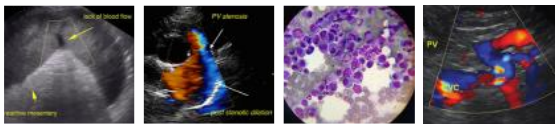
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Fiona Schmidt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Jackson

INVOICE

15945

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Chronic history of weight loss and vomiting with history of hyperthyroidism which is currently controlled with methimazole. Vomiting on and off which typically responds to medical management, for the last year. Vomiting increased to approximately 5-6 times in the last 2 weeks, decreased appetite during this period, weight loss also occurring (1 lb in the last month). Scanned with U/S and found thickened loops of bowel 2 weeks ago, started on steroids 2.5mg BID but vomiting has persisted as well as the weight loss.

Abnormal PE/Chem/CBC/UA Results: Renal tech positive 6/22 with BUN elevation at that time and persisting 2 weeks ago as well, eosinophilia (2 weeks ago), mild proteinuria as well. Current Medications prednisolone 2.5mg BID. Radiographic Findings n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

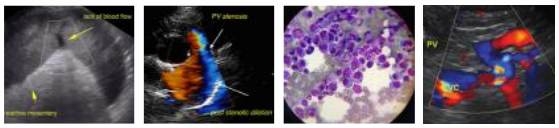
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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 0.59 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform



PATIENT

Fiona Schmidt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Jackson

INVOICE

15945

DATE

1/25/23

with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen 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 wall layering with a normal wall layer ratio. Mild nonshadowing gastric ingesta / chyme was present. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.25 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with mild increased intestinal mucosa echogenicity with segmental nonshadowing intestinal ingesta / chyme. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.25 cm width.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

Pancreas

The left pancreatic limb was normal in size with mild capsule asymmetry. Mild hypoechoic parenchyma compared to adjacent omentum was present.

Free Abdomen

Intermittent 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). An example lymph node measured 2.4 cm x 0.87 cm. No evidence of peritoneal effusion was noted.

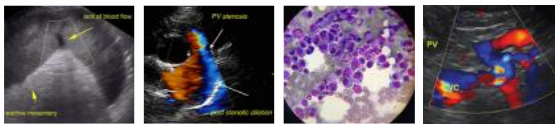
ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern - suspect chronic inflammatory bowel
- Associated benign / reactive mesenteric lymphadenopathy
- Suspect low-grade chronic active pancreatitis left pancreatic limb
- Mildly prominent liver
- Bilateral chronic renal changes with minor pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral 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 and protein: creatinine ratio on sterile urine sample is recommended.

Potential suppression of intestinal mural changes owing to current steroids is possible yet overall, gastrointestinal presentation is most suggestive of inflammatory criteria with suppressed infiltrative neoplasia possible yet thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



