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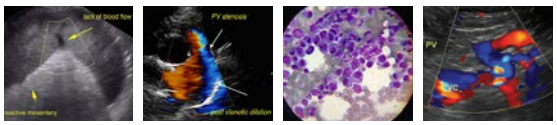


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Butters Fowlers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

16.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

INVOICE

25771

DATE

9/23/21

PRESENTING CLINICAL SIGNS

Senior screening diagnostics prior to elective dentistry. Obese. Mobility decline reported. Indoor/outdoor lifestyle. -New hypercalcemia on attached panel, needs repetition/ionize value confirmation. No history of pu/pd. -Thorax and abdominal imaging scheduled to be obtained on 9/21 also. -1.5 pounds weight loss from 2020-2021 (unclear if purposeful/planned) Past history (2016) of asthma pattern, no longer an active concern. Stopped use of inhaled corticosteroid in 2019. Possible respiratory and skin pattern benefits to limited ingredient and/or hydrolyzed diet use.

ALT 106, Calcium 11.2, Chol 269, Precision PSL 28, unremarkable CBC. USG 1.052 w/2+ protein.

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. Moderate non-dependent, 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.

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 4.2 cm. The right kidney measured 4.2 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The adrenal glands measured 0.5 cm in width each.

Spleen

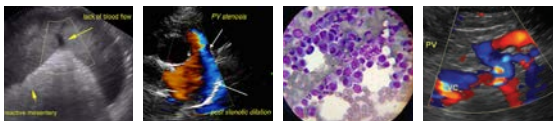
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. It measured 0.85 cm in width. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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 very minor, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No overt evidence of hepatic neoplasia.

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.



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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 0.26 cm. Jejunum wall measured 0.24 cm. Ileocolic wall measured 0.3 cm.

Normal visible colon wall layers were present with nonformed feces in the descending colon.

Pancreas

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

Free Abdomen

Intermittent, mildly prominent to enlarged mid to left abdominal mesenteric nodes were present (example measured 0.61 cm in width). The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). These lymph nodes were not consistent with inflammatory or neoplastic criteria. The lymph nodes were primarily adjacent to the left kidney and area of the descending colon.

No omental masses or effusion.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment
- Mild bilateral chronic renal changes
- Sonographically unremarkable liver with very minor gallbladder debris – potential low-grade hepatic or hepatobiliary inflammation.
- Sonographically unremarkable gastrointestinal tract with nonformed feces in descending colon
- Intermittent minor mesenteric lymphadenopathy – consistent with hyperplasia/benign lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Largely mild geriatric abdomen without evidence of significant visceral pathology. Given the patient's weight loss, GI panel to include PLI, TLI, cobalamin and folate may be considered. Monitoring for evidence of diarrhea or loose stool recommended. Broad-spectrum deworming may be considered given the weight loss and indoor/outdoor lifestyle. No overt anesthetic contraindications.

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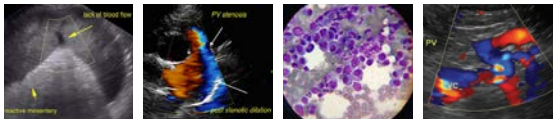

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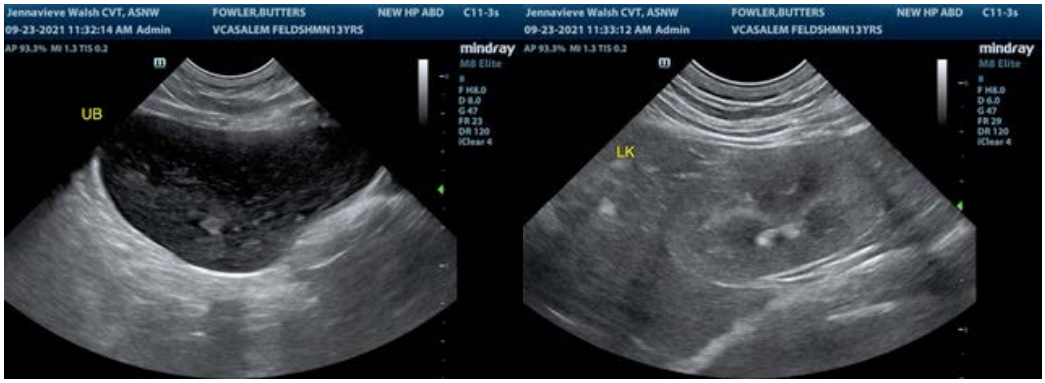

