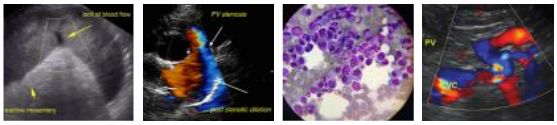
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Jelly Bean David

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

8.06lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamanda

INVOICE

12714ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Jelly Bean presented to EVH 12/20/22 for lethargy, lack of appetite and diarrhea for about 1 week prior (now chronic diarrhea for ~1 mo). O has noticed P getting thinner and thinner over the past several months and periodic vomiting. Has a hx of hyperthyroidism; well managed on methimazole. At EVH 12/20/22, CBC/CHEM17 showed nonregenerative normocytic hypochromic anemia of 23%, stress leukogram and elevated ALT at 208, but otherwise was normal. UA had USG 1.032 and no evidence of UTI, etc. P was treated for GI disease with dex sp (3 injections; last one given 12/23/22), vitamin B12 weekly x4 weeks with plan to continue monthly, cerenia and SQ fluids acutely following IV fluids on 12/21/23, and O sent home with doxycycline for the anemia. P had ingrown claws into the paw pads on the front feet and therefore also received Convenia. Since doxycycline anemia has resolved; last Hct 26% (low-normal) on 12/31/22. After treatments Jelly Bean has been eating, feeling better but still has diarrhea. P was put on 5 day course of metronidazole and diarrhea did not respond; also proviable, Rx GI food. P is indoor/outdoor but stays mostly inside now that it's cold and P is getting older. P has been gaining weight since supportive txs started. Current Medications Felimazole 2.5mg PO BID, metronidazole 62.5mg PO BID, Fortiflora Radiographic Findings None so far, but AFAST at EVH did not show any major findings Primary Question/Differential to Be Answered in This Exam Is there ultrasonographic concerns for cause of P's chronic diarrhea? Trying to determine if diarrhea may be primary GI disease/secondary to other abnormalities or if indeed just from clostridium infection. P is on second course of metronidazole currently.

Abnormal PE/Chem/CBC/UA Results: 12/20/22 - Anemia 23%, stress leukogram, elevated ALT but T4 WNLs 1.4 12/31/22 - Anemia resolved at 26% (low-normal), stress leukogram resolved following doxycycline course 1/10/23 - Fecal PCR to Idexx (#3808) sent; positive for chlostridium perfringens with toxin, negative for parasites/viruses

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 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 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. The renal medullary volume was subjectively reduced. Mild bilateral pyelectasia and dystrophic medullary mineralization were present. The left kidney measured 4.7 cm in length. The right kidney measured 4.0 cm in length.

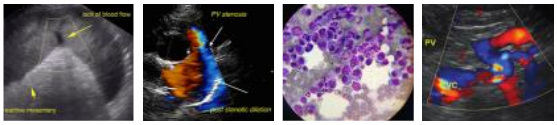
The area of the aortic trifurcation was free of pathology.

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 0.60 width and the right adrenal gland measured 0.49 width.

Spleen

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Jelly Bean David

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

8.06lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamanda

INVOICE

12714ag

DATE

01/16/2023

The spleen exhibited normal size with areas of mild capsule asymmetry with mild parenchyma heterogeneity. Multiple variably sized nondisruptive non uniform splenic nodules were present, an example measuring 1.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly prominent wall layering in the mid gastric body extending into the antrum and pylorus. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmentally prominent muscularis layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.36 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.32 cm width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation. The proximal colon wall measured 0.32 cm in width.

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. A mildly expansive nodule present in the right pancreatic limb measured 1.5 cm in diameter.

Free Abdomen

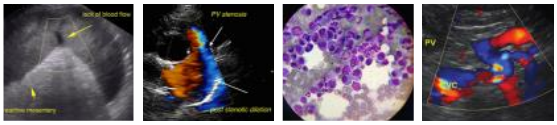
An intermittent scant pocket of peritoneal free fluid was present.

Focal, mildly prominent to enlarged mid abdominal mesenteric 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).

