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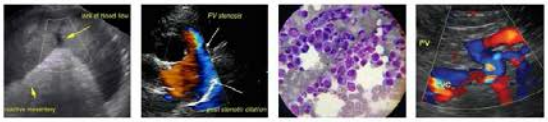

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ziggy Low

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Vannini

INVOICE

25832

DATE

9/28/21

PRESENTING CLINICAL SIGNS

General Appearance: Bright, alert, responsive; pink MM; CRT <2 sec; body condition score=3/9 with noticeable weight loss (patient usually weighs ~9.5 lbs); ~3-5% dehydrated Eyes: No corneal lesions bilaterally; pupils normal in size and symmetrical; no conjunctivitis; no ocular discharge Ears: AU no exudate observed; no erythema present Integument: Skin and coat appear healthy; no apparent dermatitis or external parasites Oral Cavity: Mild tartar Lymphatics: Lymph nodes all normal size Cardiovascular: Regular rhythm; no murmur detected; strong femoral pulses Musculoskeletal: No lameness and strong gait Gastrointestinal: Moderately thickened bowel loops on abdominal palpation Urogenital: External genitalia appears normal; bladder normal on palpation Respiratory: Lungs auscult clear; no tachypnea or dyspnea; no tracheal sensitivity Neurologic: Cranial nerves and spinal reflexes within normal limits Assessment LRS 100 cc SQ. Cerenia 4 mg SQ. 1) Chronic vomiting with weight loss - r/o: IBD, lymphoma, open.

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. Echogenic to 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 renal size with asymmetrical margination was present in both kidneys. 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 left kidney measured 3.9 cm. The right kidney measured 3.7 cm. Pinpoint dystrophic medullary mineralization was present in both kidneys.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.42 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.65 cm in width.

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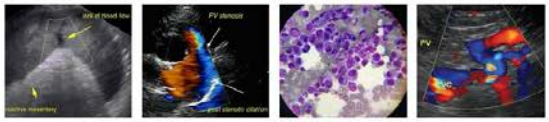

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. Very minor particulate debris present. 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 contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.28 cm.

The small intestine presented intact yet subjective mild prominent wall layering with subjective propensity for segmentally prominent mucosa and muscularis. Segmental to generalized small intestinal chyme was present. Jejunum wall measured 0.26 cm. Ileocolic wall measured 0.29 cm. The duodenum exhibited mildly prominent wall layering, measuring 0.32 cm in wall width. No evidence of loss of intestinal wall layering or intestinal masses.

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 mildly hypoechoic parenchyma compared to adjacent omentum. Minor pancreatic duct dilation noted. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent enlarged jejunocolic lymph nodes were present. Example measured 0.54 cm diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

No effusion.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis renal pattern
- Chronic enteropathy with mild duodenitis
- Probable mild chronic to chronic active pancreatitis
- Associated intermittent jejunocolic lymphadenopathy – lymphoid hyperplasia or mild reactive lymphadenitis likely.

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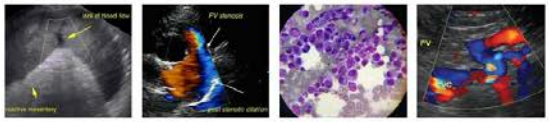

