



PATIENT	PRESENTING CLINICAL SIGNS
Hugo Bass	-losing weight, muscle wasting, vomiting more frequently (hairballs and vomit), less grooming Abnormal PE/Chem/CBC/UA Results: BW-NAF
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
DLH	
SEX	The area of the aortic trifurcation was free of pathology.
Neutered Male	
AGE	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.2 cm in length.
11 years	
WEIGHT	Adrenal Glands
4.73 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width. No overt pathology was noted in the area of the right adrenal gland.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	
Kelly Reshny, RVT	
HOSPITAL NAME	Liver/ Gallbladder
Buck AH	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.
REFERRING VET	Gastrointestinal
Dr. Yenssen	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained anechoic pyloric fluid. No evidence of retained ingesta, foreign material, or hairball density.
INVOICE	
12305	
DATE	The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer, yet without evidence of intestinal mural hypertrophy. The jejunum wall measured 0.23 cm width.
9/27/21	



PATIENT

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

Hugo Bass

Pancreas

SPECIES

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.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- Mild chronic renal changes
- Suspect inflammatory bowel disease
- Mild retained pyloric fluid - potential for mild metabolic gastric stasis

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

4.73 kg

INTERPRETED BY

Although not definitive, the small intestine exhibited subtle mural changes which may suggest underlying inflammatory enteropathy / IBD, given the patient's weight loss, increased frequency of vomiting, and muscle wasting, all clinical signs associated with underlying intestinal disease in cats. No other evidence of additional visceral pathology was noted.

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Assuming no evidence of thoracic pathology on three view chest radiographs, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Intestinal biopsies would be required for a definitive diagnosis. Empirically, IBD therapy protocol which may include hydrolyzed diet, empirical cobalamin supplementation, as-needed gastrointestinal support, +/- Prednisolone trial at a lowest effective dose to control clinical signs may be considered if biopsies are not possible.

Kelly Reshny, RVT

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Yenssen

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PATIENT

Hugo Bass

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 years

WEIGHT

4.73 kg

INTERPRETED BY

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

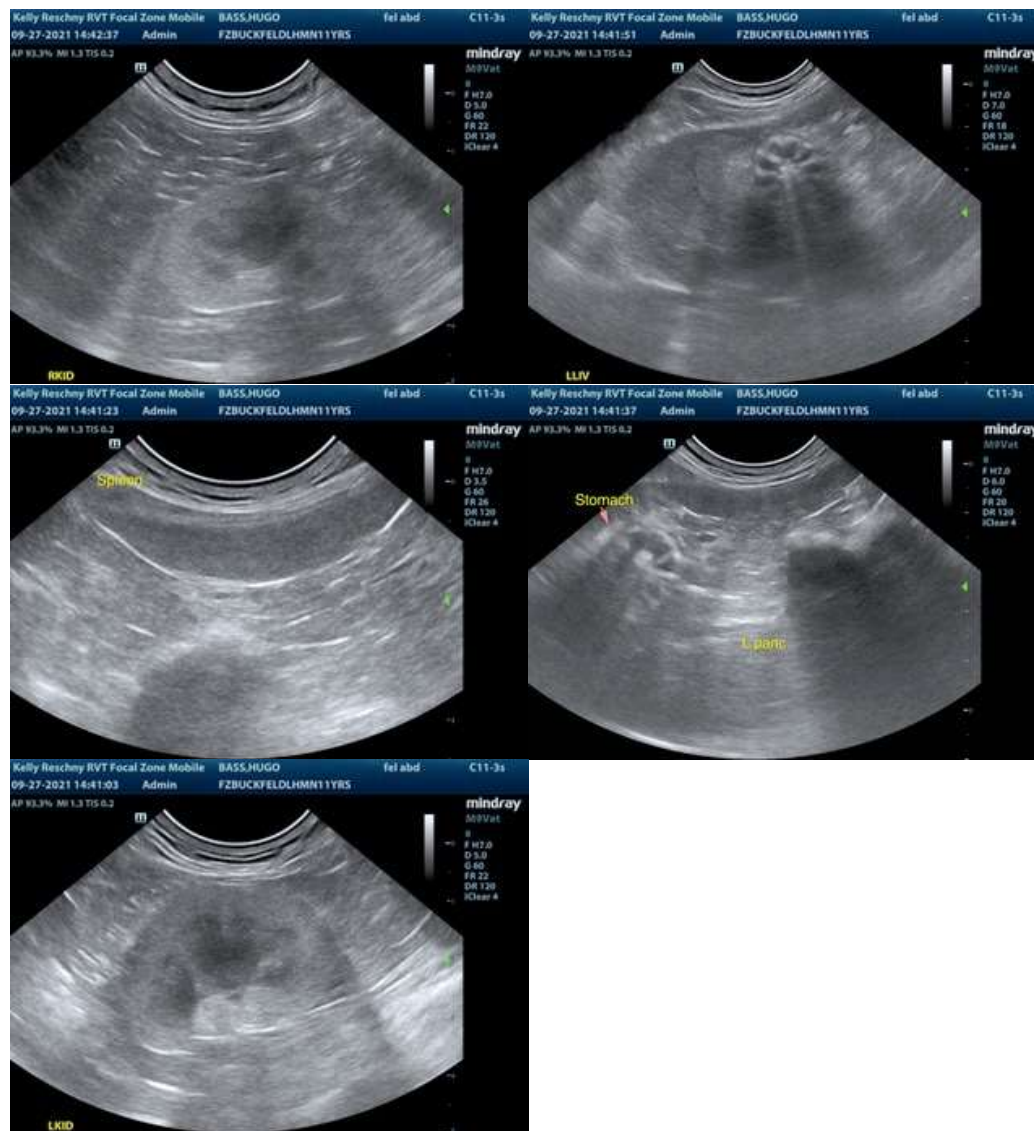
Dr. Yenssen

INVOICE

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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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