Focally enlarged colic and pancreaticoduodenal 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.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern-suspect chronic IBD with concurrent colitis
- Chronic active pancreatitis pattern with discrete right pancreatic limb nodule



PATIENT

Jelly Bean David

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

8.06lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamanda

INVOICE

12714ag

DATE

01/16/2023

- Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity-suspect mild cholangiohepatitis
- Associated mesenteric lymphadenopathy
- Scant peritoneal free fluid

Secondary

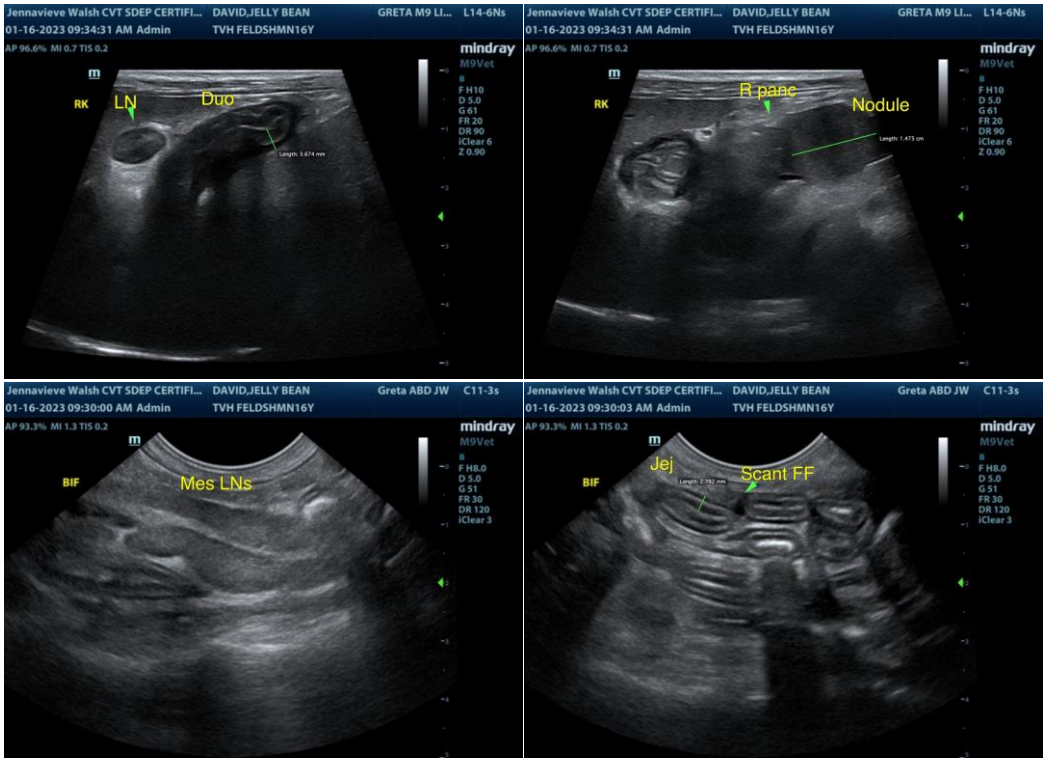
- Probable benign splenic nodules-suggestive of benign myelolipoma
- Bilateral chronic renal changes with pinpoint dystrophic mineralization and pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

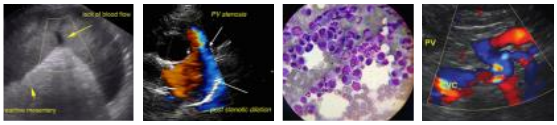
Chronic triad disease is a potential primary consideration in this patient. Empirically, continued cobalamin supplementation, empirical deworming, dietary therapy with hydrolyzed diet trial and non-flavored fiber supplementation or higher fiber diet and continued high colony count probiotic would be reasonable. Prednisolone therapy is likely indicated long term in this patient assuming biopsies are not possible.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-service.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Jelly Bean David

