

PATIENT PRESENTING CLINICAL SIGNS

Chloe Zucato chronic vomiting over past year, some weight loss, eating/drinking fine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

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 were noted.

BREED

Bengal

The area of the aortic trifurcation was free of pathology.

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 3.5 cm.

AGE

15 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm. The right adrenal gland measured 0.22 cm.

WEIGHT

7 Pounds

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.82 cm in width at the level of the hilus. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size. The cranial aspect of the gallbladder appeared to be mildly folded, which is likely a normal patient variant. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content present without evidence of luminal debris. The proximal common bile duct was dilated (0.32 cm in width) and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

HOSPITAL NAME

Ancaster AH

REFERRING VET

Dr. Mathews

INVOICE

40827

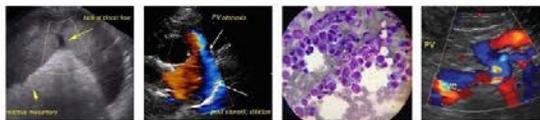
Gastrointestinal

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. Pylorus wall measured 0.24 cm.

DATE

8/29/22

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



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measured 0.21 cm. Jejunum wall measured 0.20 cm. No overt pathology in the area of the ileocolic junction. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SPECIES

Feline

The pancreas was normal to mildly prominent in size with areas of minor capsule asymmetry. Heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Bengal

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed Female

- Mild chronic renal changes
- Mild hepatic parenchymal remodeling – benign.
- Mild non-obstructive proximal common bile duct dilation
- Overtly normal gastrointestinal tract
- Possible low-grade chronic active pancreatitis

AGE

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WEIGHT

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade to chronic pancreatitis, although not definitive, may be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation. The common bile duct dilation is non-specific and may indicate age related chronic common bile duct dilation commonly seen in geriatric cats. Potential for current low-grade to chronic cholangitis also possible, which at times may cause mild gastrointestinal signs and lethargy. Given the breed, structurally insignificant gastrointestinal disease may also be a possibility in this patient.

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, 3-view chest radiographs to rule out occult thoracic pathology as a contributing factor to the weight loss, and assessment of hepatic enzymes (if not recently done) to rule out potential for mild Triaditis. Dietary intolerance/food allergy or occult parasitism if the patient is indoor/outdoor may be additional possibilities. Empirically, depending on additional diagnostics, bland or hydrolyzed diet trial with as-needed gastrointestinal support and ongoing monitoring of patient weight and clinical response would be reasonable.

