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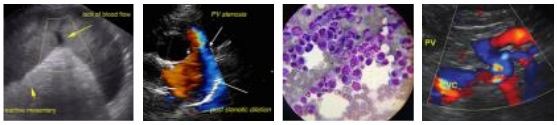

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Walker Peterson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

6.56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

12682ag

DATE

01/11/2023

PRESENTING CLINICAL SIGNS

All wnl, except for chronic weight loss and diarrhea 11/21- 8.5 lbs 12/22- 6.56 lbs Current Medications Proviable forte SID Primary Question/Differential to Be Answered in This Exam Cause for weight loss and chronic diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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. Small bilateral cortical cysts were present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 5.0 cm in length.

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 0.61 width and the right adrenal gland measured 0.40 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 0.83 cm in width at the level of the hilus.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. Mild increased parenchyma echogenicity compared to the spleen and falciform fat. No masses or nodules noted. 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 with mild non-dependent echogenic luminal debris. 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.

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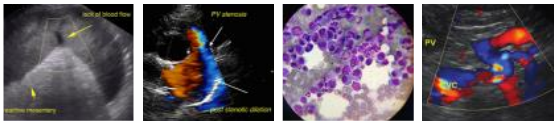

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The small intestine presented intact mild to variably thickened wall layering with mild altered muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.45 cm width.

The colon exhibited mildly thickened walls with indistinct wall layering. The proximal colon wall measured 0.54 cm in width. Normal appearing to mildly prominent descending colon wall at the level of the urinary bladder appeared to contain semi formed fecal matter. The descending colon wall measured 0.22 cm in width.

Pancreas

The pancreas exhibited normal size with mild asymmetrical contour and non-homogeneous mildly hypoechoic parenchyma.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focally enlarged 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 0.82 cm.

ULTRASONOGRAPHIC FINDINGS

- Generalized chronic enteropathy-IBD/eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells possible
- Regionally thickened proximal colon
- Associated mesenteric lymphadenopathy-lymphoid hyperplasia, reactive lymphadenitis, potential for early neoplastic lymphadenopathy
- Mild increased hepatic parenchyma echogenicity with mild gallbladder debris-suspect low-grade chronic inflammatory hepatopathy
- Probable low-grade chronic to chronic active pancreatitis

Secondary

- Bilateral chronic interstitial renal pattern
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD/triaditis is a primary differential diagnosis however underlying intestinal and potentially hepatic neoplastic criteria i.e., lymphoma may present in a similar sonographic manner. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Full thickness intestinal +/- hepatic and pancreatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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

Empirically, IBD/triaditis protocol with as needed GI support and assessment of clinical response would be reasonable.

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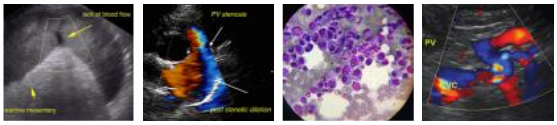

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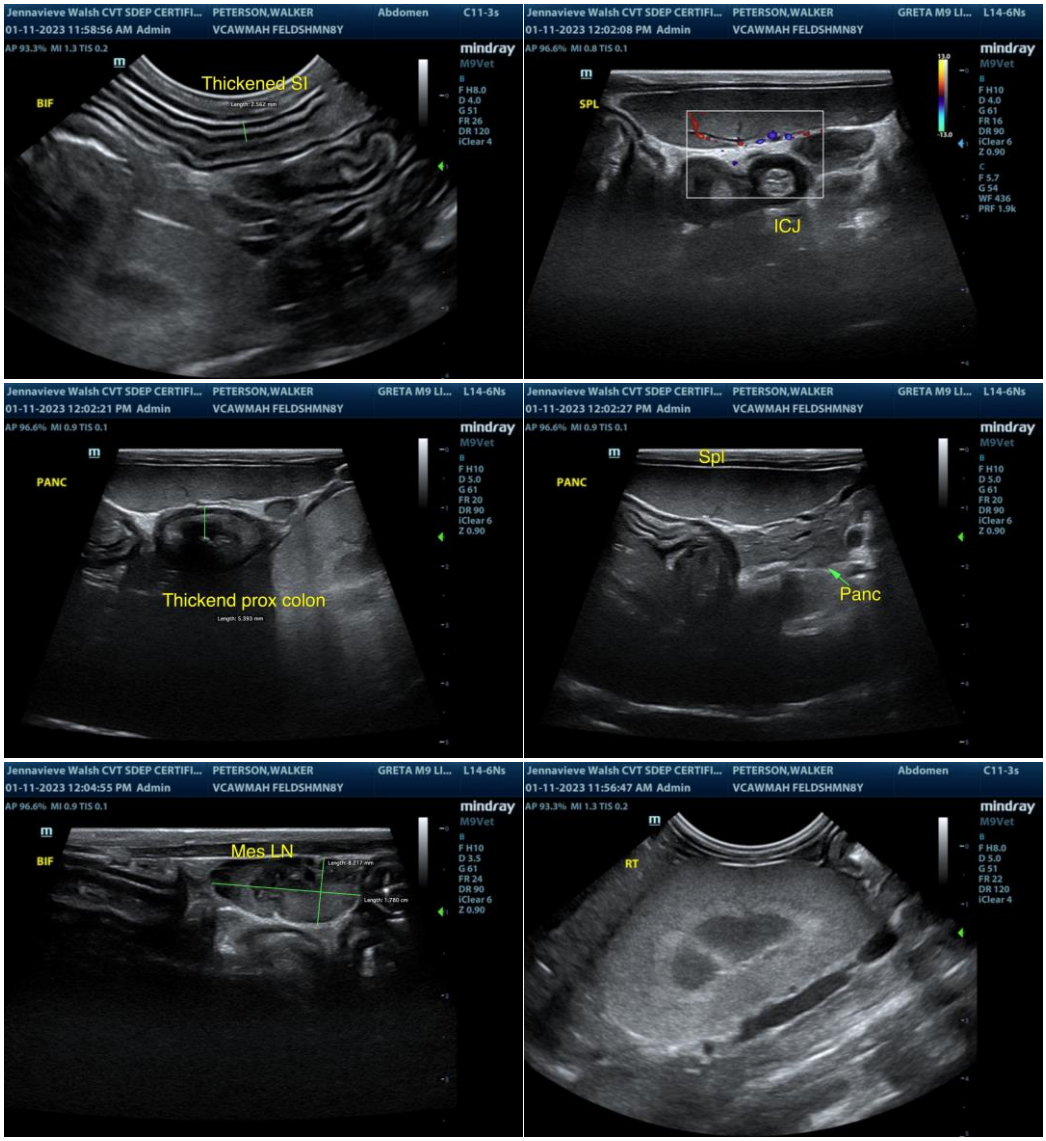

