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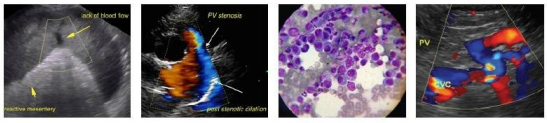

Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dotty Ortiz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

11.49lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr Vincent Fleming

INVOICE

14531ag

DATE

08/08/2023

PRESENTING CLINICAL SIGNS

SEDATION needed- Alfaxalone/torbugesic/mildazolam IM- Chronic vomiting- hypertensive- Heart No murmur or arrhythmia; Synchronous Pulses - Strong femoral pulses All lung fields Normal bronchovesicular sounds - Bilaterally MEDS: Diet: Hills K/D Med: Amlodipine 0.625mg PO q24, started October 2022 when BP was 180, without the normal fractious behavior at 180 mmHg in treatment area,- More recent BP done 8/3/2023 and it was Systolic 156mmHg R/O reason for hypertension

Abnormal PE/Chem/CBC/UA Results: LABS done July 2023- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was subnormal in size with asymmetrical contour and non-uniform hyperechoic cortical hypertrophy. Reduced left kidney medullary volume was present. The left kidney measured 1.9 cm in length. Normal to increased right renal size with asymmetrical margination was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 4.3 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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/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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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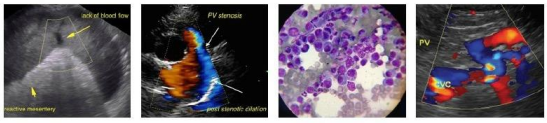

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with variably prominent muscularis layer. The small intestine wall measured 0.26-0.32 cm in width. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mottled parenchyma compared to adjacent omentum. Pancreatic duct dilation was present.

Free Abdomen

Minor benign/reactive colic lymphadenopathy was present.

Scant pocket of peritoneal effusion was present in the left lateral abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate urinary bladder sediment.
- Left kidney subnormal size with moderate chronic degenerative renal changes.
- Right kidney moderate chronic renal changes with borderline compensatory hypertrophy.
- Chronic pancreatitis pattern.
- Intact mild to variably prominent small bowel wall.
- Scant pocket of left peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The mild to variably prominent small bowel walls may suggest chronic inflammatory enteropathy with potential for emerging neoplastic infiltrative enteropathy thought less likely.

Empirically, a canned limited antigen or hydrolyzed diet trial with as needed gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID over the next 3 weeks with assessment of clinical response may prove beneficial. Sonographic monitoring of the GI tract is suggested if progressive GI signs or evidence of weight loss are noted. Monitoring of renal parameters and UA given renal presentation is recommended.

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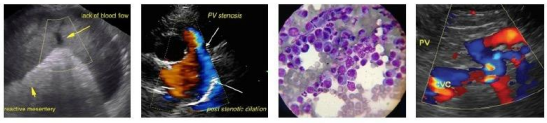

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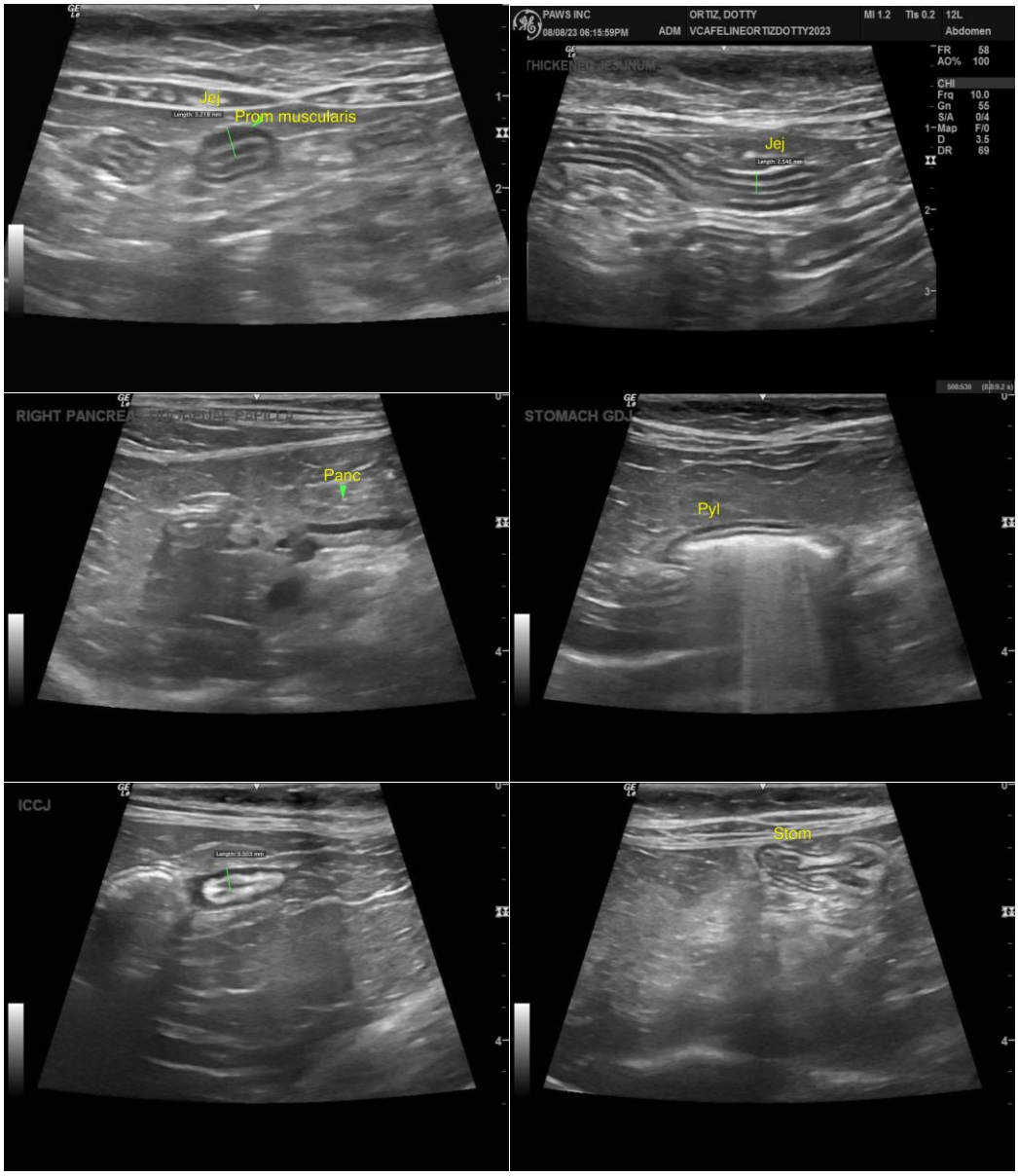