PATIENT

Fiona Schmidt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Jackson

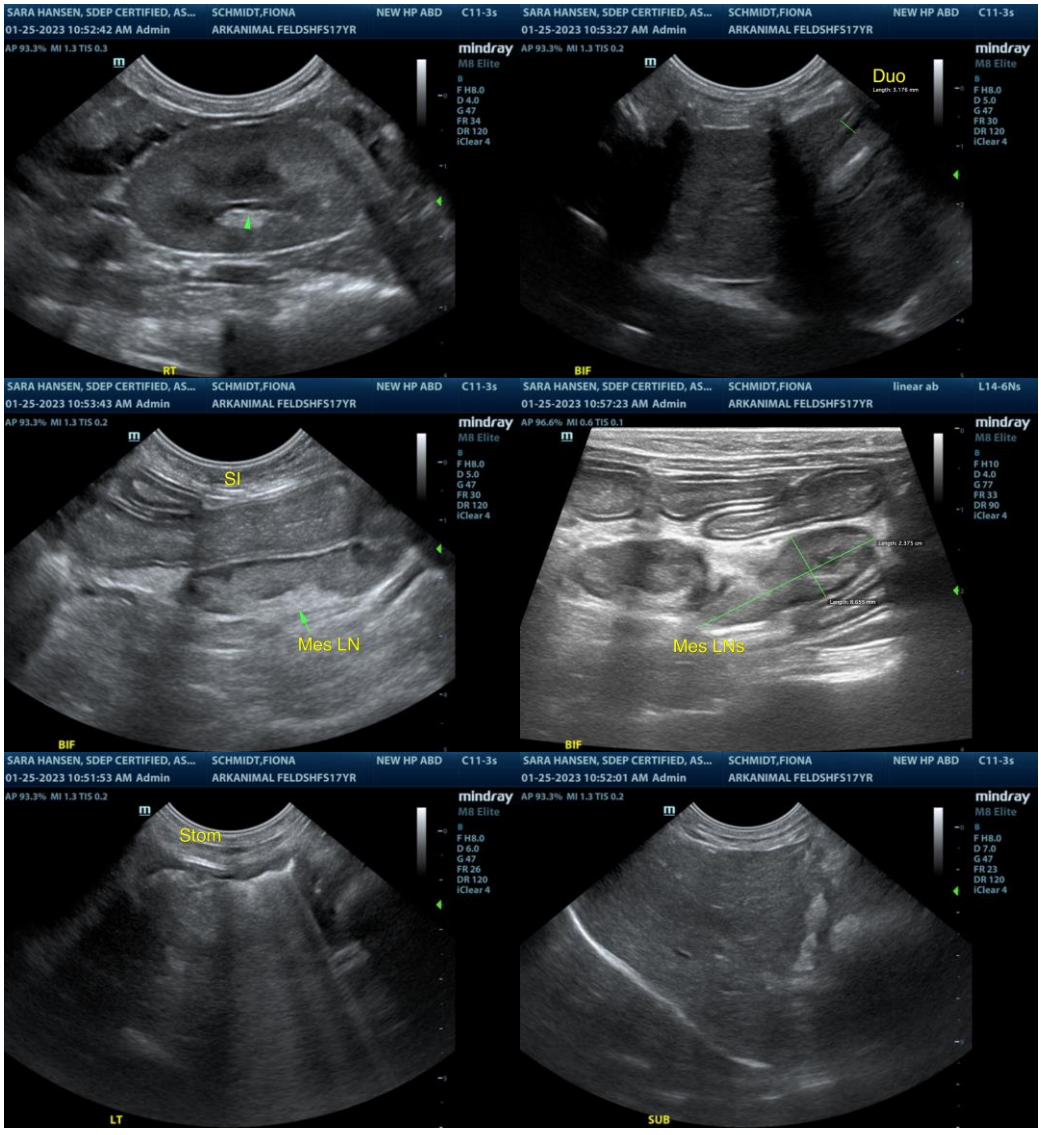
INVOICE

15945

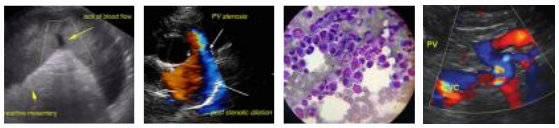
DATE

1/25/23

If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs and weight loss. Empirically continued Prednisone therapy, cobalamin supplementation pending cobalamin level assessment, as-needed gastrointestinal support, and IBD / low-grade pancreatitis protocol would be reasonable. Potential hydrolyzed diet trial and gastroprotectant protocol in conjunction with the current recommended therapy may prove beneficial.



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

Fiona Schmidt

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

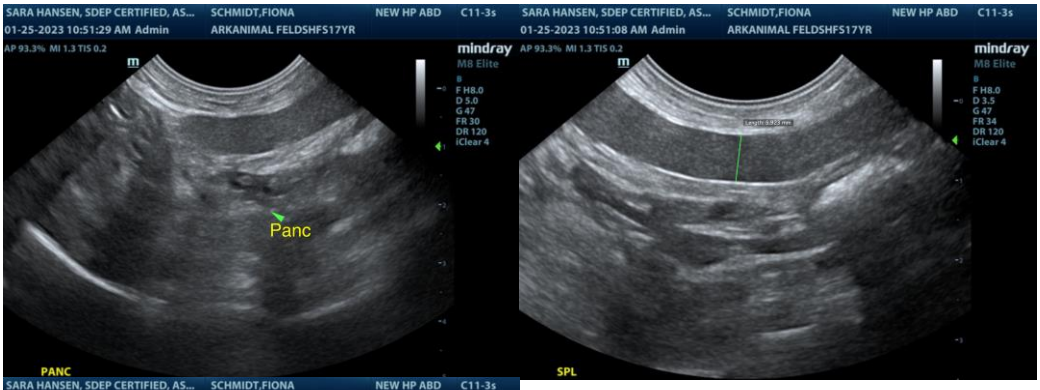
Dr. Jackson

INVOICE

15945

DATE

1/25/23



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