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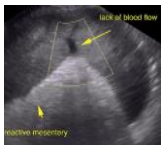

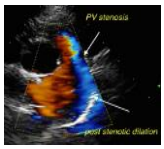

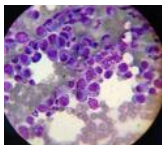
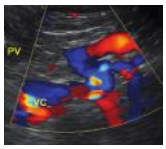

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1-800-838-4268 info@sonopath.com

PATIENT

Henry Robertson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

3.84kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet Hospital

REFERRING VET

Dr. Conteh

INVOICE

11446ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

History: First symptoms: vomit white froth, diarrhea - bloody diarrhea (pure blood with food not digested) - zero energy, excessive drooling - not drinking / eating (syringe fed q 4-5h, RC recovery diet.) - lost 2 pounds in 2-3 days(Usual diet was kibble Cochran brand.) - Other cat now attacking, so kept separated - symptoms noticed about 4 days ago, downhill incredibly fast. - mucous membranes: pale pink, slightly tacky - hydration Status: 5-6% dehydrated

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.89 L 6.54 12.20 x10^12/L HCT 24.0 L 30.3 52.3 % HGB 9.2 L 9.8 16.2 g/dL MCHC 38.3 H 28.1 35.8 g/dL WBC 2.44 L 2.87 17.02 x10^9/ NEU * 0.09 2.30 10.29 x10^9/L BAND * Suspected MONO * 1.07 0.05 0.67 x10^9/L EOS 0.02 L 0.17 1.57 x10^9/ CHEM: GLU 9.29 H 3.95 8.84 mmol/L - r/o Stress, SDMA 17 H 0 14 µg/dL - r/o dehydration, kidney disease UREA 4.8 L 5.7 12.9 mmol/L - r/o low protein diet, artifact TBIL 21 H 0 15 µmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate to pinpoint hyperechoic 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 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 3.7 cm in length. The right kidney measured 3.75 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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.

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 distended in size with echogenic walls and primarily anechoic luminal content with non-dependent echogenic luminal debris. The common bile duct was not definitively visualized.

Gastrointestinal

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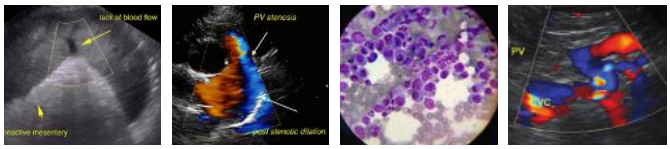

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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 jejunum wall measured 0.20 cm in width.

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

Pancreas

The left pancreatic limb was prominent size with mild capsule asymmetry and hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Overtly normal GI tract
- Mildly distended gallbladder with mild echogenic debris-no evidence of post hepatic obstruction
- 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 left pancreas is consistent with mild to moderate pancreatitis. Potential for concurrent inflammatory enteropathy cannot be definitively excluded. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Hospitalization with rehydration protocol, analgesia if indicated and supportive care for pancreatitis +/- inflammatory enteropathy and assessment of clinical response would be reasonable.

A CBC pathology review +/- recheck retroviral status could be considered.

Recheck sonogram suggested if persistent/progressive clinical signs are present.

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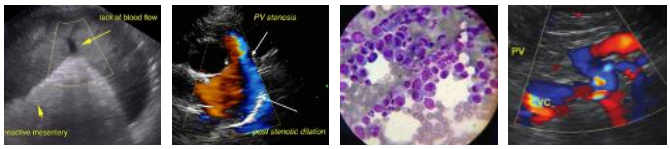

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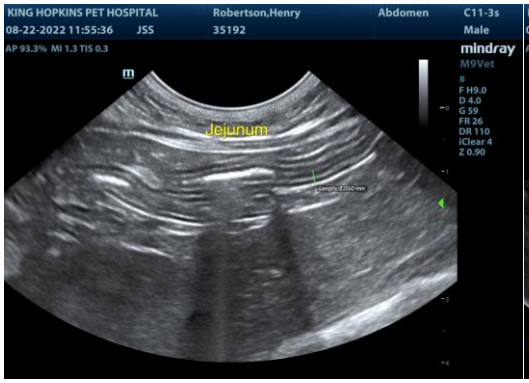

