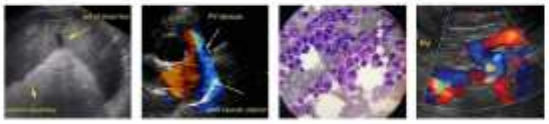


PATIENT

Trigger Davis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9.5 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Animal Clinic of Penn Valley

REFERRING VET

Dr. Nancy Reese

INVOICE

12351

DATE

9/29/21

PRESENTING CLINICAL SIGNS

Trigger" Davis is a 9.5-year-old neutered male DSH belonging to Laura and Arnie Davis. Trigger presented 9/20/21 for weight loss of unknown duration. His weight 1/2020 was 19.3# and he was 12.8# on 9/20/21 so almost 7-pound weight loss in 8 months. He still looked pretty good on exam so he was likely overweight at 19#, but the owners were not trying to get him to lose weight. They reported his appetite and activity level were normal and had not noticed any vomiting or diarrhea. On PE, he resented abdominal palpation, but I could not palpate any mass, but couldn't rule out some thickening of the GI tract. Bloodwork revealed an increase in AST 133 (10-100), ALT 536 (10-100), ALP 141 (6-102) with GGT/BR/ALB/gluc and the rest of the chemistries including PSL were all WNL. CBC was unremarkable. A T4 was very normal at 1.9 (0.8-4.0). Due to the magnitude of the weight loss and ALT, I wanted to just jump to U/S to try to rule out a neoplastic process. The only other time we have examined the cat prior to 2020 was 12/2018 when he was also 19#.

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, 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. Both kidneys exhibited a maintained 1:3 cortex / medulla ratio with subjective increased uniform cortex echogenicity. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

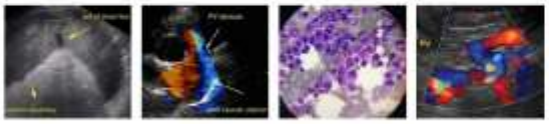
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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. The spleen measured 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver exhibited mild uniform increased parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent muscularis layer. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.27 cm. The Ileocolic wall width measured 0.35 cm.

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

Pancreas

The left pancreatic limb was normal in size and contour with mild hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Several midabdominal mesenteric lymph nodes were present. 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. An example of lymph node size was 1.8 cm x 0.59 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

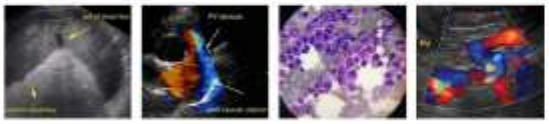
Primary Findings

- Mild urinary bladder sediment
- Nonspecific increased renal cortex echogenicity - patient variant, potential for early chronic renal changes or interstitial nephritis
- Subtle hypoechoic left pancreas - patient variant or potential for low-grade inflammation
- Suspect inflammatory enteropathy with associated lymphoid hyperplasia or minor reactive lymphadenitis
- Hepatopathy with generalized mild increased echogenicity - suspect cholangiohepatitis, potential for concurrent vacuolar hepatic changes, cholestasis, lipidosis, hepatic neoplasia considered a less likely differential diagnosis

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.

The small intestine exhibited subtle mural changes which may indicate underlying Inflammatory bowel process. However, without evidence of gastrointestinal signs, this finding is nonspecific. Often, cats with underlying intestinal disease will only exhibit signs of weight loss without gastrointestinal signs.



