



PATIENT PRESENTING CLINICAL SIGNS

Charlie Forsthoff 2 lb weight loss in past year. Hyporexic. BW all normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

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.

BREED

DSH

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

SEX

MN

AGE

12yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint focal areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.38 width and the right adrenal gland measured 0.42 width.

WEIGHT

9.5lb

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Wood River Animal Hospital

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schuelke

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. The pylorus wall measured 0.34 cm in width.

INVOICE

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The small intestine presented intact yet generalized prominent wall layering due to prominent muscularis layer. 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 0.28 cm in width.

DATE

08/19/2022

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

Pancreas



PATIENT

Charlie Forsthoff

The pancreas presented normal in size with areas of mild capsule asymmetry and mild hypoechoic to non-homogeneous parenchyma.

Free Abdomen

SPECIES

Feline

No omental masses, lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Mild IBD small intestinal pattern
- Possible concurrent low-grade pancreatitis
- Secondary: mild chronic renal changes
- Secondary: pinpoint bilateral adrenal dystrophic mineralization-normal finding in a cat

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which are suggestive of underlying enteropathy/IBD. The possibility if early to low grade neoplastic enteropathy with round cells cannot be excluded yet is considered less likely. Full thickness biopsies would be required for a definitive diagnosis. Potential for low grade pancreatitis is possible which is often seen concurrently with intestinal disease in cats is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

