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Clinical Sonography & Telecytology
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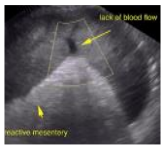
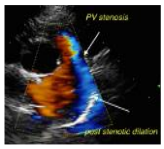
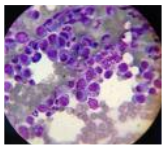
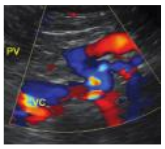




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olive Mussa

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

2yr

WEIGHT

12.5

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Haynes

INVOICE

11760ag

DATE

09/30/2022

PRESENTING CLINICAL SIGNS

Patient presented 6/6/22 for evaluation of decreased appetite and acute vomiting- less interest in food followed by 2 bouts of vomiting the day prior to exam. Treated with cerenia and convenia without resolution of signs. Fever of unknown origin panel through IDEXX was negative. Call with owner on 9/20/22- Owner reports resolution of previous loose stool and patient had only vomited twice about 2 weeks prior to call. Vomited on 9/22/22 and loose stool last night.

Abnormal PE/Chem/CBC/UA Results: 6/6/22- Febrile (101.7*F); CBC- Neutropenia and thrombocytopenia due to platelet clumping.; CHEM- mild hyperalbuminemia. Confirmed neutropenia via pathologist review.

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. 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 were noted.

Normal size and margination were present in the kidneys. 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 left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was not definitively visualized.

Spleen

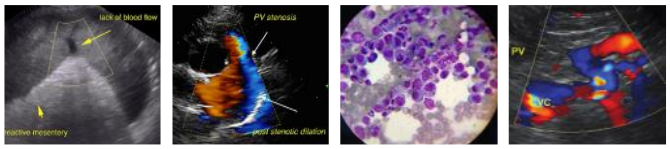
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.72 cm in width at the level of the hilus.

Liver

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.

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 gastric body wall measured 0.27 cm in width.



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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 measured 0.22 cm in width. The jejunum wall measured 0.20 cm in width.

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

Pancreas

The area of the pancreas base and right limb exhibited regional hypoechoic parenchyma compared to adjacent subtle reactive omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable GI tract
- Focal to regionally hypoechoic pancreas base/proximal right pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no overt evidence of significant GI visceral pathology as a definitive cause of the patient's clinical signs. Suspect focal to regional pancreatitis, further assessment may include cranial abdominal/subxiphoid palpation to assess for discomfort, spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate to assess for structurally insignificant intestinal disease as a contributing factor.

Dietary intolerance / food hypersensitivity or occult parasitism may be possible. As needed GI support, empirical therapy for pancreatitis pending additional diagnostics and hydrolyzed diet trial with broad spectrum deworming if clinically indicated would be reasonable.

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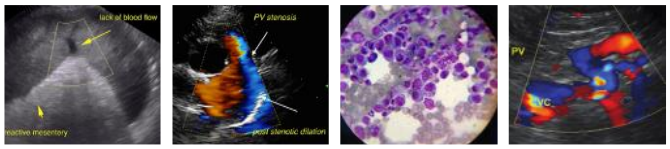

