SonoPath
Clinical Sonography & Telecytology
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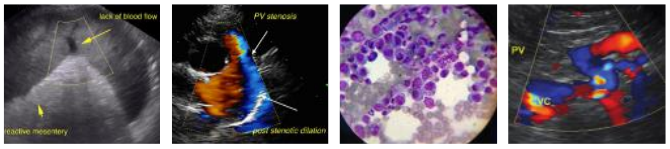


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sophie Simmons

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.97 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Molinari

INVOICE

17214

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Presented with inappetence , weight loss. Clinical Exam Findings: NSF. Soft, non painful on abdominal palpation. No overt masses/organomegaly. MM pink and moist <2s
Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC/Chem/Lytes: wnl Current Medications: methimazole Radiographic Findings: N/A

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. Aortic trifurcation was normal.

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. Pinpoint to focal areas of nonobstructive medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 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 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

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

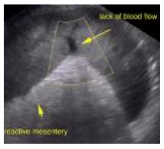
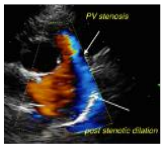
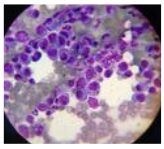
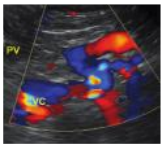
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate variably echogenic primarily nonshadowing ingesta. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.23 cm.

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

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measured 0.21 cm. The jejunum wall measured 0.20 cm. No overt pathology in the area of the ileocolic junction, although not definitively visualized.

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

Pancreas

The pancreas was normal to mildly prominent in size with areas of subtle capsule asymmetry. Mildly hypoechoic parenchyma noted, compared to adjacent omentum with minor pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta
- Sonographically unremarkable small bowel
- Possible low grade chronic active pancreatitis
- Bilateral chronic renal changes with minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of overt visceral pathology. Potential for low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

The presence of gastric 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 gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No evidence of upper gastrointestinal mechanical obstruction or obstructive pyloric or upper duodenal mural pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Continued as needed gastrointestinal supportive care and empirical therapy for potential nonobstructive gastric stasis if clinically indicated with assessment of clinical response would be reasonable.

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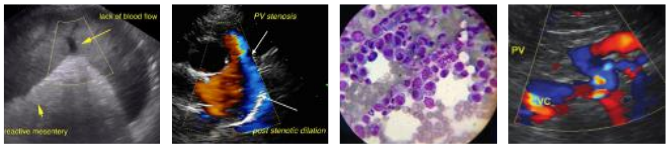

