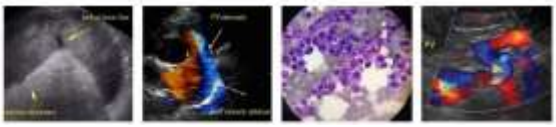


PATIENT

Amber O'Hoski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 Years

WEIGHT

4.5 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie PH East Hamilton

REFERRING VET

Wittenrich

INVOICE

49775

DATE

1-23-22

PRESENTING CLINICAL SIGNS

diarrhea, dribbling stoll all over house with some blood, history of IBS, mild abd discomfort

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm 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.

Liver

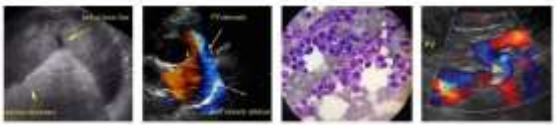
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size containing anechoic content and with overly normal walls. No evidence of gallbladder mural or peripheral inflammation. The cystic bile duct was normal. The proximal common bile duct exhibited mild tortuous dilation containing anechoic content which did not appear to extend to the level of the duodenal papilla. The proximal common bile duct measured 0.34 cm width.

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.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. A segment of mid abdominal small intestine, likely jejunum, exhibited focal to segmental area of mild mural hypertrophy exhibiting intact yet mild altered muscularis/mucosa ratio measuring approximately 1.0 cm length with wall width measuring 0.33 cm width. By comparison, normal appearing jejunum measured 0.26 cm width. No overt intestinal masses were noted.



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The visualized colon walls were sonographically unremarkable. The colon contained subjective semi-formed feces. The descending colon wall measured 0.2 cm width.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary

- Primarily intact small bowel wall with mild segmental jejunal mural hypertrophy exhibiting altered muscularis/mucosa ratio.
- Probable mild colitis.
- Nonspecific yet nonobstructive proximal common bile duct dilation.
- Mild urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The mildly dilated proximal common bile duct is not consistent with post hepatic obstruction. This may be a normal patient variant or potentially secondary to low grade chronic cholangitis if previous history of hepatic enzyme elevations.

The focal segment of mildly prominent to altered small intestinal wall layering may indicate focal to potentially generalized inflammatory infiltrative enteropathy/IBD or eosinophilic enteritis possible. Emerging neoplastic infiltrative enteropathy or less likely dry form FIP considered less likely differential diagnoses.

Full thickness intestinal biopsies with potential for intraoperative ultrasound to identify focal area of segmental mural hypertrophy and altered wall layering would be needed for a definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, IBD protocol which may include hydrolyzed diet, cobalamin supplementation, high colony count probiotic, antibiotic such as metronidazole given likelihood of mild colitis, +/- prednisolone at lowest effective dose to control clinical signs with assessment of clinical response could be considered.

No overt sonographic evidence of active pancreatitis yet potential for low grade pancreatitis may be present ultrasonographically normal.

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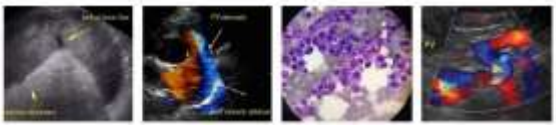

