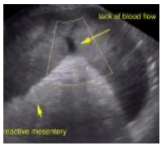
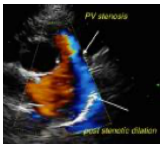
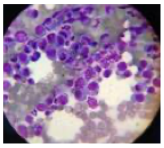
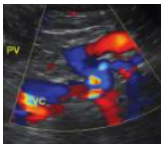
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Charlie Roper

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15.5 years

WEIGHT
4.2 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Hilary Fordyce

INVOICE
13446

DATE
6.21.23

PRESENTING CLINICAL SIGNS

History: Ongoing weight loss with good appetite. Recent soft stool. Bloodwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

Both kidneys are hyperechoic, and exhibit poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.1 cm in length. The right kidney is 3.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.6 mm at the caudal pole. The right adrenal gland height 3.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 5.7 cm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic duct is dilated and tortuous, which is a normal variant in an older cat. The common bile duct is normal (3.9 mm).

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.3 mm. The jejunal wall measures up to 1.6 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The entirety of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There are small cysts present throughout the pancreatic tissue. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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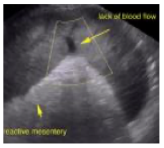
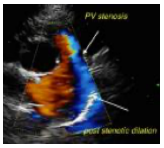
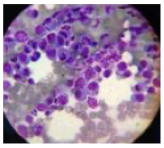
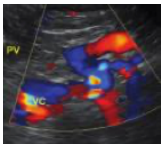

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum is of appropriate echogenicity. There is a marked absence of intra-abdominal fat present. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age-related changes to the kidneys, pancreas, and biliary tree, all of which should be correlated with laboratory changes.
- Absence of intra-abdominal fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the different organs should be correlated with any changes on the pending laboratory results. If no definitive cause for the current symptoms is found in bloodwork, then testing for malabsorptive conditions with a complete GI panel would be recommended. Chest radiographs would also be recommended to screen for occult neoplasia. Finally, a diet trial with a hydrolyzed protein diet could be considered, as some patients with food allergy exhibit no symptoms except weight loss, and do not always show change on ultrasound.




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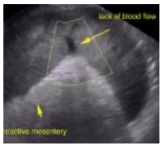
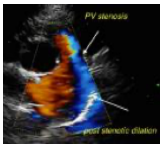
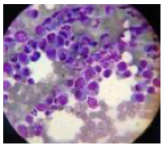
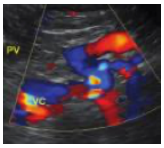

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com