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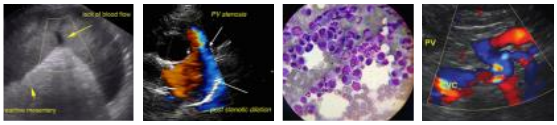

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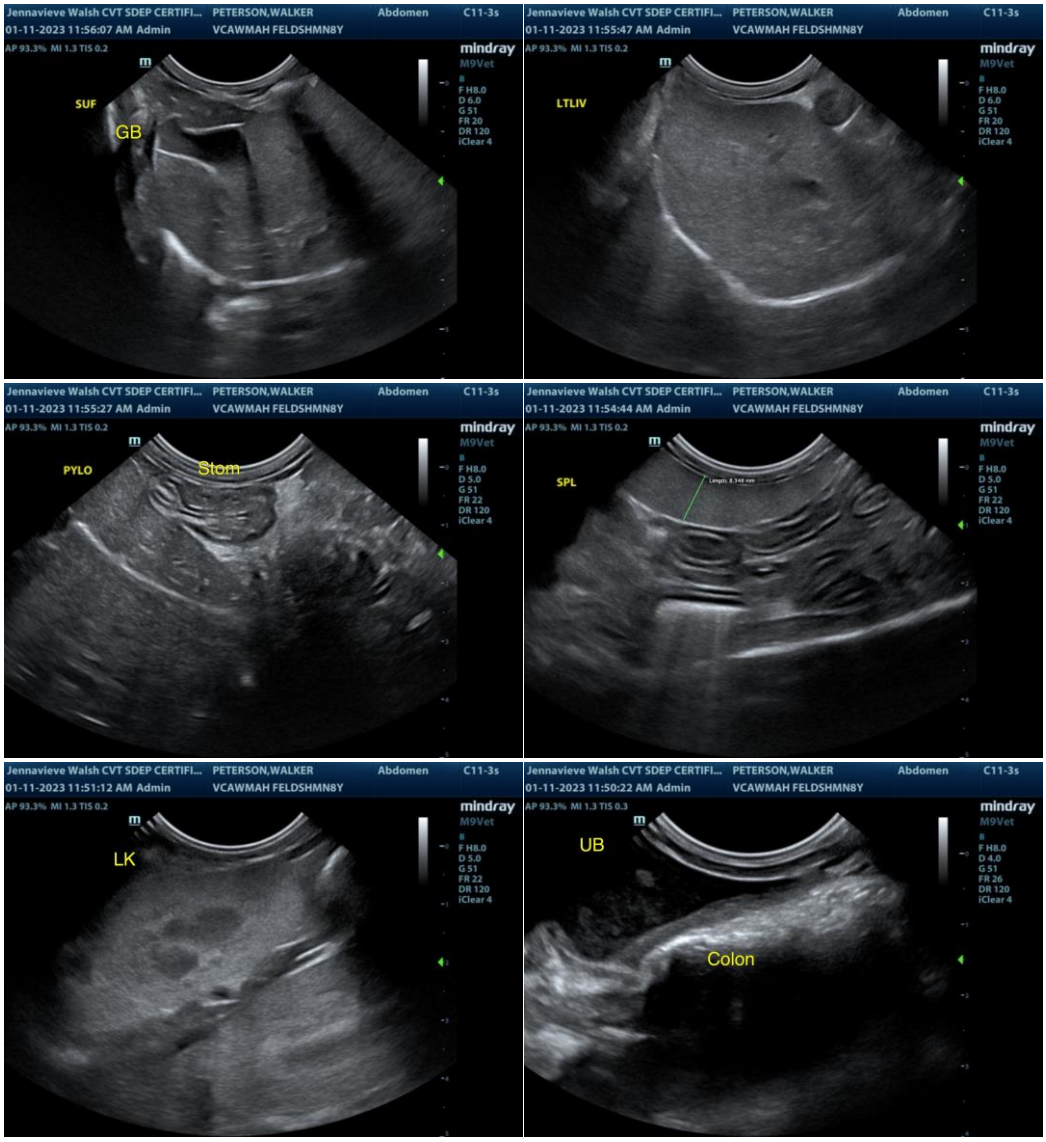

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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