



PATIENT

Casey Wilson

SPECIES

Feline

BREED

Persian

SEX

M,N

AGE

13y, 10m

WEIGHT

7.9 lb

PRESENTING CLINICAL SIGNS

P has long history of IVDD, stifle osteoarthritis, bilateral CCL injury and CF joint osteoarthritis. Progressive weight loss noted since May 2021 (9# to 7.9# today). No apparent metabolic disease contributing to weight loss R/O primary GI disease - IBD, GI lymphoma, malabsorption/maldigestion, open. P is on Trixsyn, Chondroprotect Inj, Prednisolone 2.5mg EOD, Gabapentin and Amatadine PRN for pain. P has history of vomiting, has improved with EOD Prednisolone.

Abnormal PE/Chem/CBC/UA Results: 7/9/22 senior panel showed: CBC - Wnl; Chemistry profile - Superchem: wnl; Heartworm test - HW antibody - neg; Thyroid hormones - TT4- 1.8 (0.8-4); Urinalysis - USG 1.060 pH 6.5 urine chems: 1+ pro urine sedi: nsf MA: 0.4 (<2.5) Renal tech - NEGATIVE

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 nondependent 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.

INTERPRETED BY

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

Normal size and margination were present in the kidneys. Mild uniform cortical hypertrophy was present with mild loss of corticomedullary border demarcation with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm length. The right kidney measured 3.6 cm length.

IMAGING PERFORMED BY

Carly Pate

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt evidence of pathology was noted in the area of the left and right adrenal glands.

HOSPITAL NAME

VCA McKenzie AH

Spleen

REFERRING VET

Dr. Arpaia

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 0.82 cm width at the level of the hilus.

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DATE

8/3/22

Liver/ Gallbladder

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



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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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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor retained anechoic pyloric fluid and was without signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

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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. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.21 cm width.

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

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting nonspecific bilateral medullary rim sign
- Overtly normal gastrointestinal tract
- Mild urinary bladder sediment

IMAGING PERFORMED BY

Carly Pate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Further renal staging to include UPC, if no evidence of significant Inflammatory cells may be considered.

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No evidence of structure gastrointestinal pathology or overt neoplastic gastrointestinal criteria was noted. Potentially, the Prednisolone may be masking Intestinal mural changes.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Continued as-needed gastrointestinal supportive care based on the clinical impression of the patient and pending additional diagnostic would be reasonable.

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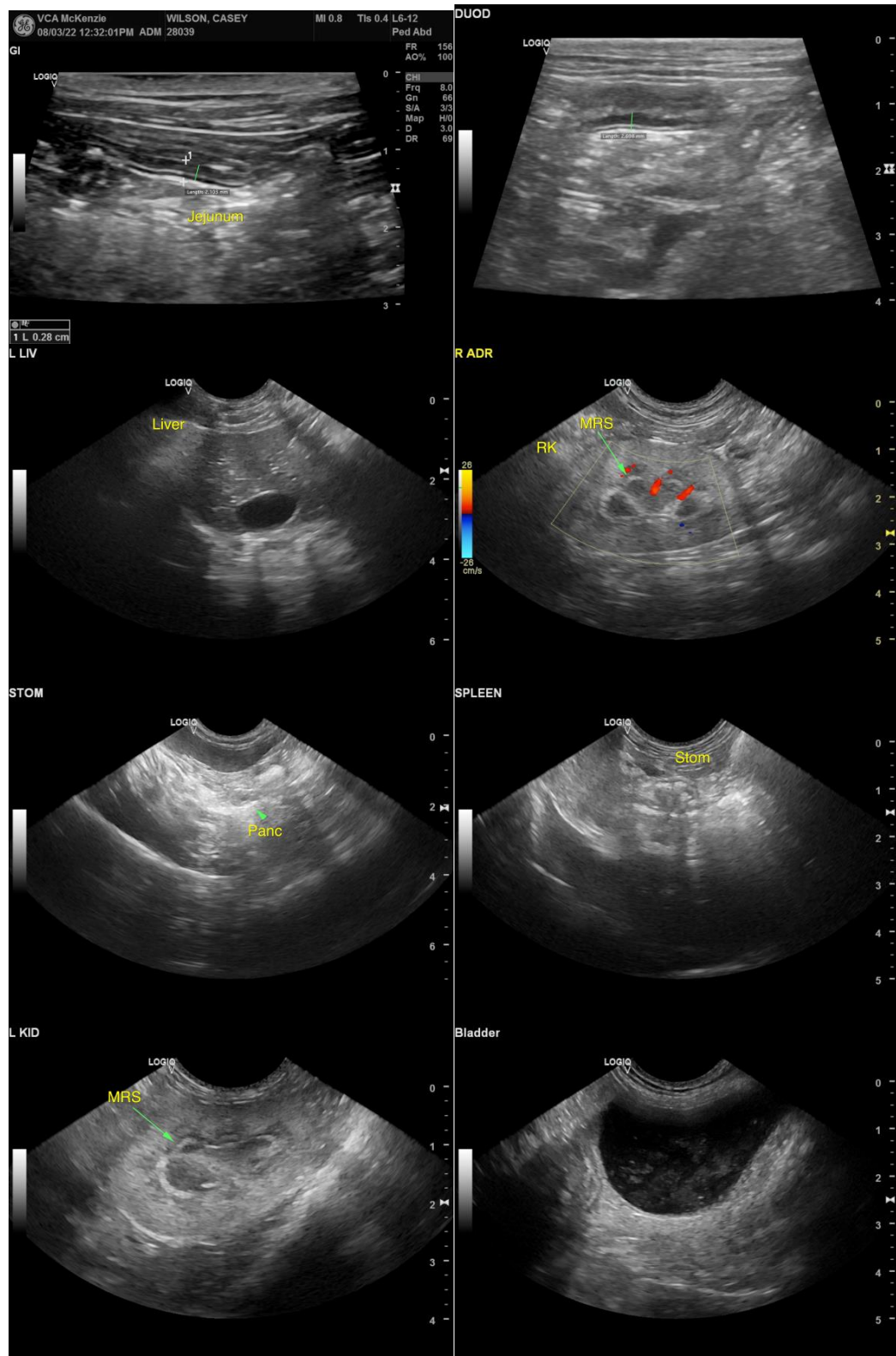
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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