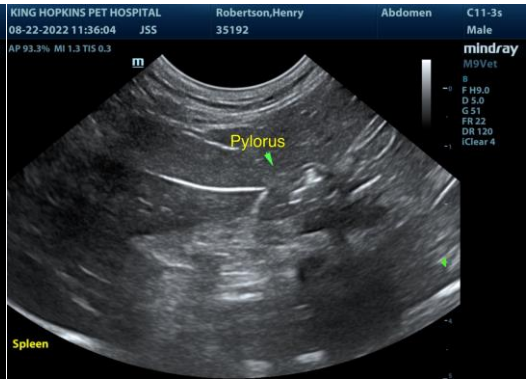

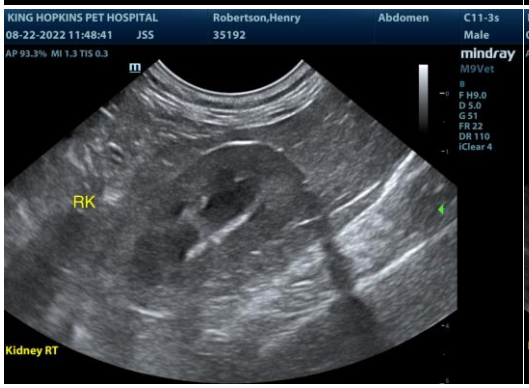

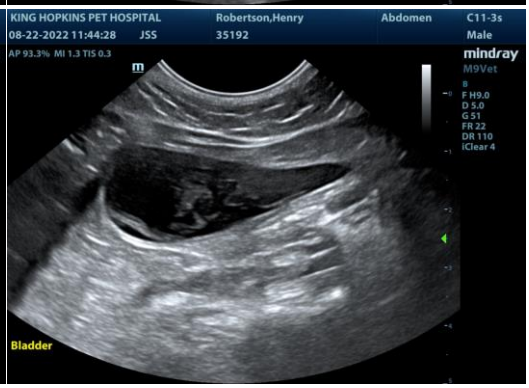

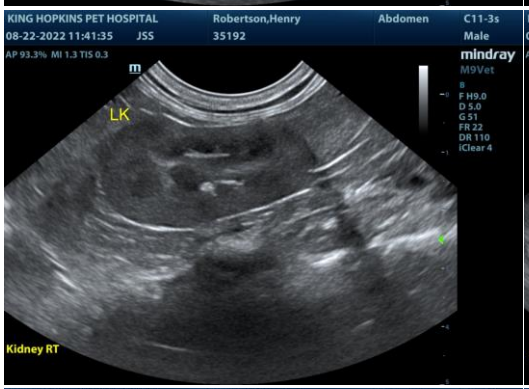

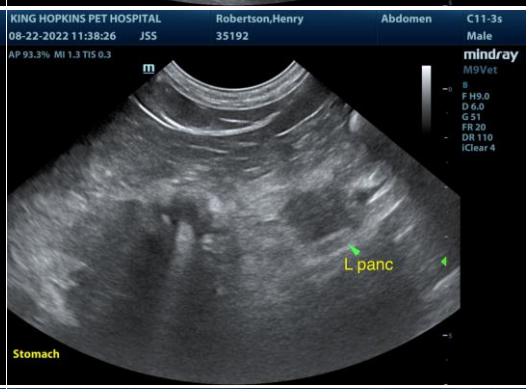

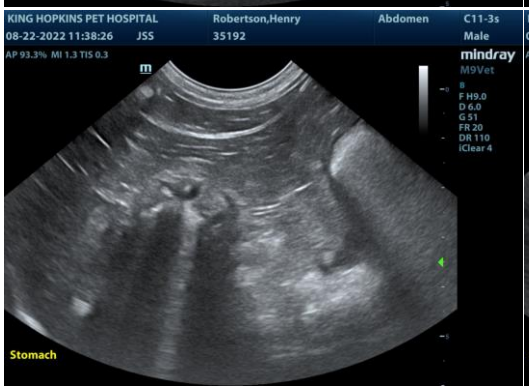

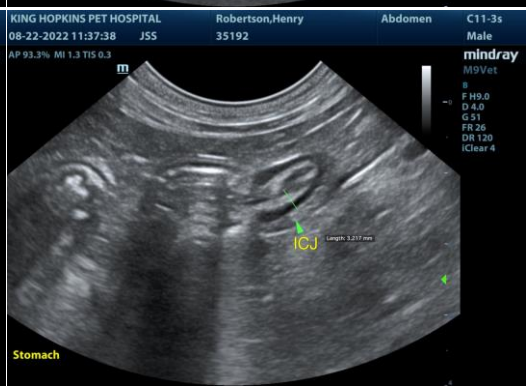

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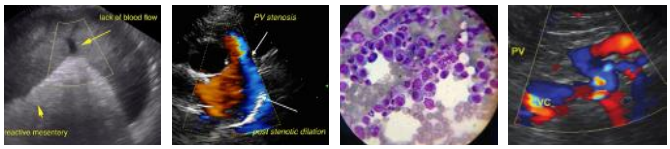

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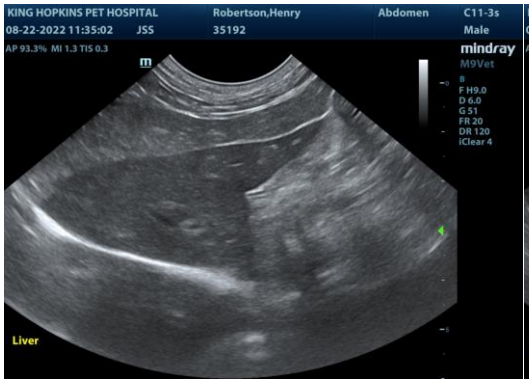

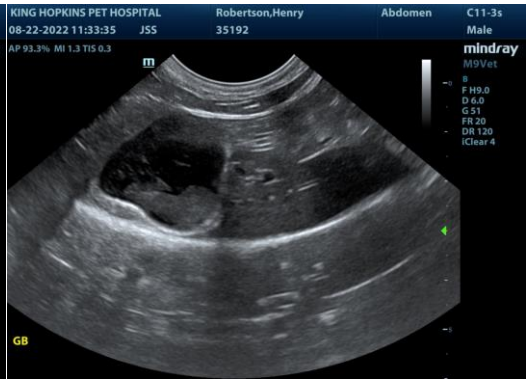

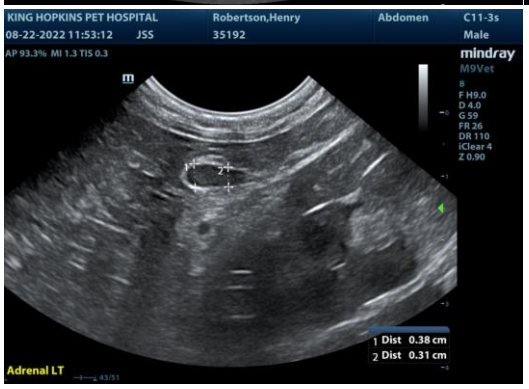

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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