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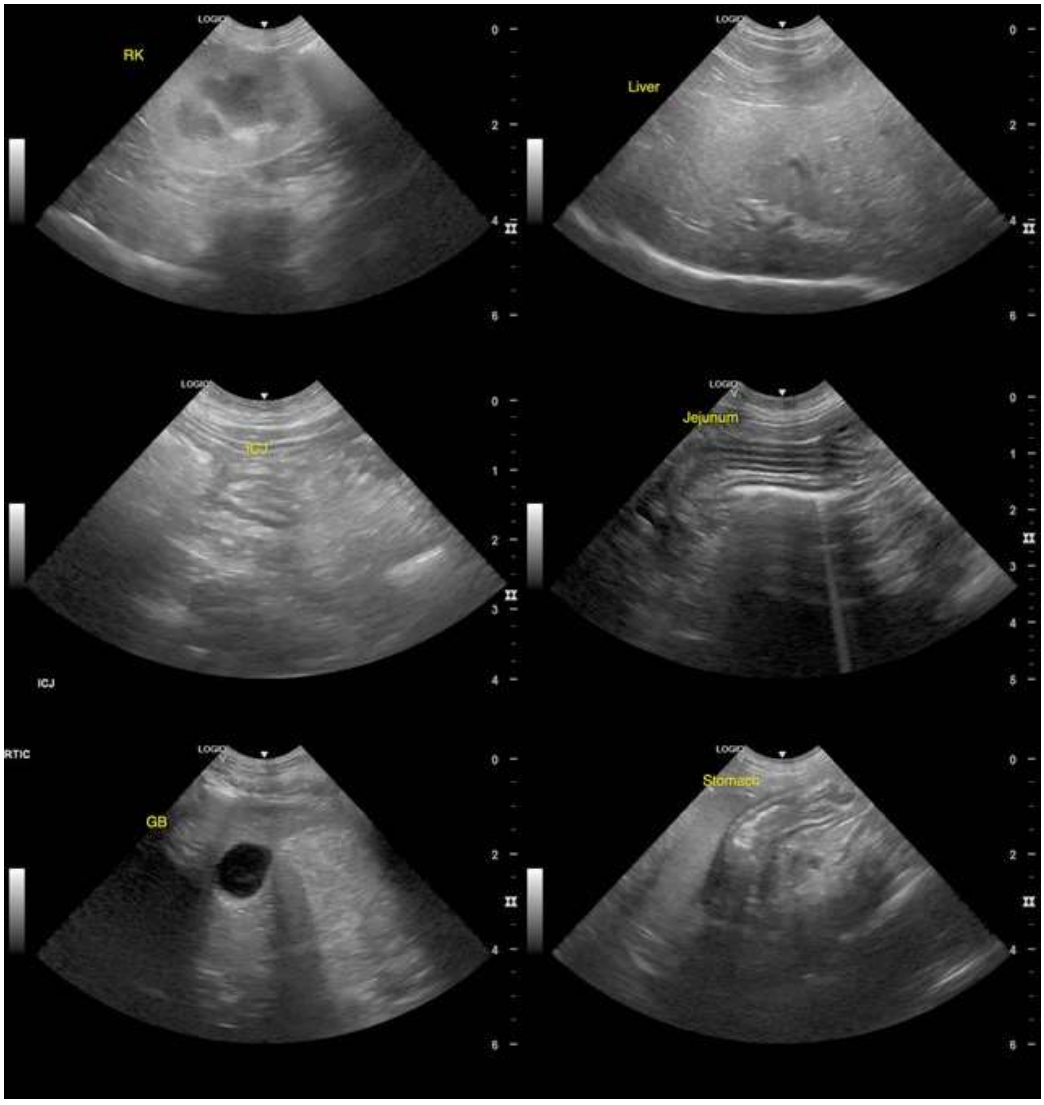
Potential for Triad Disease may be a consideration in this patient, given the potential for low-grade pancreatic inflammation and hepatopathy. Hepatic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three view chest radiographs are suggested to rule out occult thoracic pathology as a possible cause of weight loss.



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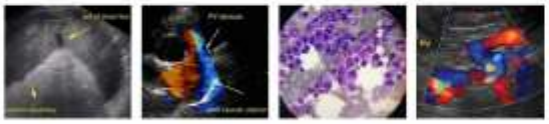

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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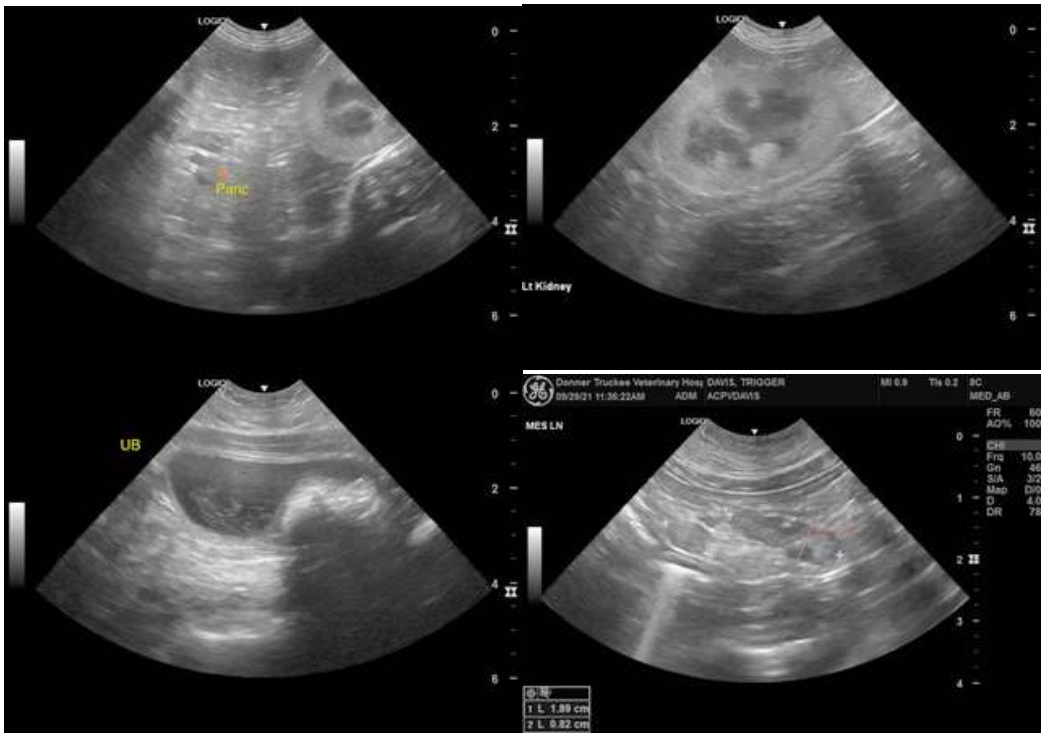

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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