

PATIENT PRESENTING CLINICAL SIGNS

Oreo Capron Cachexia, emaciated, severe weight loss, pale mm, dehydration, decreased appetite, lethargy, unkempt. Low HGB, lymphopenia, eosinopenia, HCT is WNL but low end normal. Chem: severely elevated liver enzymes (AST, ALP, bilirubin); mild hypercalcemia. Ft4 low. UA: bacteria, rods, bilirubin 2+

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED 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 particulate, non-dependent 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.

DMH

SEX

Neutered Male 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary dystrophic mineral noted in both kidneys. The left kidney measured 4.3 cm. The right kidney measured 3.4 cm. Subtle non-uniform cortex echogenicity and potential minor cortical infarcts noted in both kidneys.

AGE

13 Years

WEIGHT

7.72 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.30 cm.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

The liver exhibited subjective mild generalized enlargement with symmetrical to mildly rounded hepatic contour. Normal overall hepatic parenchyma echogenicity with evidence of minor parenchymal remodeling and moderate coarse echotexture. No hepatic masses or nodules. The gallbladder was non distended in size with mild to moderate, echogenic, non-dependent, non-organized debris. The common bile duct was normal.

HOSPITAL NAME

Foster Vet Clinic

REFERRING VET

Dr. Stacey Hattan

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. Gastric body wall measured 0.25 cm.

INVOICE

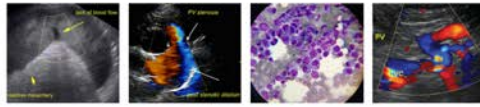
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.24 cm.

DATE

8/24/21

Ileocolic wall measured 0.25 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT *Pancreas*

Oreo Capron

The pancreas was normal in size and contour with heterogeneous to isoechoic. parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Feline

Free Abdomen

No lymphadenopathy, masses or effusion.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral moderate chronic renal changes
- Hepatopathy
- Mild to moderate gallbladder debris
- Sonographically unremarkable gastrointestinal tract and pancreas

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

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

WEIGHT

7.72 Pounds

The overall liver was non-specific and exhibited characteristics of both acute and chronic hepatopathy. Considerations may include vacuolar hepatopathy and cholestasis. Given the ALP and bilirubin elevation, inflammatory hepatic parenchymal disease or hepatobiliary process (i.e., cholangiohepatitis) with potential for hepatic neoplasia (given the hypercalcemia) also possible.

INTERPRETED BY

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

Assuming normal clotting status, ultrasound guided hepatic FNA using 25-gauge needle warranted for screening cytology to assess or evidence of inflammatory or potential neoplastic cells. Concurrent possibility of underlying gastrointestinal disease without evidence of mural changes cannot be definitively excluded. Further assessment given the weight loss may include GI panel to include PLI, TLI, cobalamin and folate, and 3-view chest radiographs to rule out occult thoracic pathology that may cause weight loss in older cats. Recheck retroviral status and CBC pathology review may be considered. Continued gastrointestinal support and assessment of caloric plane is recommended empirically.

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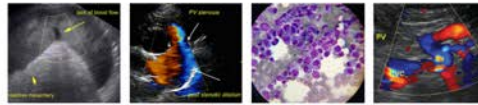
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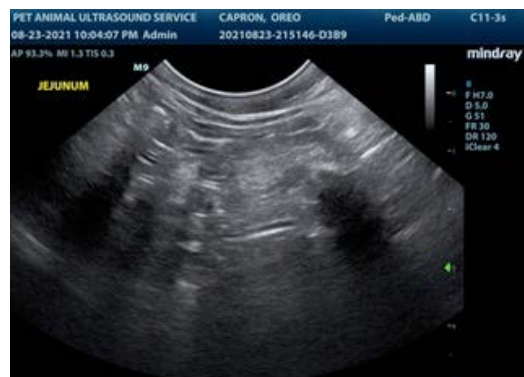
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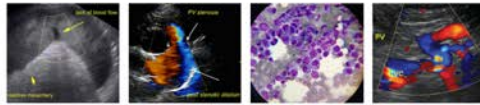
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PATIENT

Oreo Capron

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.

SPECIES

Feline

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.

BREED

DMH

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