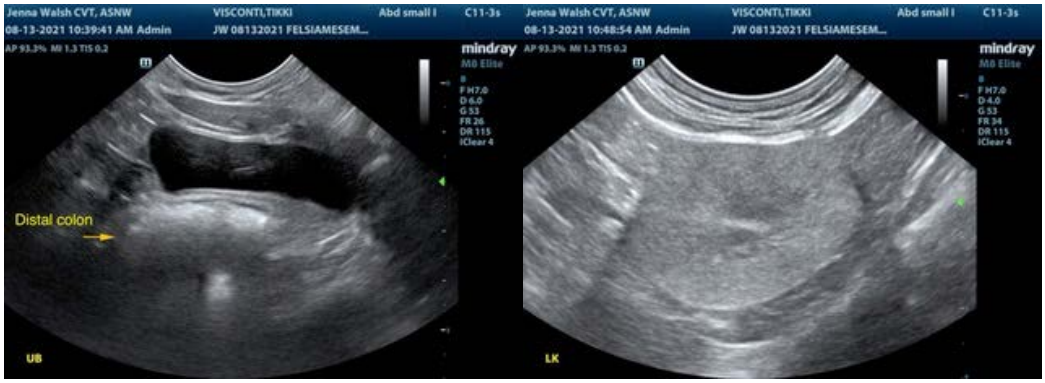
- Bilateral chronic interstitial nephrosis renal pattern
- Possible inflammatory enteropathy
- Mild chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bilateral kidneys may indicate chronic renal changes/disease with potential for non-specific chronic nephritis such as interstitial nephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Although not definitive, the small intestine exhibited potential for subtle mural changes, which may indicate inflammatory enteropathy. No overt evidence of colonic mural pathology, although some degree of concurrent mild colon inflammation cannot be excluded.

The suspected mild chronic active pancreatitis is often seen concurrently with underlying chronic intestinal disease in cats. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Diarrhea PCR panel could also be considered. Pending assessment of clinical response to ultamino trial, if persistent loose stool is noted, a higher fiber diet, high colony count probiotic, and empirical cobalamin supplementation may prove beneficial.



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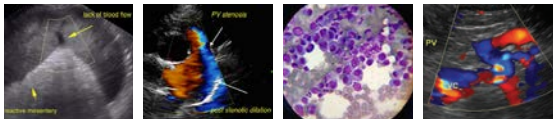

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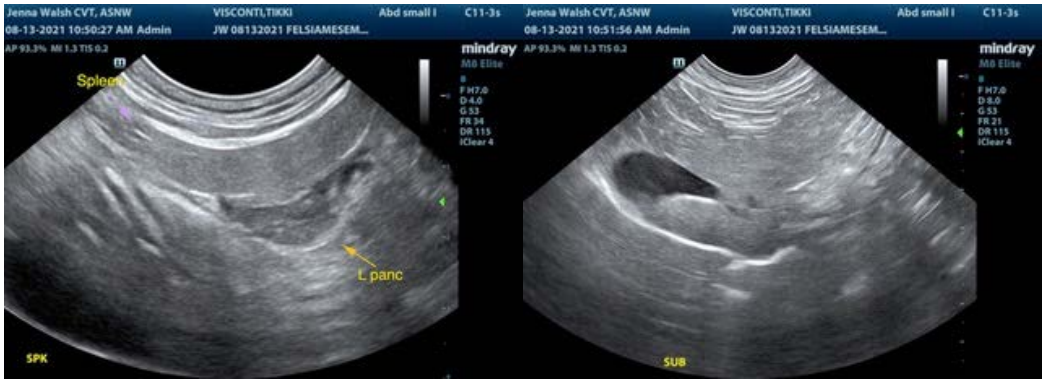

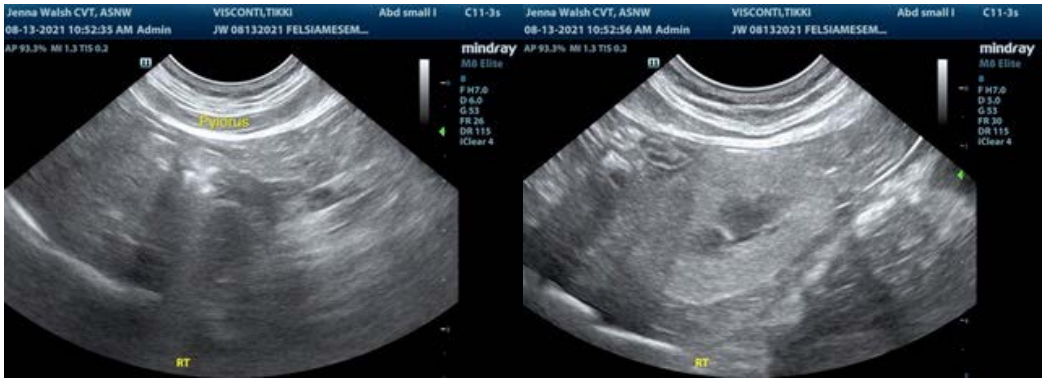

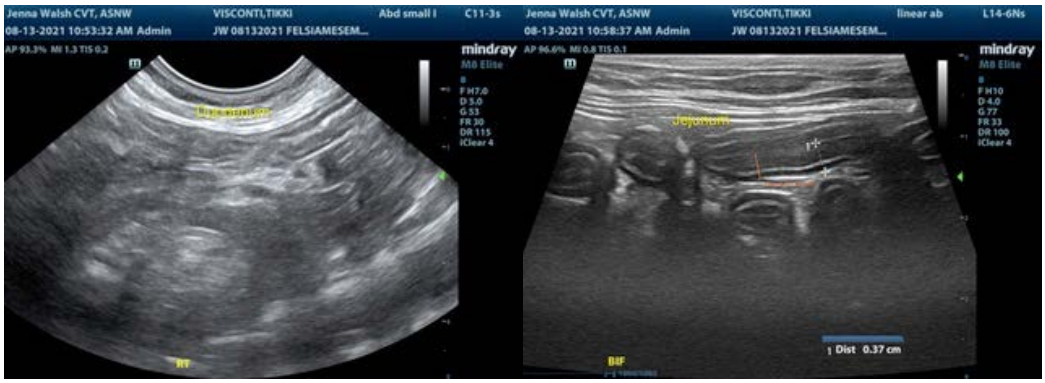

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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