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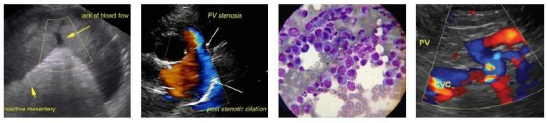

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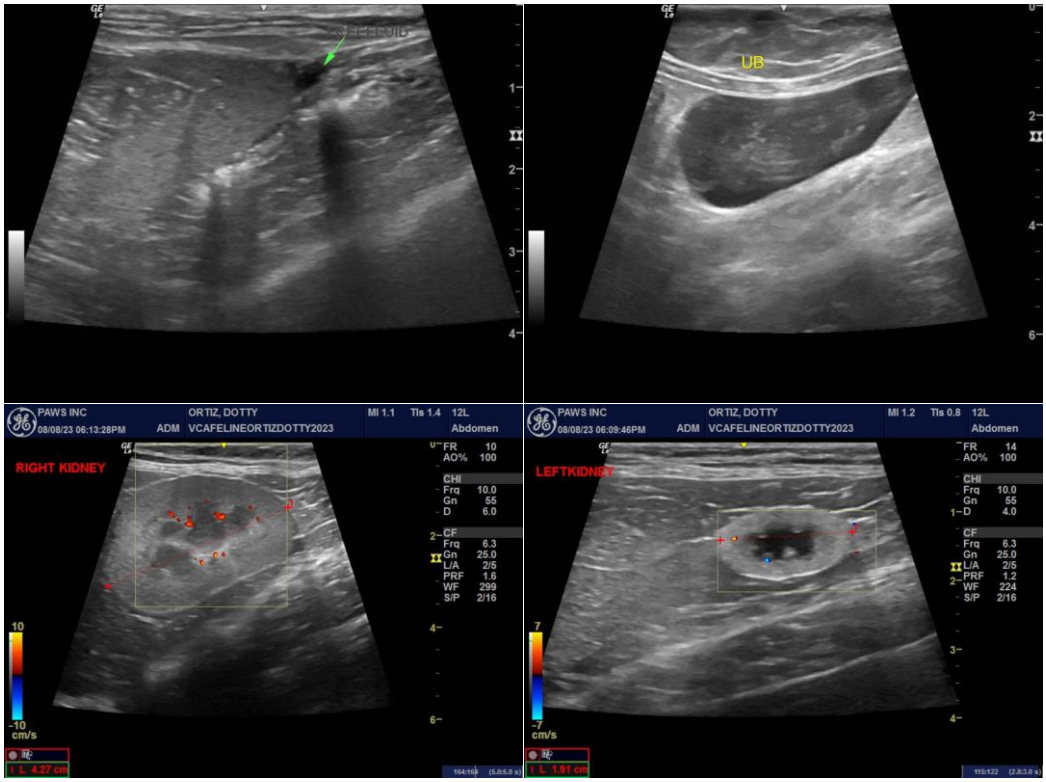

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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