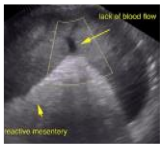
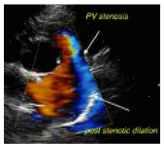
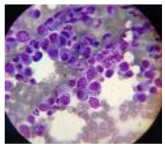
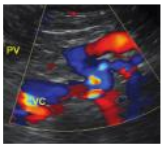
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cinnamon Miller

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

13

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Katz

INVOICE

15906

DATE

1/24/23

PRESENTING CLINICAL SIGNS

Vomiting lethargic last 2-3 days
Abnormal PE/Chem/CBC/UA Results: Mild elevation of T Bil and hemoconcentrating

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 to mildly congealed, 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.

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 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. Minor bilateral pyelectasia was present. The left kidney measured 3.5 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 0.22 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 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 0.84 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. No evidence of inflammatory biliary criteria was noted.

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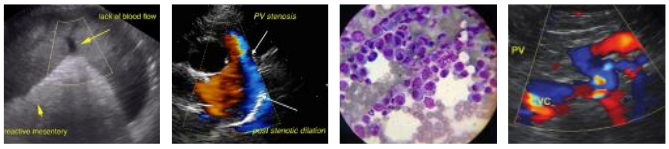

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Gastrointestinal

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 width measured 0.25 cm.

The small intestine presented intact wall layering with generalized propensity for mild to variably prominent muscularis layer to the level of the ileocolic junction. No evidence of loss of intestinal wall layering or intestinal masses. The ileocolic wall width measured 0.33 cm. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27 cm width.

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

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.

Free Abdomen

Intermittent, mildly prominent, 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). No omental masses or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

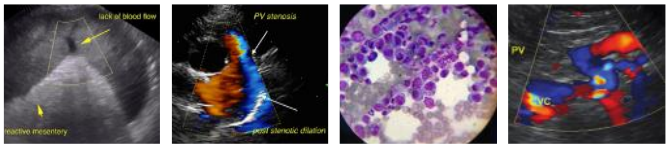
- Mild IBD intestinal pattern
- Associated mild/reactive mesenteric lymphadenopathy
- Heterogeneous pancreas - possible concurrent chronic pancreatitis
- Mild hepatic parenchymal remodeling, sonographically unremarkable gallbladder / common bile duct
- Bilateral minor pyelectasia
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left and right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S is recommended if evidence of inflammatory sediment.

Mild to chronic pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with ideally a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of post hepatic obstructive criteria.

If no evidence of weight loss or subnormal cobalamin levels, hydrolyzed diet trial with as-needed GI support may prove beneficial. However, IBD protocol would be warranted if persistent / progressive gastrointestinal signs or evidence of weight loss. Full-thickness intestinal biopsies would be required



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for a definitive diagnosis. Technically, the possibility of emerging to low-grade neoplastic infiltrative enteropathy with round cells i.e., lymphoma cannot be excluded yet thought less likely at this stage.

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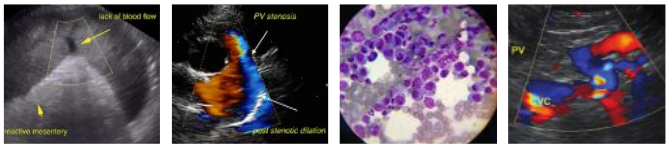

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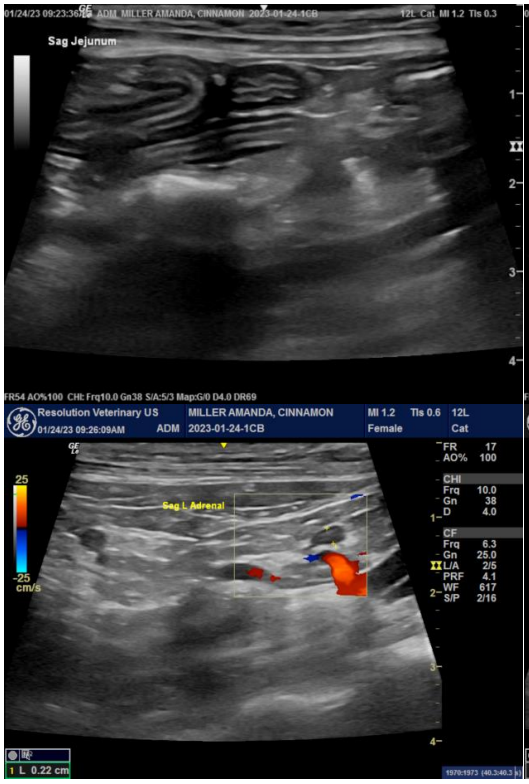

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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