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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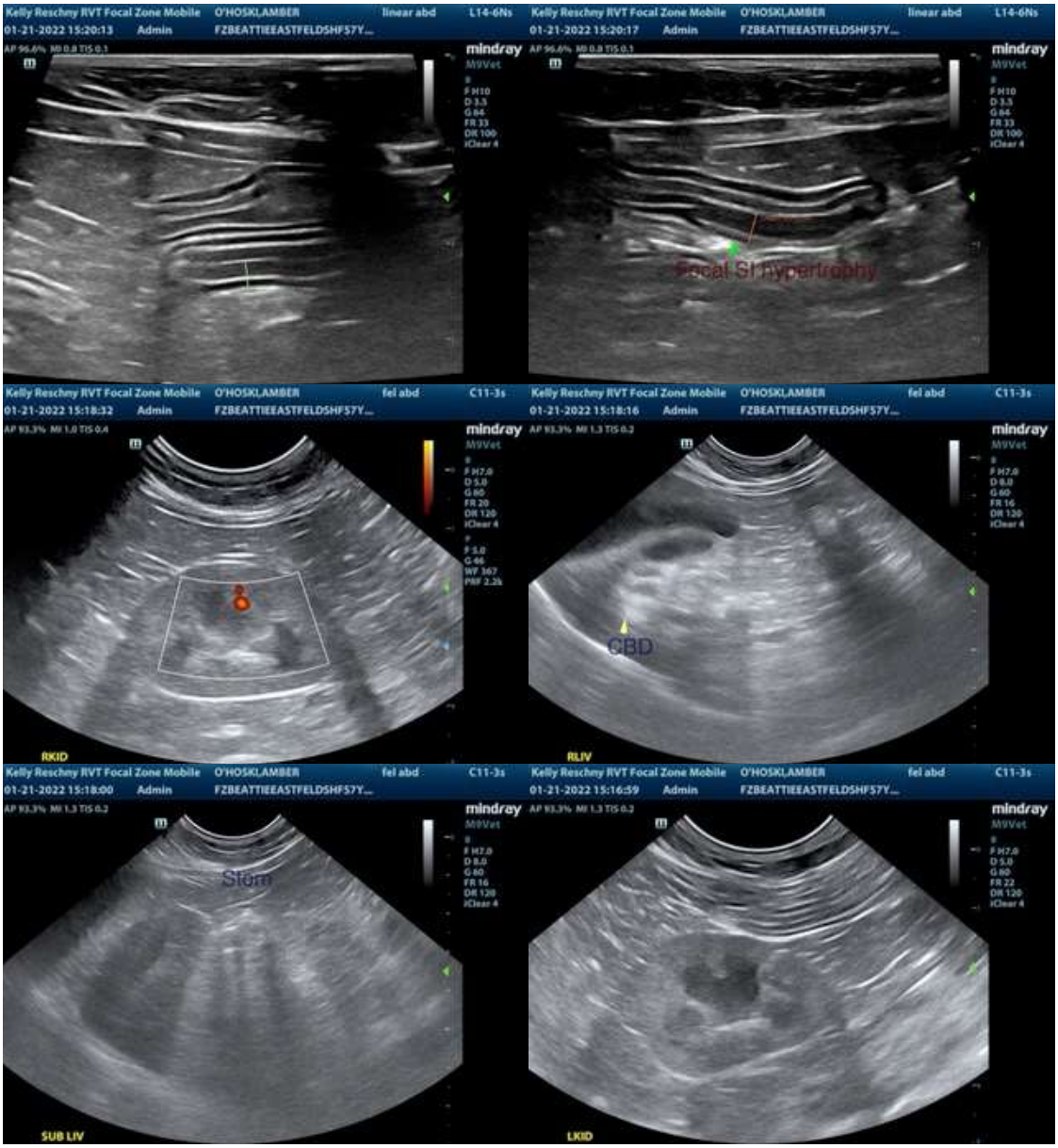

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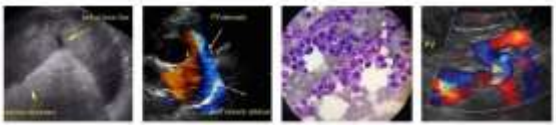

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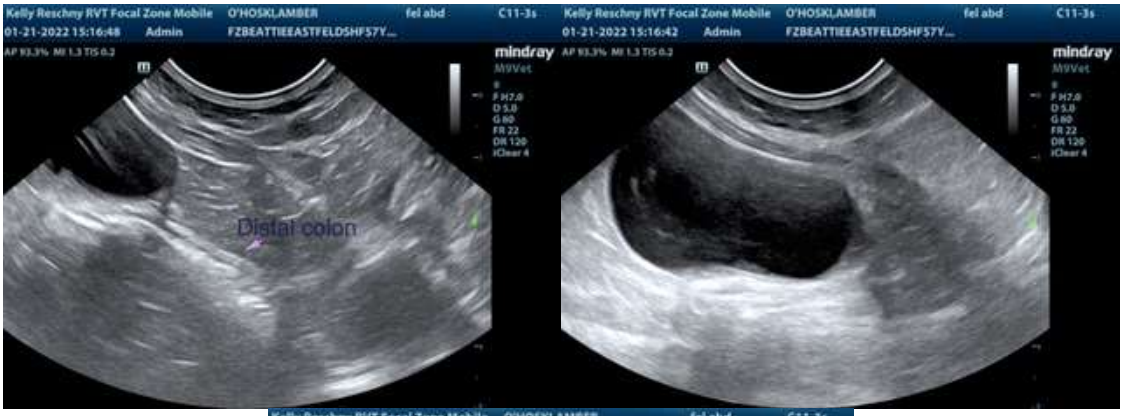

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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