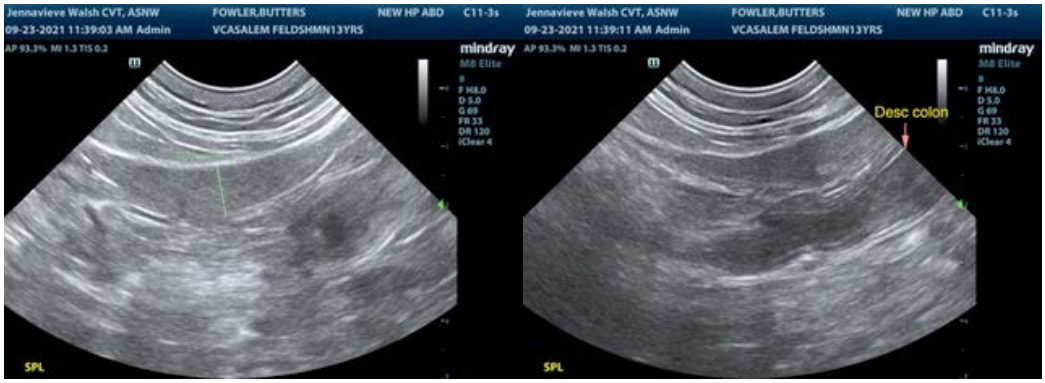

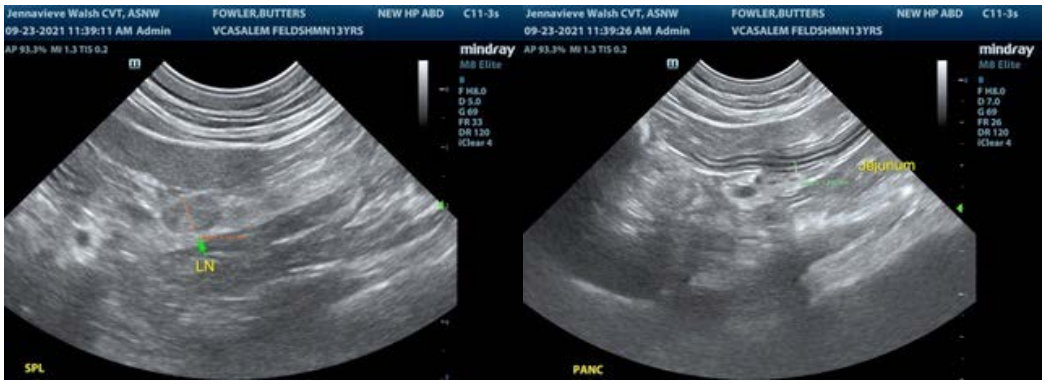

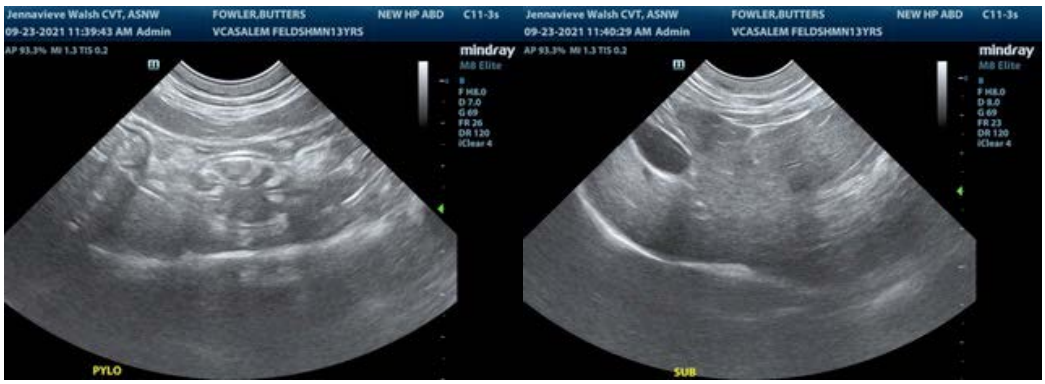

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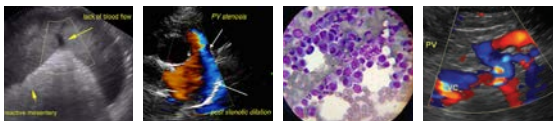

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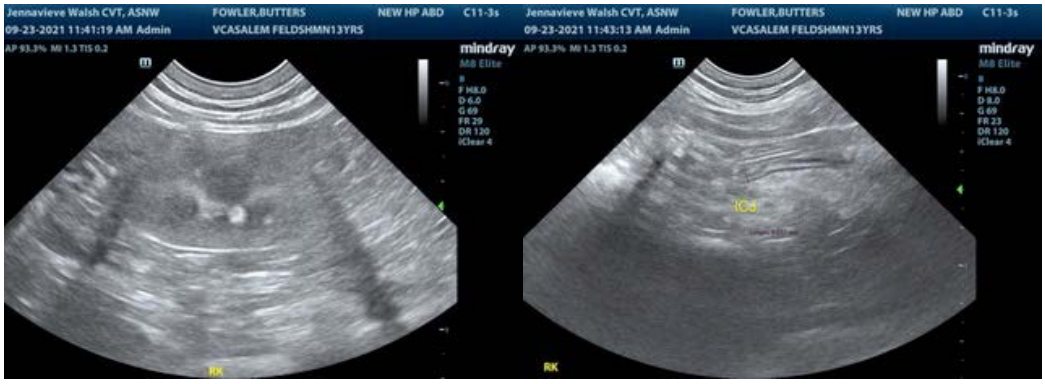

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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