



PATIENT PRESENTING CLINICAL SIGNS

Liza McAllister 3# weight loss in 2 weeks, lethargy, decreased appetite, history of atopy Cerenia
 HCT 24.6, Manual PCV 32, Total solids 8.6, globulin 5.9, T4 1.3

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX The area of the aortic trifurcation was free of pathology.

FS 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 3.7 cm in length.

AGE

2011

WEIGHT Adrenal Glands

7.5 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 0.37 cm width.

INTERPRETED BY

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

Spleen

The spleen was normal in size to possible mild volume contracted with a maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. No evidence of neoplastic criteria was noted. The spleen measured 0.5 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Easton AH

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 containing primarily anechoic content with mild nondependent, mildly echogenic luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The gallbladder debris is nonspecific given the lack of hepatic enzyme elevations and may be secondary to decreased food intake or fasting.

REFERRING VET

Dr. Titcher

Gastrointestinal

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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 0.25 cm.

DATE

8/16/22



PATIENT

Liza McAllister

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 0.21 cm width. The jejunum wall measured 0.18 cm width. No overt pathology was noted in the area of the ileocolic junction, although not definitively visualized.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

DSH

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.

SEX

FS

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

AGE

2011

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Minor gallbladder debris - incidental
- Possible mild splenic volume contraction

WEIGHT

7.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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Overall, no overt evidence of abdominal visceral pathology as a definitive cause of the patient's weight loss or potential anemia. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. CBC pathology review could be considered if persistent anemia. Recheck retroviral status could also be considered if not recently done.

IMAGING PERFORMED BY

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Empirically, as-needed gastrointestinal supportive care is recommended.

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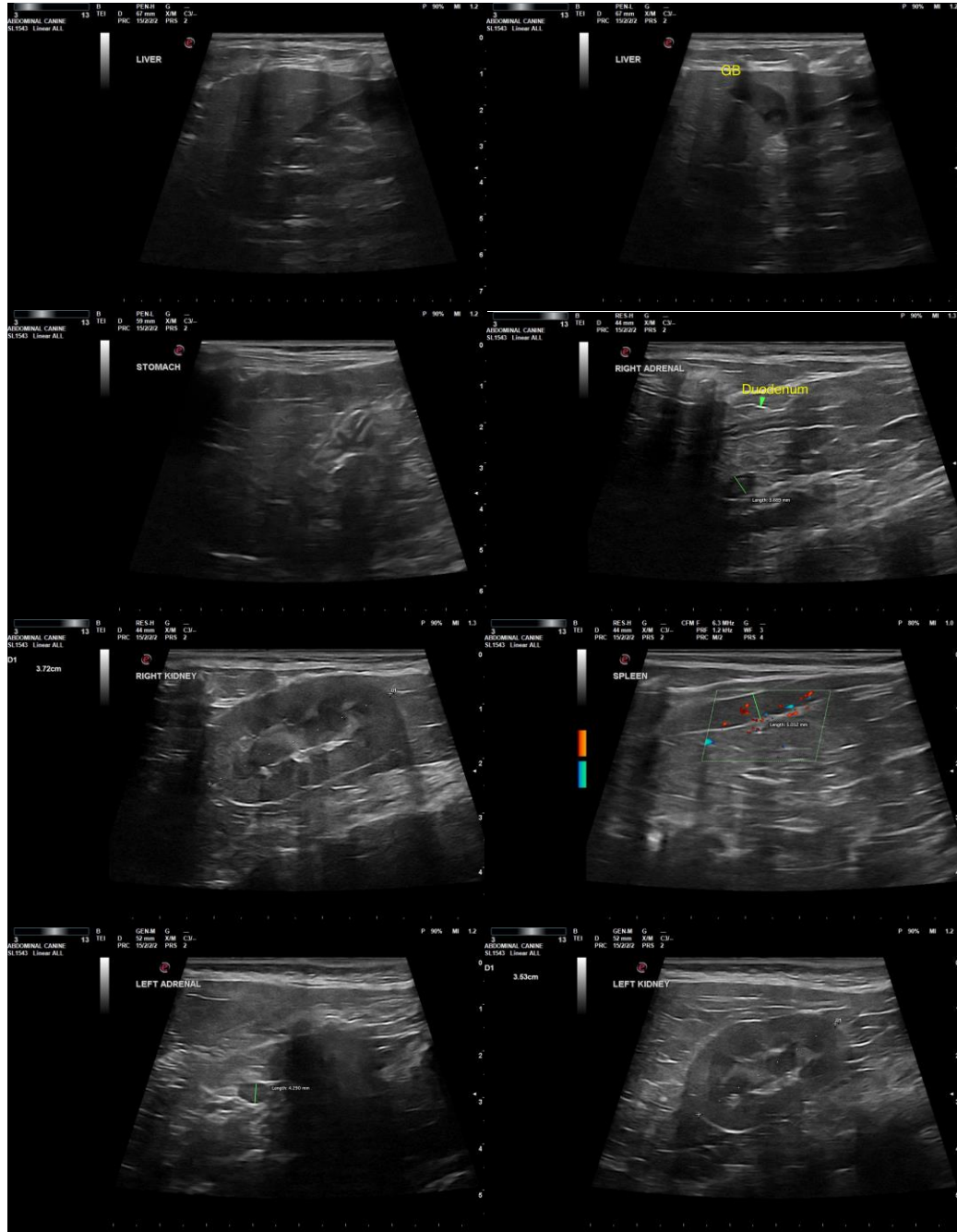
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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