



PATIENT

Tank Skimming

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

3.0 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Central Island Vet
Emergency Hospital

INVOICE

17017

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Presented on August 5 to the emergency hospital with a history of ongoing weight loss and one episode of vomiting as well as upper respiratory signs. Tank has a history of known EPI and has been on "Pank-aid" supplement, but he is still losing weight. On PE, Tank had a doughy abdomen and was growling on palpation. Radiographs showed a possible mass effect. Bloodwork showed a mild lymphopenia and eosinopenia. He also had mild hyperglycemia and hyperglobulinemia. Total T4 was normal. The upper respiratory signs resolved with a 7-day course of azithromycin.

Abnormal PE/Chem/CBC/UA Results: Glucose=9.66 (3.95-8.84) Globulin=53 (28-51)
Lymphocytes=0.79 (0.92-6.88) Eosinophils= 0.15 (0.17-1.57)

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. 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 was 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor to mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in either kidney. Pinpoint hyperechoic cortical foci were present in the right kidney, which may indicate pinpoint areas of cortical fibrosis, microinfarction or emerging mineralization. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 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 0.4 cm width.

No overt pathology in the area of the right adrenal gland.

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/ 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.



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The gallbladder was non-distended. The gallbladder walls were sonographically normal. A solitary calculus was present in the gallbladder lumen, measuring 0.75 cm in diameter. The common bile duct exhibited mild generalized distention, which did not appear to extend to the level of the duodenal papilla. Multifocal variably sized yet primarily small common bile duct calculi were present. An example of common bile duct calculus measured 0.46 cm in diameter.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme, along with small pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Generalized mild to variable nonshadowing intestinal chyme was present. The duodenum wall measured 0.27 cm. The jejunum wall measured 0.22 cm.

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

Pancreas

The left limb of the pancreas, although indistinctly visualized, exhibited potential for mild prominent size with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Potential small pockets of scant periintestinal free fluid were present, although not definitive. No evidence of significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

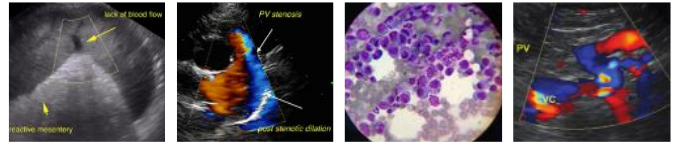
- Intact gastrointestinal wall layering with moderate gastric and variable segmental intestinal nonshadowing ingesta/chyme.
- Subjective mildly prominent to hypoechoic left pancreas
- Solitary gallbladder calculus with multiple, primarily small nonobstructive common bile duct calculi
- Minor to mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta is nonspecific and may indicate postprandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of gastrointestinal inefficient peristalsis could be present. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for structurally insignificant intestinal disease, as a contributing factor to the patients on going weight loss, is recommended.

Serial monitoring for evidence of hepatic enzyme elevations or obstructive cholestasis, going forward, is advised. Recheck sonogram is recommended if potential evidence of posthepatic obstruction is noted.

Potential for low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.



