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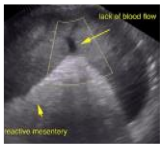

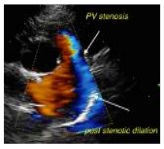

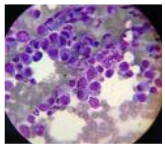
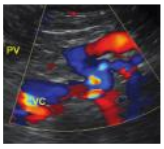

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Loki Koppuzha

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

13.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

14469

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Presented 7/29 for vomiting and decreased appetite and handled outpatient with 2V radiographs, full labwork that was unremarkable other than AMYL 1609, cerenia and SQ fluids given and RX of cerenia to give at home. Continued to vomit on/off along with abnormal BM's - picked up mirtazapine on 7/31 to try as outpatient appetite stimulant. Seen back on 8/2 for open mouth breathing, panting and frequent trips to the litter box for BM per client and continued GI issues. Muffled lung sounds no auscultated murmur. Recheck lateral film shows possible abnormal lung changes/cardiac abnormalities. BP Doppler 174, 176, 172 - P stressed during BP
Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC RDW 29.3%, ESO 0.13 CHEM AMYL 1609 otherwise NSF FELV/FIV Neg/Neg

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate 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.

The area of the aortic trifurcation was free of pathology.

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 4.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen was normal to borderline mild enlarged in size measuring 1.0-1.1 cm width at the level of the hilus. The spleen exhibited a maintained symmetrical capsule contour and finely textured homogeneous parenchyma. No splenic masses, nodules, or evidence of neoplastic criteria were noted.

Liver/ Gallbladder

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.

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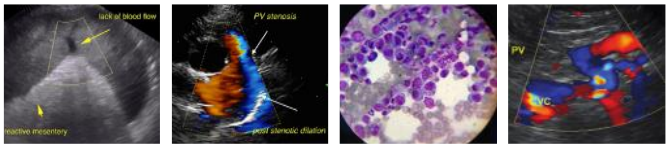

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Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The ventral gastric body wall width measured 0.30 cm. The stomach contained a mild to moderate amount of nonshadowing ingesta / chyme with focal shadowing echo exhibiting nearfield hyperechogenicity measuring 1.8 cm In diameter. No evidence of mechanical pyloric outflow obstruction was noted.

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 width measured 0.21 cm. The jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.37 cm.

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

Pancreas

The pancreas was mildly prominent in size with areas of subtle capsule asymmetry and isoechoic to mildly nonhomogeneous parenchyma compared to adjacent subtly hyperechoic peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate gastric ingesta with potential nonobstructive hairball density
- Overtly normal small bowel
- Mildly heterogeneous to prominent pancreas
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The appearance of the pancreas is not sonographically consistent with significant or active pancreatitis, although low-grade to chronic pancreatitis is possible and may be considered If evidence of cranial abdominal or subxiphoid discomfort on palpation.

Structurally insignificant Inflammatory bowel cannot be definitively excluded. Further assessment of both the intestinal tract and pancreas with a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. As-needed gastrointestinal support, empirical therapy for low-grade to chronic pancreatitis, and hairball therapy if clinically indicated or history of hairballs would be reasonable. Sonographic or radiographic monitoring of the potential nonobstructive gastric hairball density could be considered If evidence of persistent vomiting.

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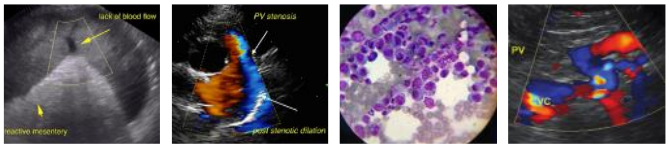

