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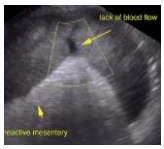

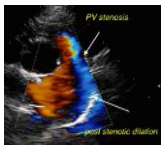

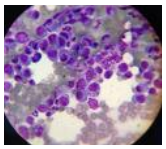
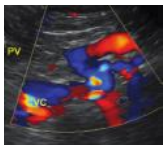

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1-800-838-4268 info@sonopath.com

PATIENT

Emi Bakken Paws Rescue

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8mo

WEIGHT

2.24kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

11384ag

DATE

08/17/2022

PRESENTING CLINICAL SIGNS

P was spayed 2 weeks ago and was doing great post op. O brought P in today due to wt loss (wt at time of OHE was 2.83kg) Still E/D normal, BAR, D+ today, otherwise normal stools, no V+

Abnormal PE/Chem/CBC/UA Results: Chem: K+ 6.3 TP 8.6 CBC WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 size and margination was 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The visualized uterine remnant appeared to be overtly normal in size with scant to minor anechoic fluid present in the remnant lumen. The uterine remnant measured 0.33 cm in width. No evidence of regional inflammation.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

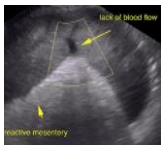
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.67 cm in width at the level of the hilus.

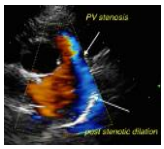
Liver

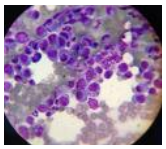
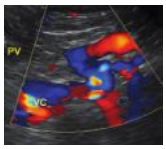
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly subnormal in size, divided into two compartments with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal





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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained very minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.35 cm in width.

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 0.29 cm in width. The jejunum wall measured 0.20 cm in width.

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 was evident.

Free Abdomen

Small pockets of scant peritoneal effusion were present.

Intermittent to multiple mildly prominent to enlarged mid abdominal mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Bilateral non-specific renal medullary rim sign
- Scant to minor fluid dilated uterine remnant-suspect likely normal variant given recent OVH, no evidence of uterine stump pyometra
- Overtly normal GI tract
- Intermittent to several isoechoic to enlarged mesenteric lymph nodes-nonspecific, suspect hyperplasia, immunologic immaturity, potential for lymphadenitis, neoplastic criteria less likely
- Small pockets of scant peritoneal free fluid-nonspecific, physiologic free fluid considered likely, no overt evidence of peritonitis
- Secondary-Bilobed gallbladder, normal variant in a cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no evidence of significant abdominal visceral pathology as a definitive cause of the patient's weight loss was observed in this study. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult disease. Three view chest radiographs suggested if not done to assess for thoracic pathology as a contributing factor. As needed GI support, assessment of caloric plane and/or competitive eating environment could be considered if clinically indicated. Monitoring of K levels with potential for internal medicine consult if persistent hyperkalemia is suggested. Assuming normal clotting status and using a 25g needle an enlarged mesenteric lymph node FNA is recommended for screening cytology. A recheck sonogram to reassess the abdominal cavity and mesenteric lymphadenopathy/peritoneal effusion could be considered if evidence of persistent weight loss.

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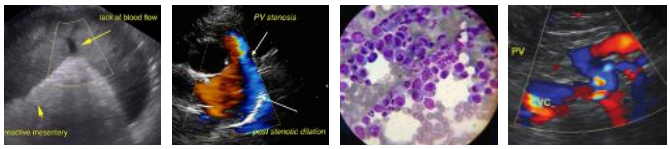