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

8.06lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

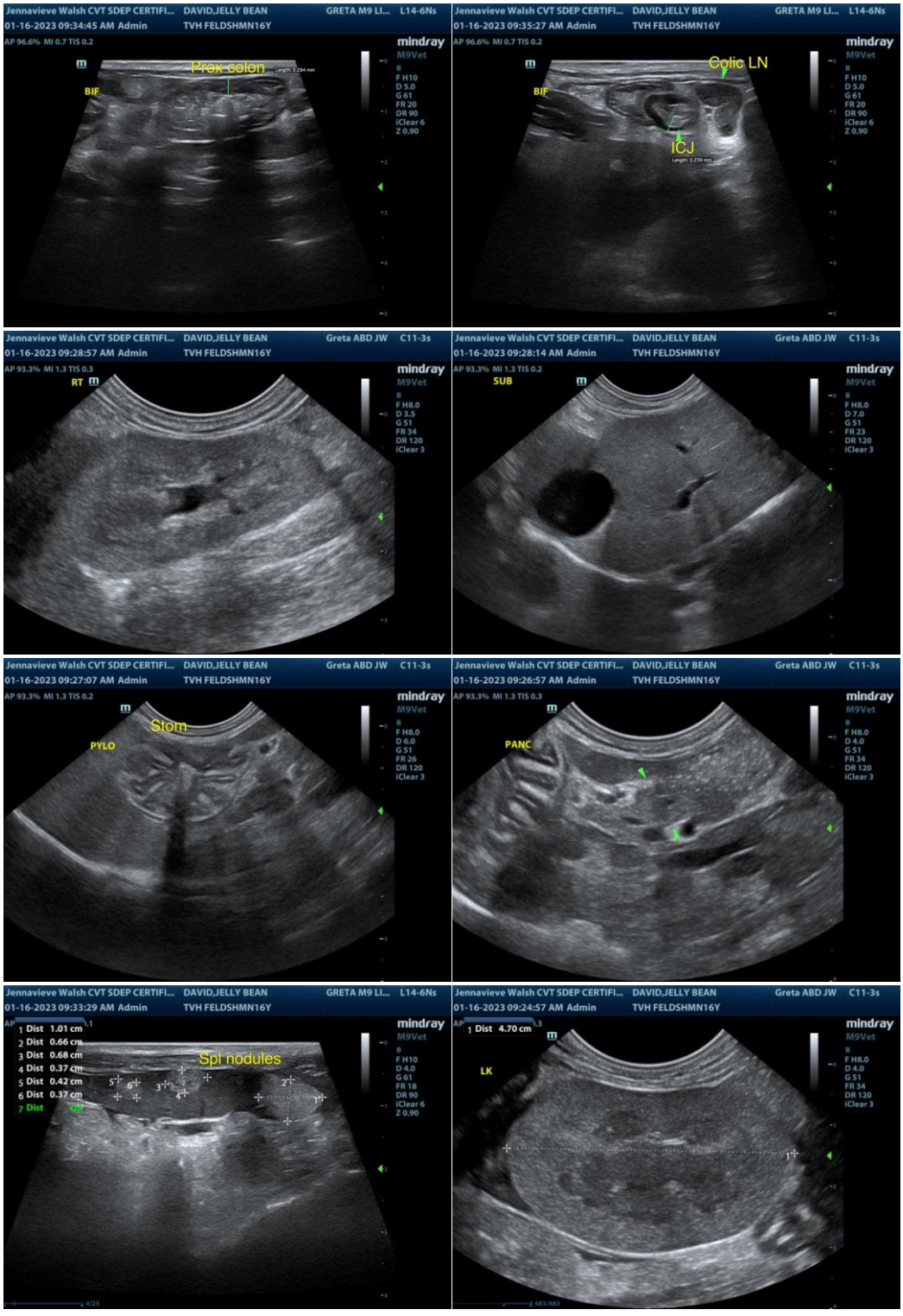
Dr. Yamanda

INVOICE

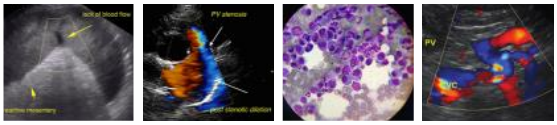
12714ag

DATE

01/16/2023



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



PATIENT

Jelly Bean David

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

8.06lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Yamanda

INVOICE

12714ag

DATE

01/16/2023

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