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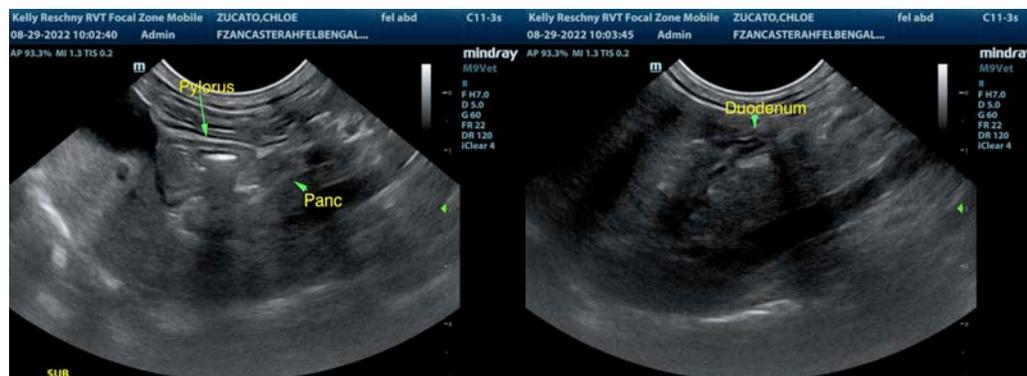
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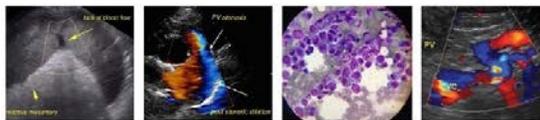
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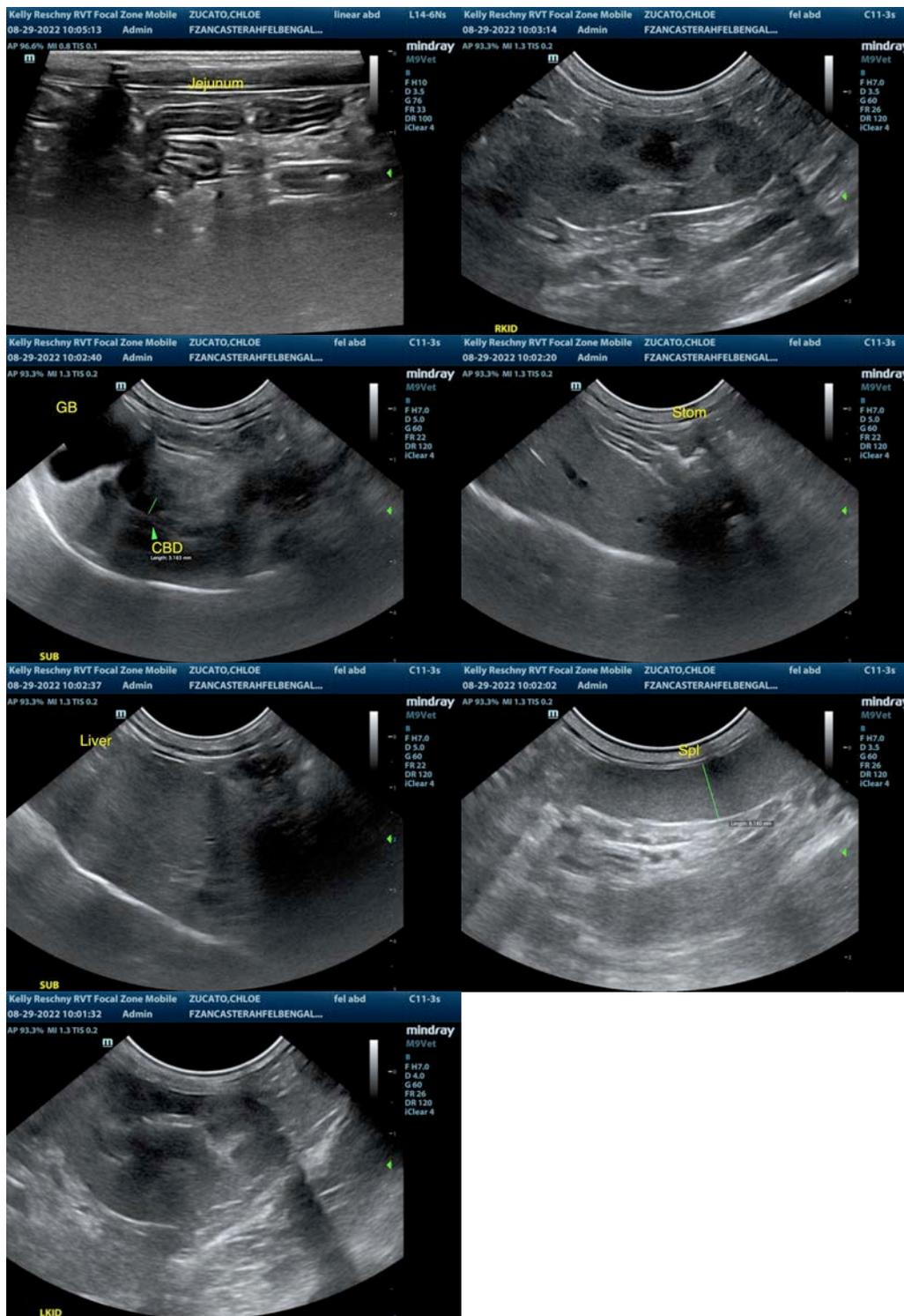
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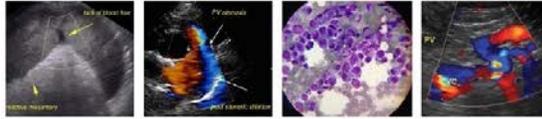
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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