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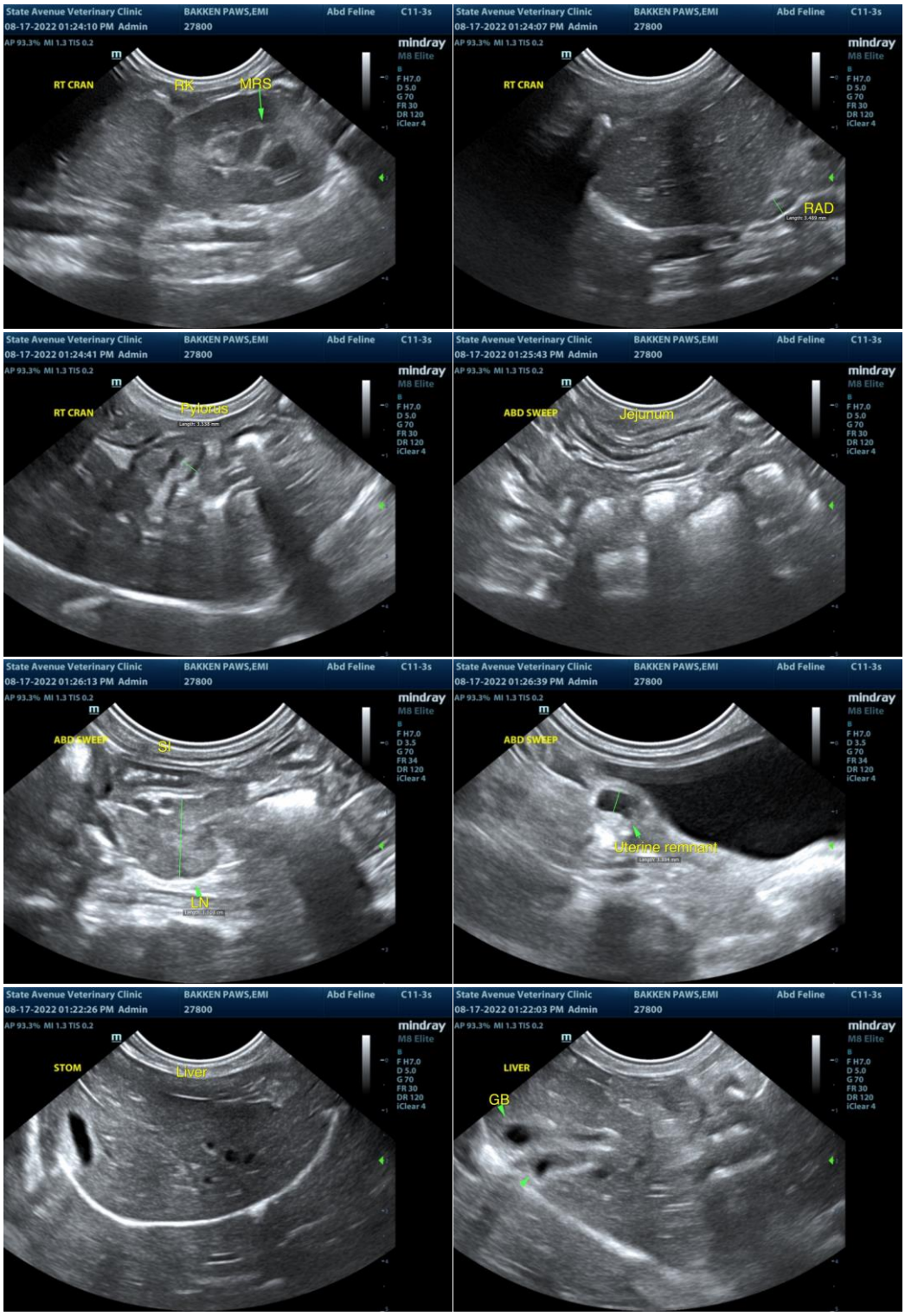

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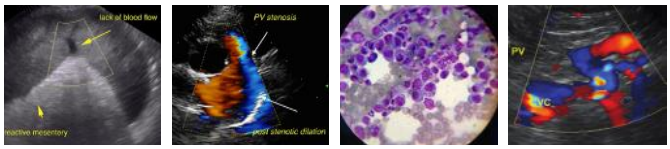

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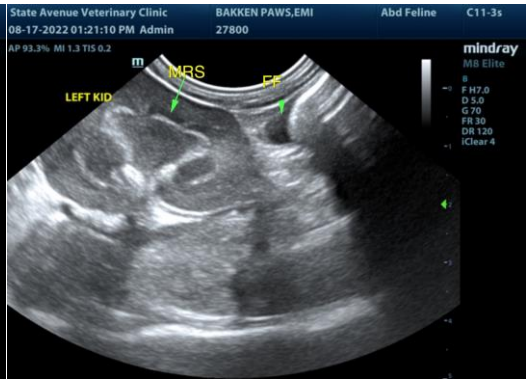

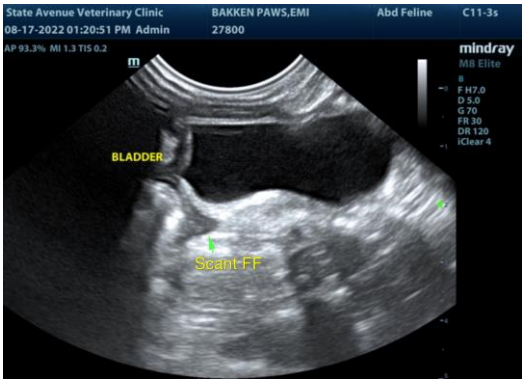

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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