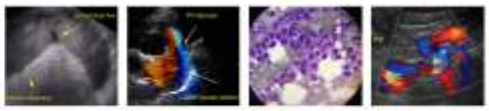
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Johnny Shanley

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 Years

WEIGHT

8.71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Rachel Rogoff, DVM

INVOICE

49770

DATE

1-23-22

PRESENTING CLINICAL SIGNS

Vomiting; weight loss. (2 lbs in 3 months). On Prednisolone 5 mg, 1/2 t SID.
Abnormal PE/Chem/CBC/UA Results: ALB 4 (H); neut 83 (H); lymph 8 (L); Ab lymph 8 (L). Urine SG 1.077 (H); bld trace, WBC 2 -3; RBC 4-10; tran epith 0-1; squam epith 2-3

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 was maintained. Both kidneys exhibited mild uniform increased cortex 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 3.9 cm in length. The right kidney measured 3.8 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 0.23 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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. The spleen measured 0.65 cm width.

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 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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm width.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio noted in the duodenum and jejunum with subjective propensity for mildly echogenic mucosa layer. The ileum exhibited intact yet subjective prominent wall layering owing to propensity for prominent ileo-muscularis layer. No evidence of loss of small intestinal wall layering or small intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The

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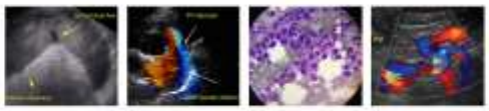

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duodenum wall measured 0.26 cm width and the jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.39 cm width.

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

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

Multiple primarily colic 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). An example of a colic lymph node measured 0.49 cm width.

Subtle evidence of peri-ileal reactive mesentery was noted.

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Ileitis with associated subjectively benign to reactive colic lymphadenopathy - suspect probable generalized IBD.
- Bilateral mild chronic renal changes.
- 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.

Potentially, prednisolone therapy may be masking intestinal mural changes in this patient. However, the generalized small intestine, specifically the ileum, exhibited mural changes suggestive of underlying potentially chronic inflammatory disease. The possibility of neoplastic infiltrative enteropathy with round cells, which may present in a similar sonographic manner, possible yet considered less likely. Likewise, potential for low grade to chronic pancreatitis can be present yet sonographically normal.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, in addition to prednisolone therapy, a hydrolyzed diet, empirical cobalamin supplementation, and as needed gastrointestinal support is recommended with continued monitoring for persistent gastrointestinal signs or weight loss.

Three view chest radiographs suggested to rule out occult thoracic pathology.

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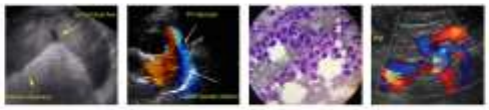

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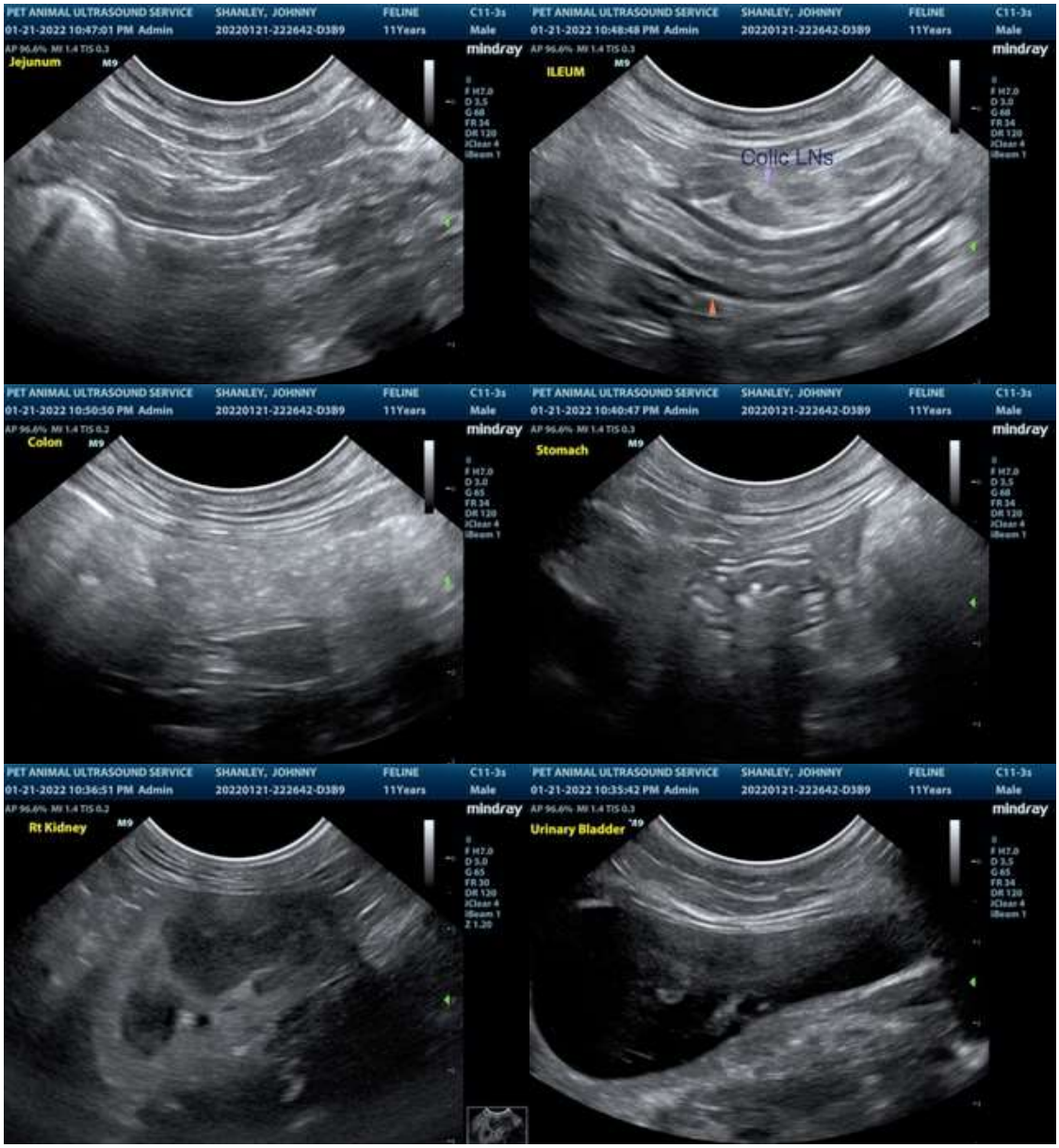

