

PATIENT PRESENTING CLINICAL SIGNS

Tigger Patterson Presented 9/29/2022 for weight loss (from 18.4# to 12.1# in one year). Otherwise acting fine. CBC wnl, Chemistry wnl exc very mild increase in albumin. Instructed to feed separate from other cat (worried about bullying). Recheck 1/4/2022 continued weight loss (12.1# to 9.75#) PE appears all wnl exc for skinnier. Rec abdominal u/s and thoracic chest rads if u/s wnl.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

Geriatric

WEIGHT

9.75 lbs.

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 was noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 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 0.35 cm width. No overt pathology was noted in the area of the right adrenal gland.

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/ Gallbladder

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 contained moderate, nonshadowing ingesta most consistent with post prandial presentation without

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DABVP (Canine and Feline)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kriski Cortright

INVOICE

13084

DATE

1/15/22



PATIENT

Tigger Patterson

signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.24 cm.

SPECIES

Feline

The small intestine presented intact wall layering with segmental to generalized propensity for mild mural hypertrophy and mildly prominent muscularis layer. No evidence of intestinal masses or loss of intestinal wall layering. The jejunum wall width measured 0.33 cm. The duodenum wall width measured 0.33 cm. The ileocolic wall width measured 0.44 cm.

BREED

DSH

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

SEX

MN

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

Geriatric

Free Abdomen

Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria. No effusion was noted. An example of a lymph node measured 0.43 cm width.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic renal changes
- Probable IBD
- Associated Intermittent, subjectively benign / reactive jejunocolic lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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 of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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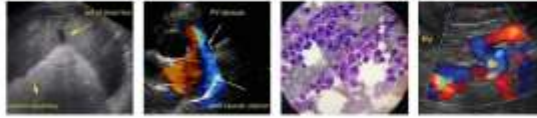
The small intestine exhibited mild mural changes, which given the patient's weight loss are suggestive of inflammatory enteropathy (IBD, eosinophilic enteritis, or other). This finding is nonspecific given the lack of reported gastrointestinal signs, yet cats with underlying Intestinal disease may only present with weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Full thickness Intestinal biopsies would be required for a definitive diagnosis. Technically, neoplastic infiltrative enteropathy with round cells such as lymphoma is possible yet considered less likely given intact intestinal wall layering and lack of significant lymphadenopathy.

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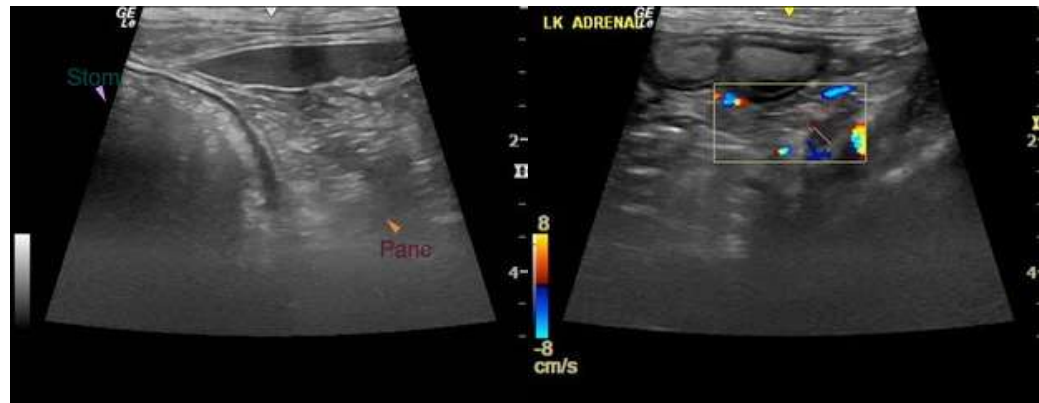
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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