12yr

WEIGHT

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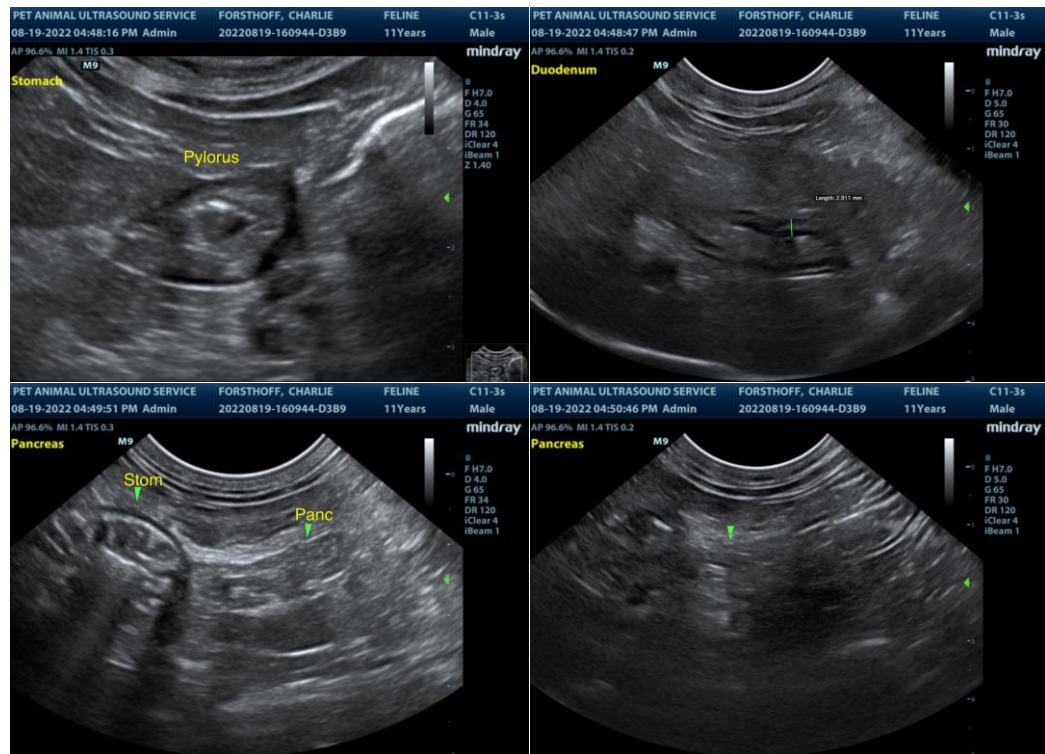
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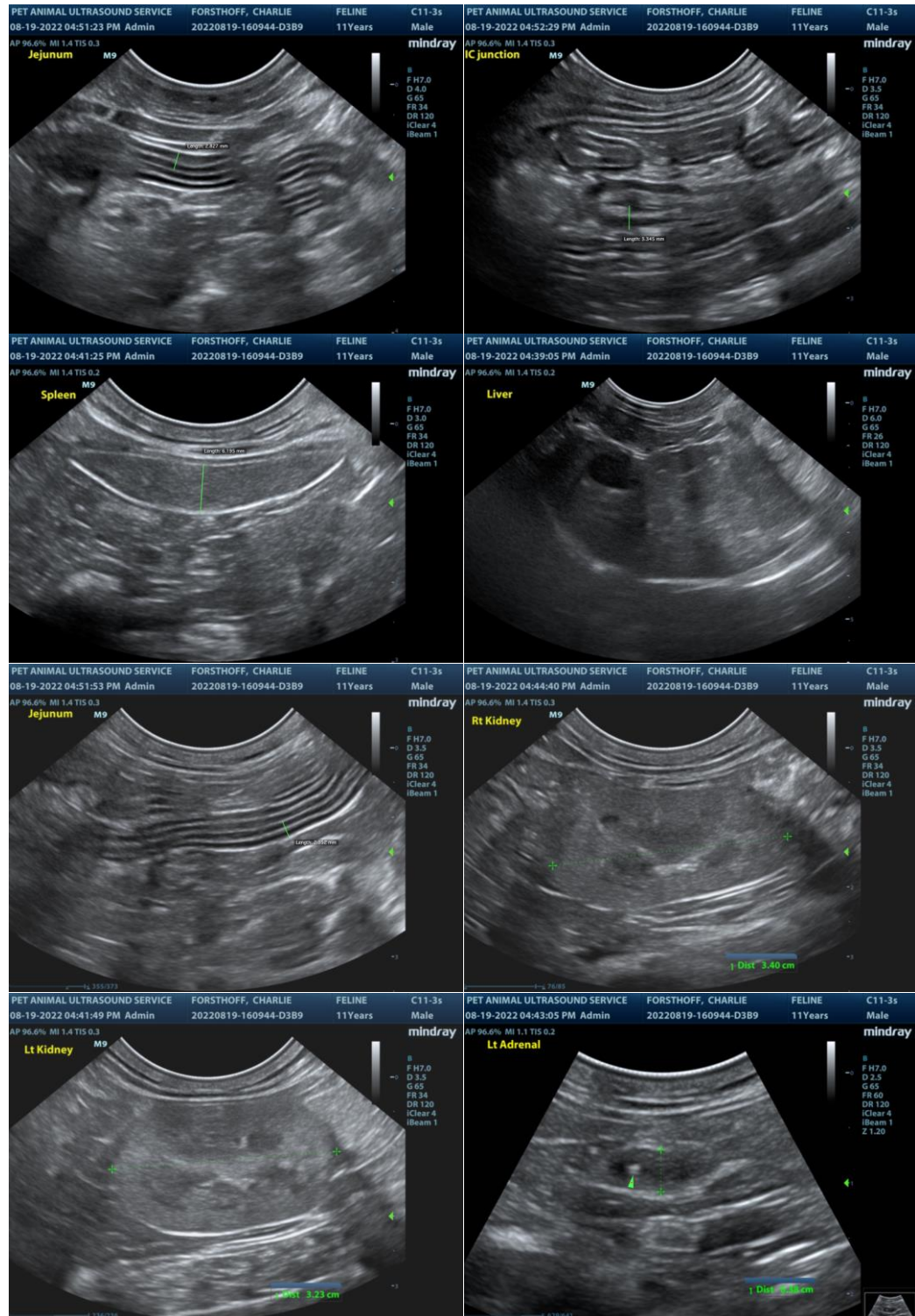
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Charlie Forsthoff

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