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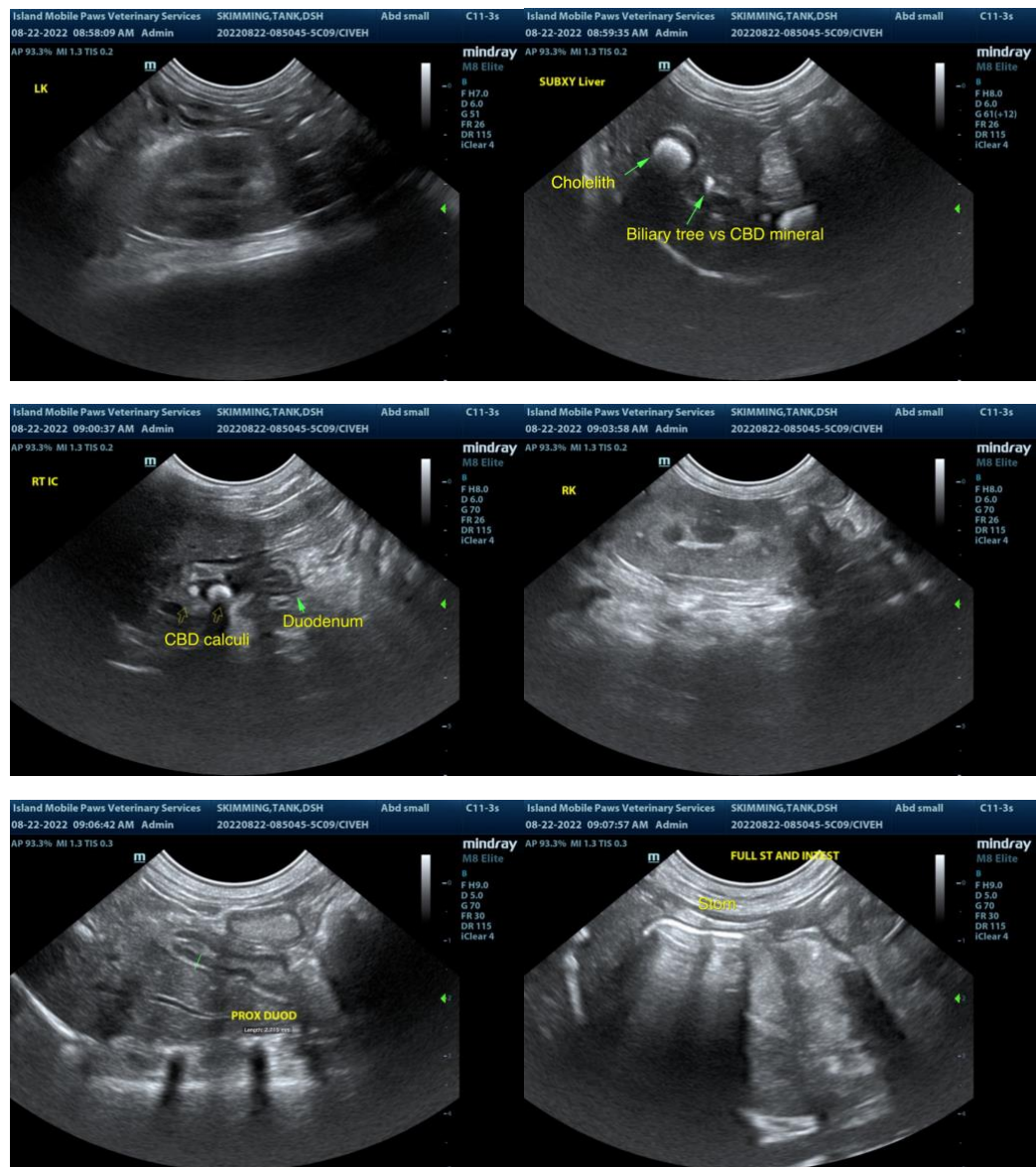
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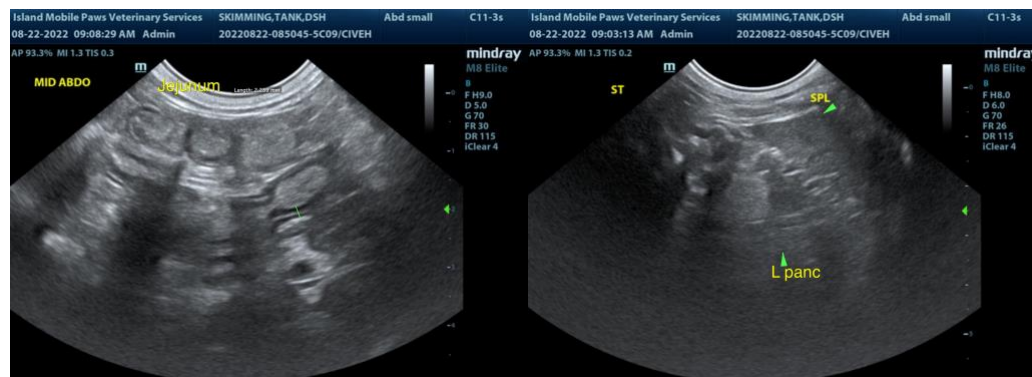
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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