

PATIENT

Cinnamon Murphy

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

15 years

WEIGHT

16.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

12306

DATE

9/27/21

PRESENTING CLINICAL SIGNS

Presented for non-specific signs - hiding, not eating well, NoV/D Weight loss recently. Appetite was normal until recently. Today owners report he is frequenting the litterbox and urinating small amounts. Hx of UTI is on c/d food.
Abnormal PE/Chem/CBC/UA Results: Chem 17 and Lytes :- GGT 5, everything else normal. Chem 17, lytes, CBC 5/3/21 - normal Cysto urinalysis at time of scan: dark yellow, slightly cloudy, SpGr >1.050, pH 5.0, prot 30mg/dl, WBC 1/hpf, RBC 27/hpf, no bacteria or crystals detected.

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 to moderate, 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The kidneys exhibited mild nonuniform increased cortex echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary cortical cyst was present in the left kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

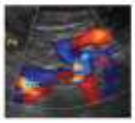
Spleen

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.





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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall measured 0.23 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.28 cm width.

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
- Bilateral chronic renal changes with left kidney cortical cyst
- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta

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. If no evidence of inflammatory cells, baseline urine protein: creatinine ratio and assessment of systemic blood pressure could be considered.

The presence of gastrointestinal ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastrointestinal ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Potential for structurally insignificant inflammatory bowel disease may be possible given the patient's weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs if not done are suggested to rule out occult thoracic pathology which may account for weight loss. If no evidence of urinary Infection, empirical therapy for idiopathic cystitis may prove beneficial.

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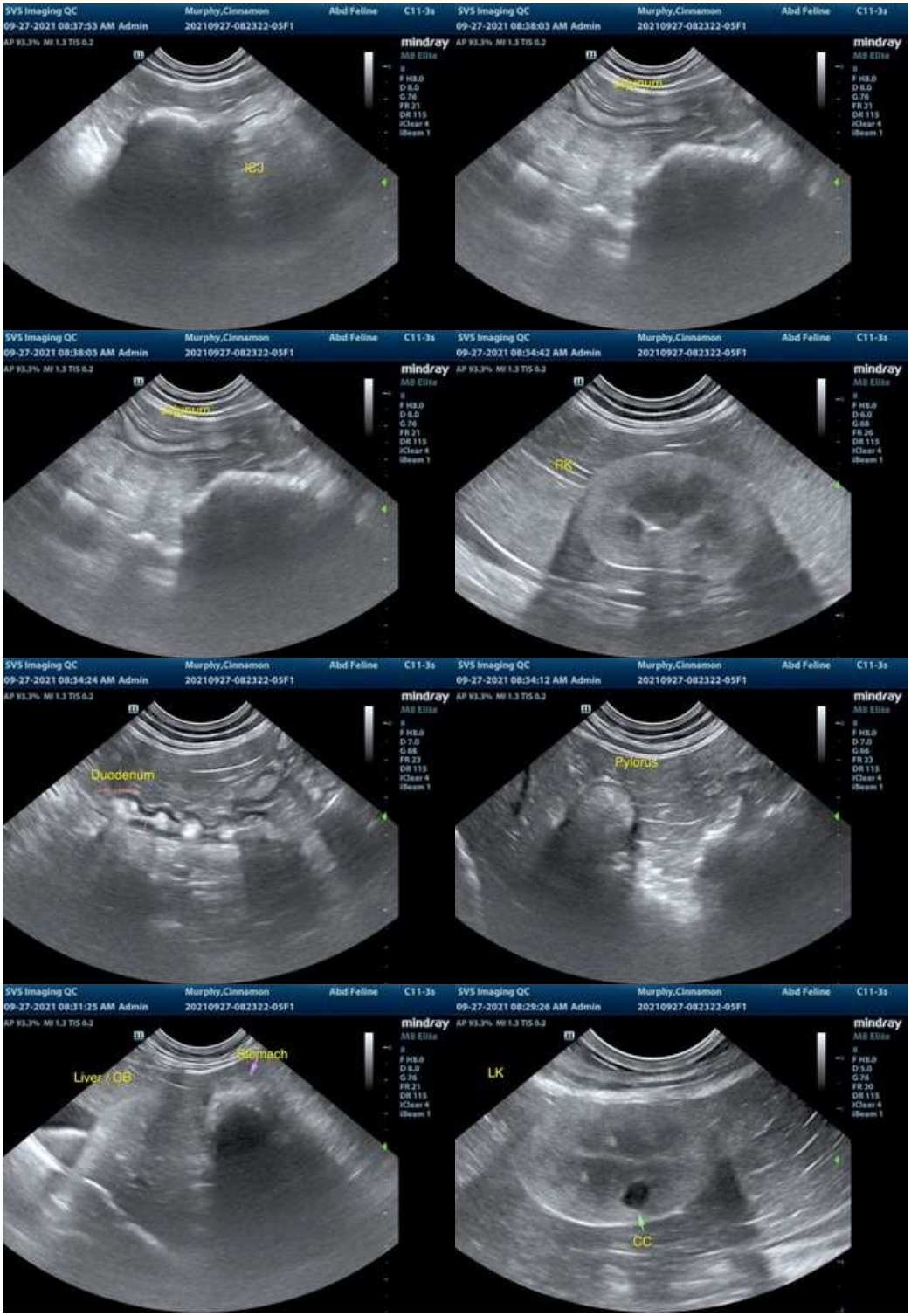

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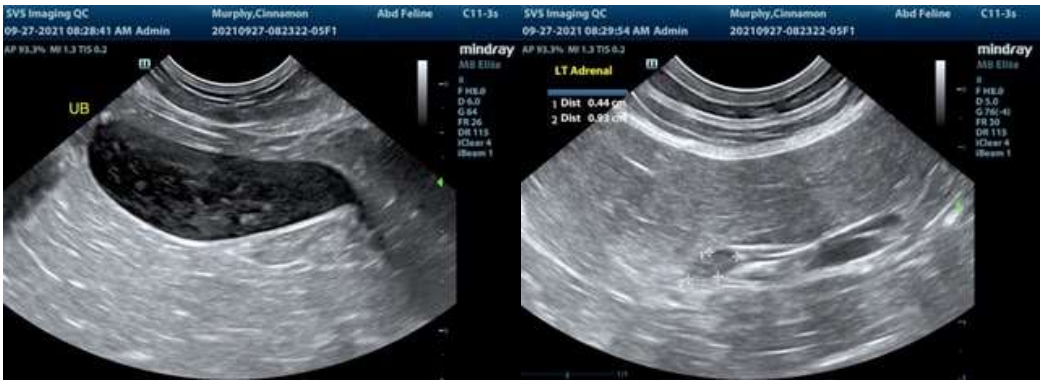

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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