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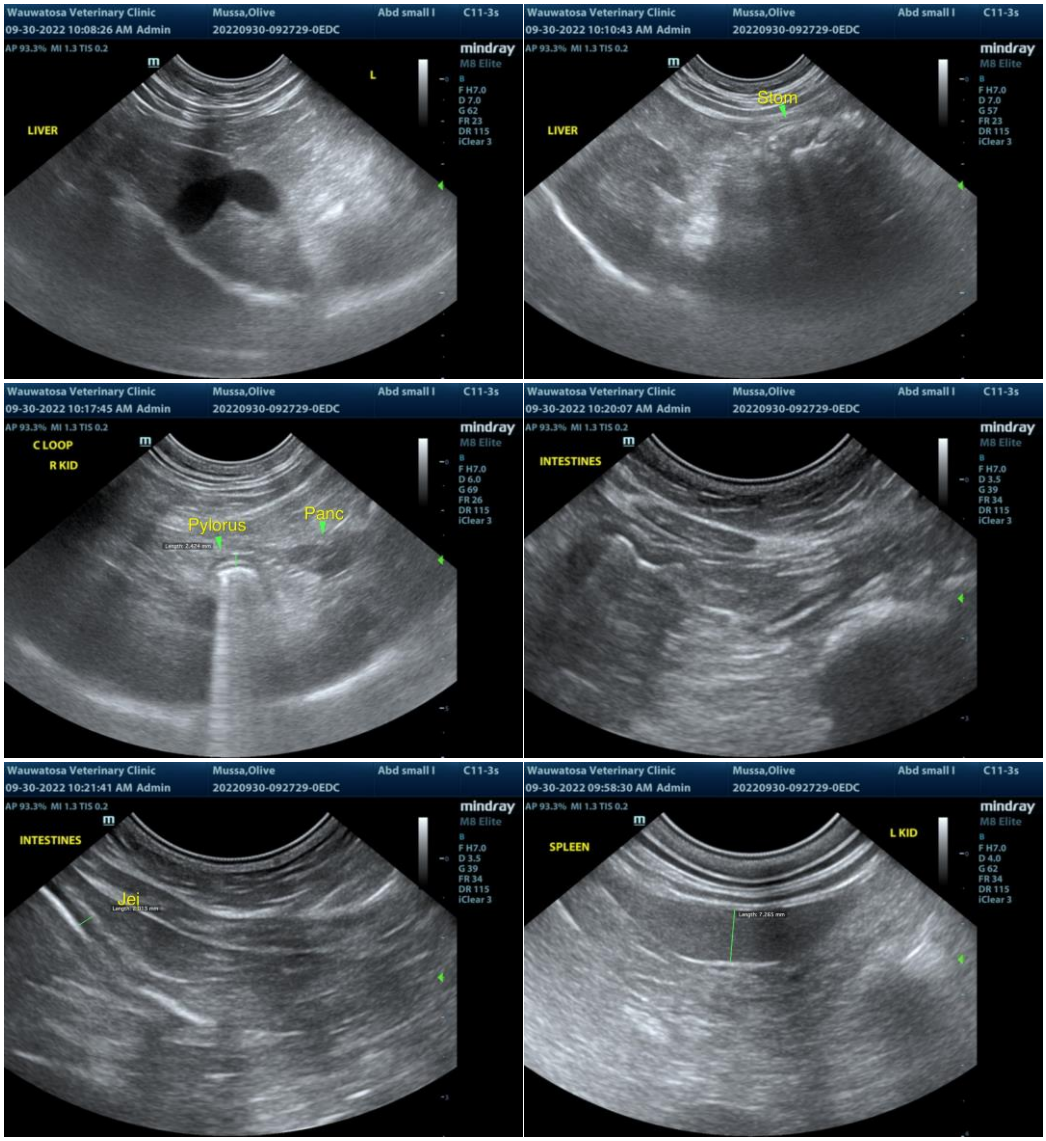

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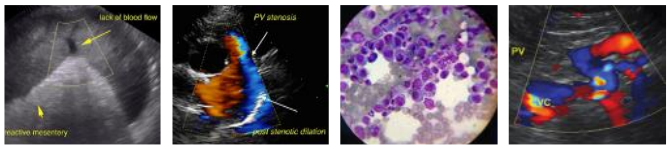

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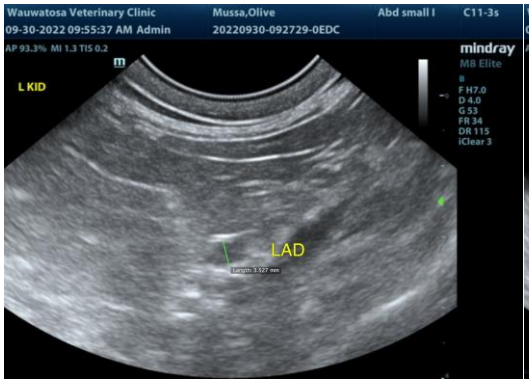

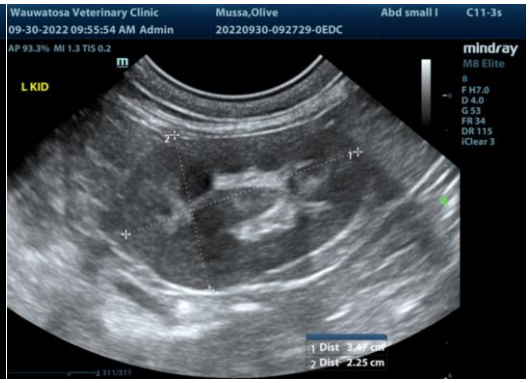

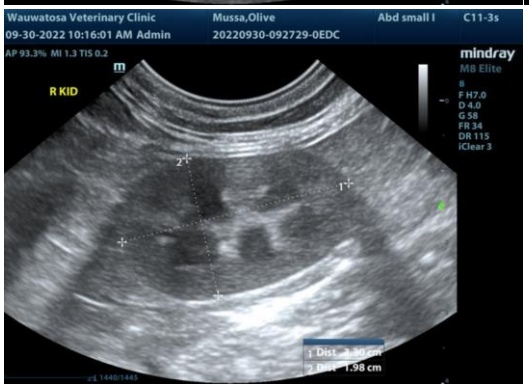

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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