



PATIENT PRESENTING CLINICAL SIGNS

Mulligan Kocher History: 2# weight loss in 4 months, muscle wasting, vomiting green bile, decreased appetite, painful abdomen

SPECIES Medication: Mirtazapine, Cerenia

Feline Unremarkable CBC, ALT 172, normal renal parameters, USG 1.050, minor protein and blood.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate, non-dependent sediment was 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.

SEX

Neutered Male

AGE

10 years

Both kidneys were normal in size and margination and exhibited primarily uniform increased cortex echogenicity with mild loss of corticomedullary border demarcation and maintained 1:3 cortex/medulla ratio with non-specific mild echogenic medullary striations. The left kidney measured 4.0 cm. The right kidney measured 4.1 cm.

Adrenal Glands

WEIGHT

4.58 kgs

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm in width.

Spleen

INTERPRETED BY

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

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 1.0 cm.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

Abby Road AH

The liver exhibited potential for minor generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Gerenser

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 0.22 cm.

INVOICE

24760

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. Duodenum wall measured 0.21 cm. Jejunum wall measured 0.20 cm.

DATE

8.17.2021

Ileocolic wall measured 0.34 cm. Normal visible colon wall layers were present with shadowing feces.



PATIENT *Pancreas*

Mulligan Kocher 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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral mild interstitial nephrosis renal pattern with non-specific echogenic medullary striations
- Hepatopathy
- Probable mild chronic active pancreatitis
- Overtly normal gastrointestinal tract

SEX

Neutered Male

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal changes were non-specific and may indicate patient variant or early chronic renal changes with potential for non-specific nephritis such as interstitial nephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

WEIGHT

4.58 kgs

Although not definitive, the liver presentation may suggest low-grade hepatic or hepatobiliary inflammatory process given the ALT elevation. Reactive hepatopathy is also possible. The abdominal pain may be owing to chronic active pancreatitis if primarily in the area of the subxiphoid or cranial abdomen. Potential for triad disease may be considered in this patient even though no overt evidence of structural gastrointestinal mural pathology noted. Given the patient's weight loss, further assessment may include GI panel to include PLI, TLI, cobalamin and folate, and 3-view chest radiographs if not done to rule out occult thoracic pathology. Empirically, as-needed continued gastrointestinal support +/- therapy for chronic active pancreatitis or Triaditis could be considered.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Abby Road AH

REFERRING VET

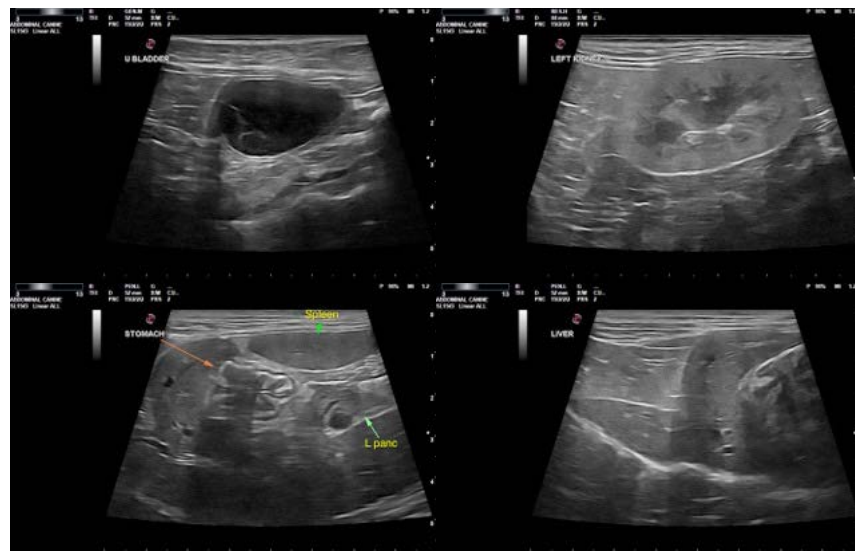
Dr. Gerenser

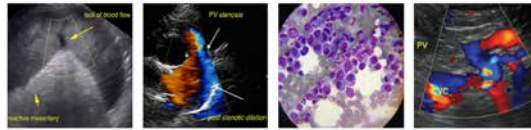
INVOICE

24760

DATE

8.17.2021





PATIENT

Mulligan Kocher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

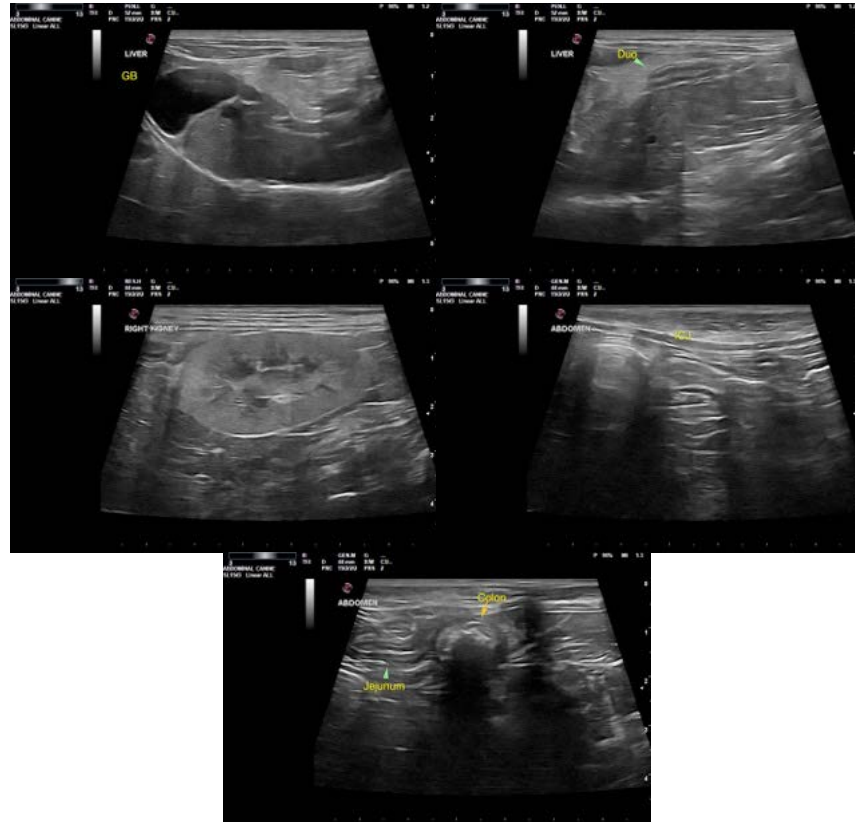
Neutered Male

AGE

10 years

WEIGHT

4.58 kgs



INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Abby Road AH

REFERRING VET

Dr. Gerenser

INVOICE

24760

DATE

8.17.2021

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)
mac.daniel@sonopath.com