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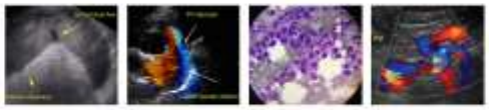

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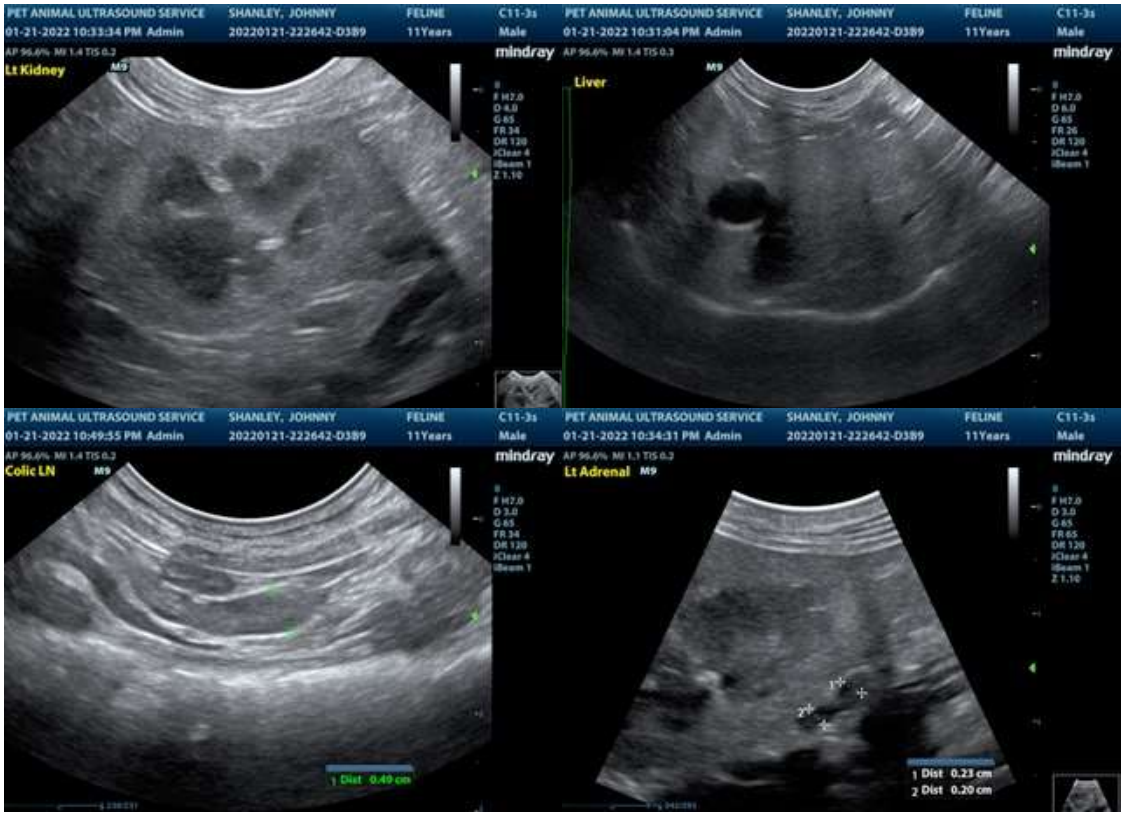

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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