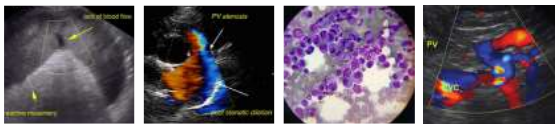


PATIENT

Nemo Knox

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

15.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

12301

DATE

9/24/21

PRESENTING CLINICAL SIGNS

Vomiting intermittently since March 2020. Vomit varies between undigested food, digested food, clear liquid, or hair balls. Good appetite, but decreased energy level. More frequent episodes of vomiting in April with initial response to canned i/d diet. Did well for a few months on the i/d diet with less frequent vomiting, but had another flare-up and was unable to keep food down last week. Overweight and has a grade 2/6 systolic heart murmur, but otherwise exam WNL.

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.

The area of the aortic trifurcation was free of pathology.

The left kidney exhibited subnormal size compared to the right, yet within normal limits for the species. Subtle cortical hypertrophy and uniform increased cortex echogenicity was noted in the left kidney. The left kidney measured 3.2 cm in length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 4.0 cm in length.

Adrenal Glands

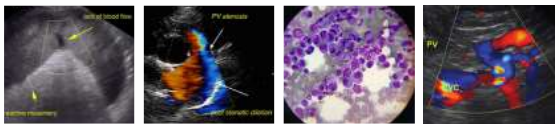
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

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 normal in size yet subjectively,



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partially divided into two compartments. Anechoic content was present in the gallbladder. The cystic and common bile ducts were normal.

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. The pylorus wall width measured 0.36 cm.

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 width measured 0.30 cm. The jejunum wall width measures 0.25 cm.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Left kidney mild interstitial nephrosis pattern with borderline subnormal size
- Probably partially bilobed gallbladder - normal variant in a cat
- Sonographically unremarkable gastrointestinal tract

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.

Dietary intolerance / food hypersensitivity, occult parasitism if the patient if indoor/outdoor, or structurally insignificant inflammatory bowel are possible. Gastroprotectants, canned hydrolyzed diet, broad-spectrum deworming if clinically indicated, and as-needed hairball therapy are recommended. Heartworm antigen-antibody test may be considered as cats with heartworm disease often exhibit chronic vomiting.

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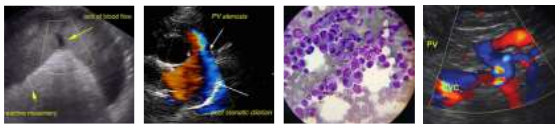

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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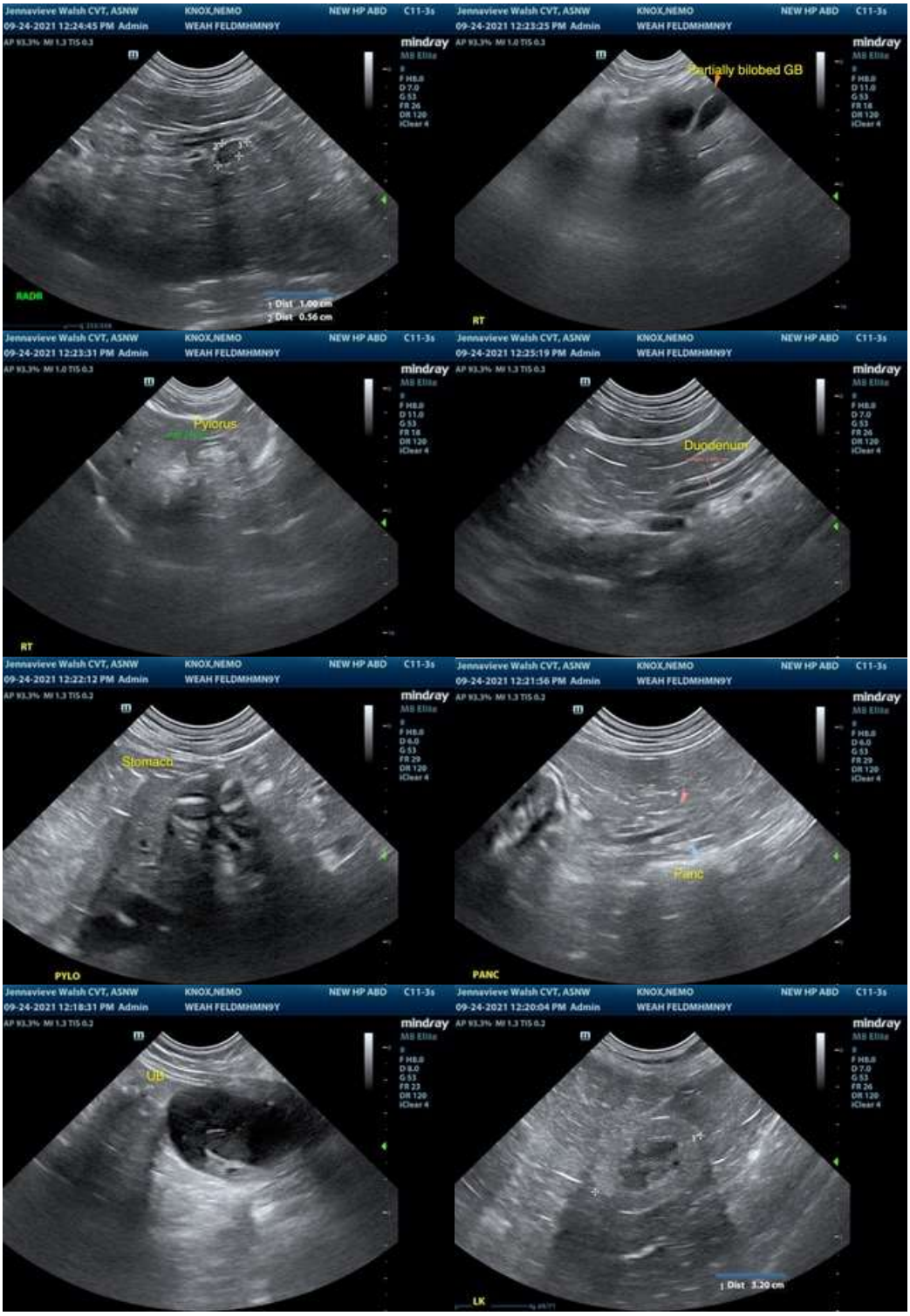

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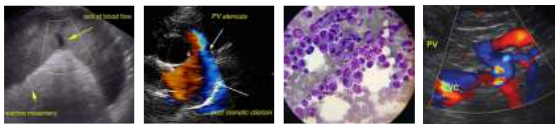

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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