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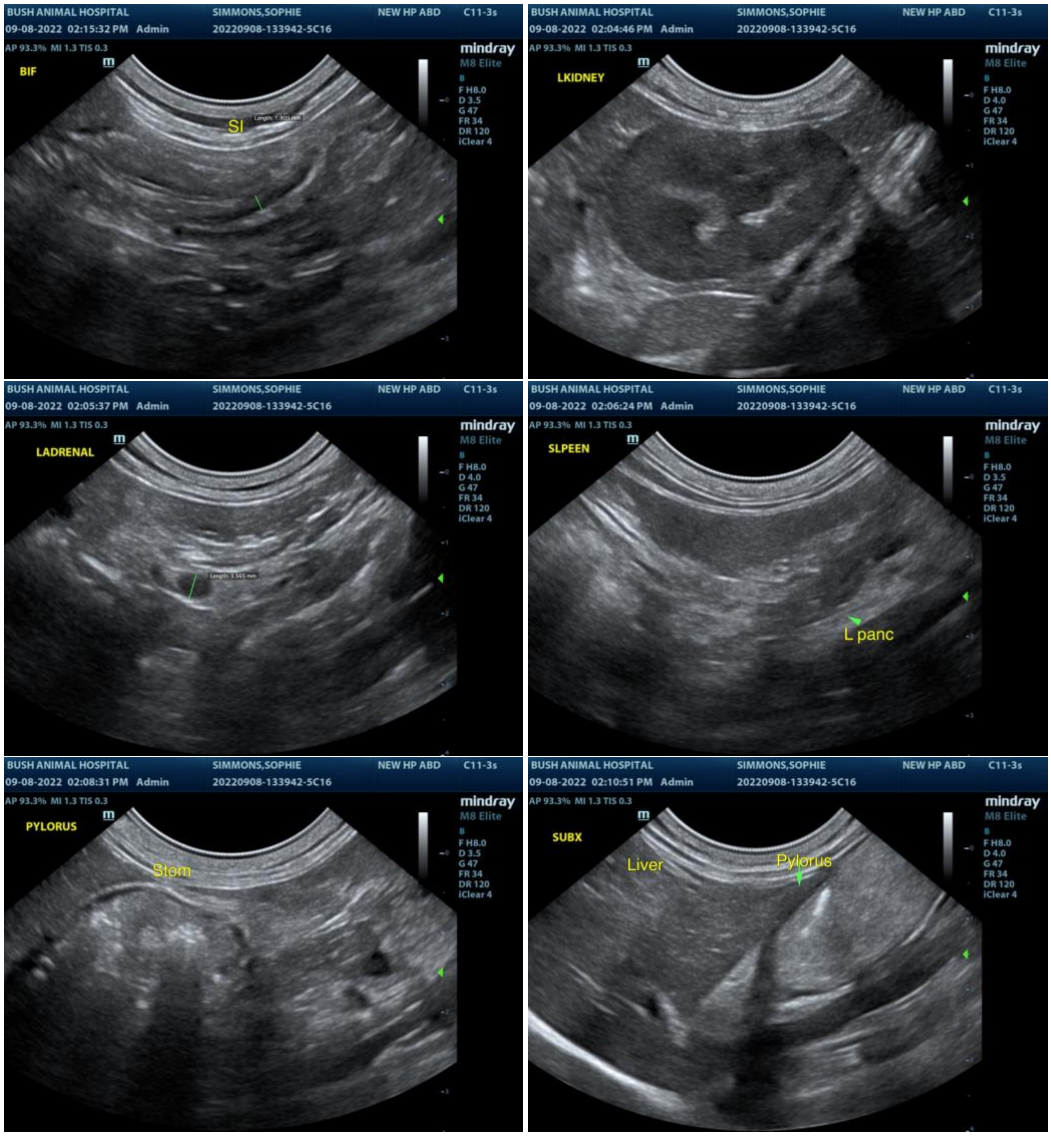

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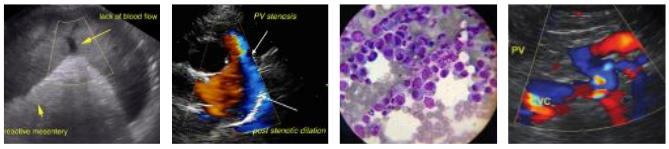

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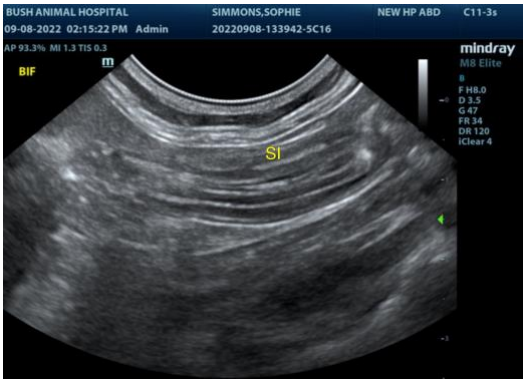

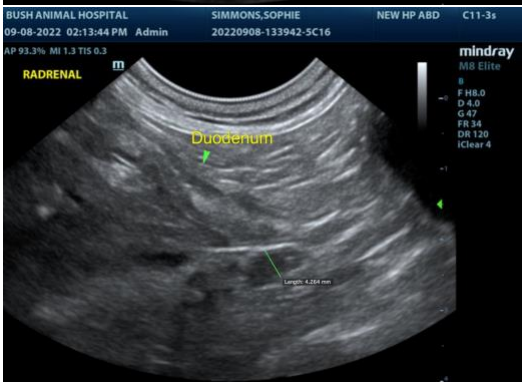

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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