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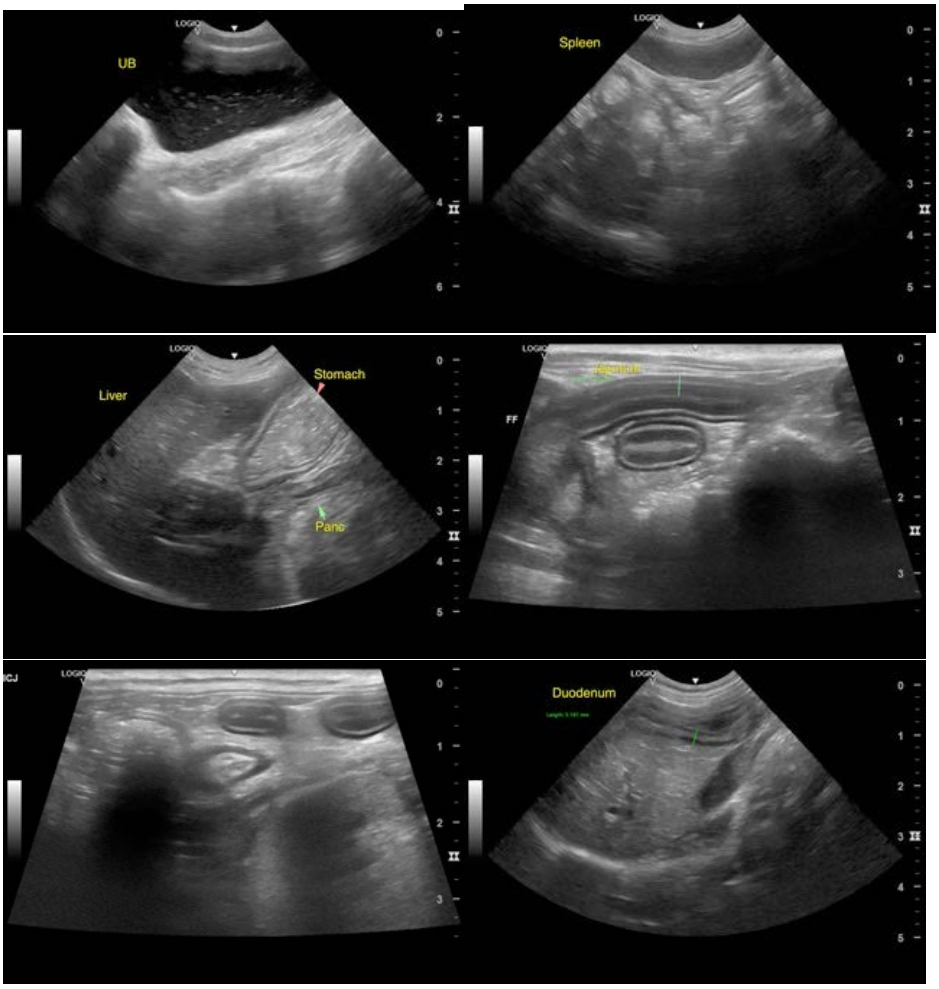
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 3-view chest radiographs recommended to rule out occult thoracic pathology, which may account for weight loss in geriatric cats. Chronic IBD is suspected given the appearance of the gastrointestinal tract in conjunction with clinical signs and weight loss. Minor potential for early neoplastic infiltrative enteropathy, which may present sonographically similar, cannot be definitively excluded. Intestinal biopsies would be required for definitive diagnosis. The presence of gastrointestinal ingesta may correlate with recent meal ingestion. However, given the patient's vomiting, or if documented NPO, some degree of inefficient gastrointestinal peristalsis may be possible.



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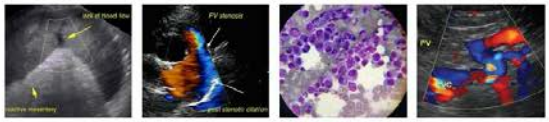

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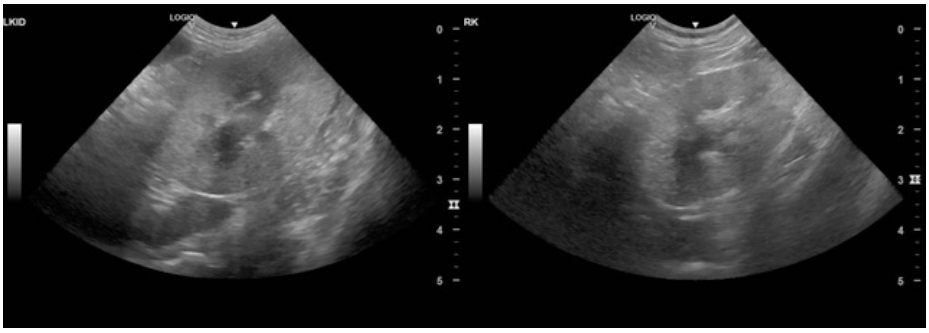

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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