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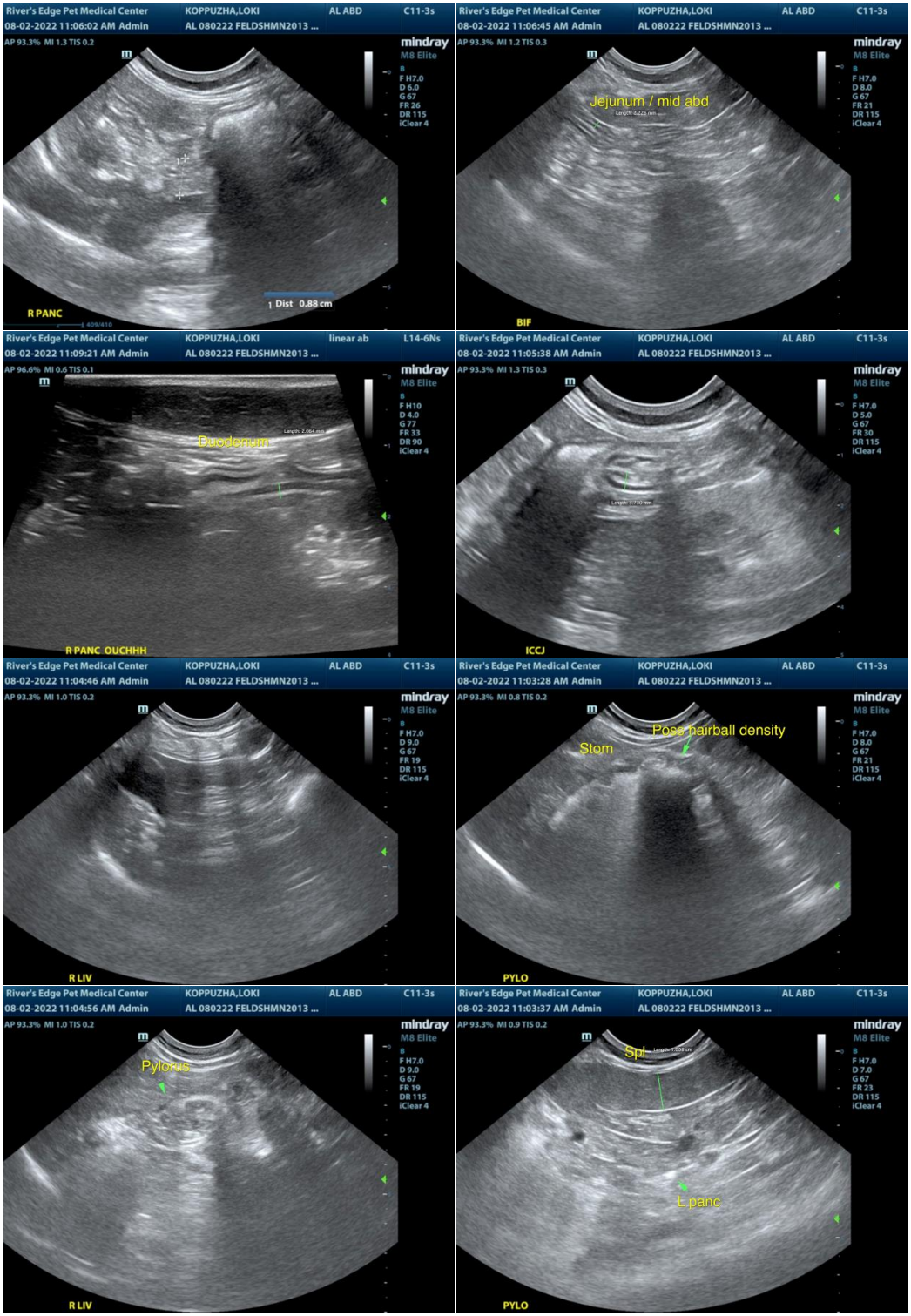

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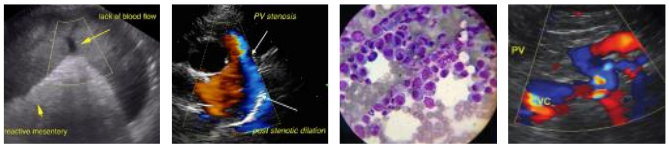

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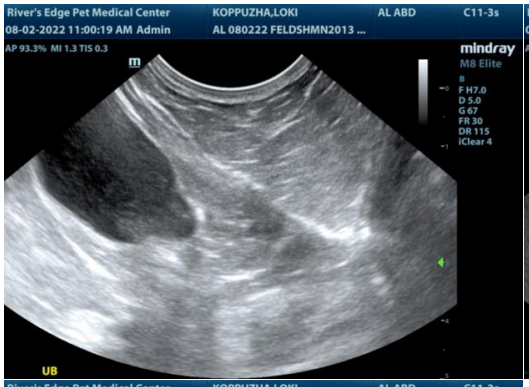

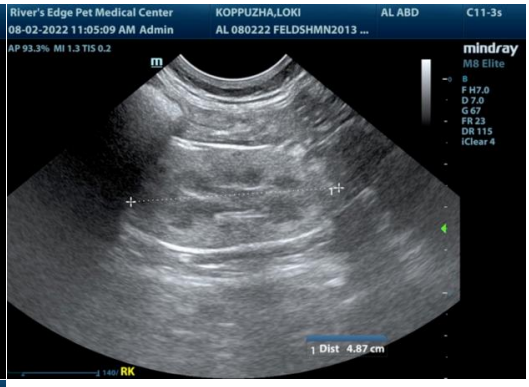

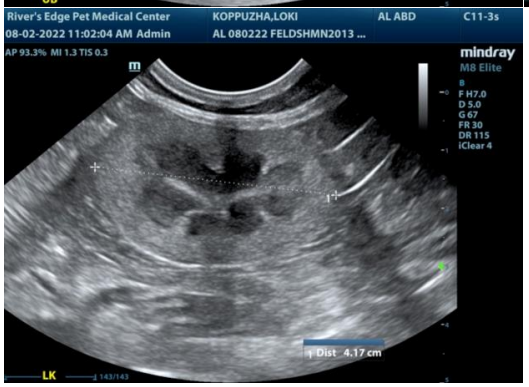

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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