



PATIENT

Shakira None APS
Animal

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

12

WEIGHT

13 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jamie Baugh, DVM

HOSPITAL NAME

True North
Veterinary Services

REFERRING VET

Jamie Baugh, DVM

INVOICE

15984

DATE

1/26/23

PRESENTING CLINICAL SIGNS

P is currently a resident at Friday Harbor, WA Animal Protection Services (APS) and has been having intermittent diarrhea for over 9 months. She also has a history of osteoarthritis pain for over 5 years. She is current on her vaccines. She was never given FeLV vaccine, but did not test positive on arrival at the shelter. She has been dewormed, and is current on Revolution. She has been treated in the past with Onsior, Metronidazole, Prednisolone and Gabapentin. Her GI clinical signs improve while on pred for about 7 days, and then she has diarrhea again. She is still on Gaba 50 mg BID.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem, UA - NSF Physical Exam- BAR, MM: Pink/moist, CRT: <2 sec, Temp: 100.2 F otic, HR: 169 bpm, RR: 39 brpm, BCS: 8/10 - ABNORMALS: --Obese -- hunched back and stiffness in gait- lame right shoulder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was partially visualized without overt evidence of urinary bladder pathology subjectively containing anechoic urine. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were 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. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland, although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

Spleen

No overt pathology associated with the spleen was noted.

Liver/ Gallbladder

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 ingesta, fluid or foreign material. The gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering with subjective propensity for segmental mildly prominent muscularis and submucosa layers. No evidence of loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.33 cm width.

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Normal visible colon wall layers were present with non-formed fecal matter consistent with patient's history.

BREED

Pancreas

DSH

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 were evident.

SEX

Free Abdomen

F/S

Intermittent, minor, benign, mesenteric lymph nodes were present with subtle evidence of perilymphatic to peri intestinal hyperechoic mesentery. No free fluid or omental masses were visualized.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Subjective mild inflammatory enteropathy / IBD intestinal pattern
- Intermittent minor benign / reactive mesenteric lymph nodes
- Normal colon walls with generalized non-formed fecal matter
- Normal pancreas
- Nonspecific chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The small intestine exhibited subjective mild mural changes which are suggestive of inflammatory criteria, although the potential for a patient variant is possible. Dietary intolerance / food allergy, occult parasitism, mild chronic IBD, low-grade to chronic pancreatitis, and less likely infiltrative intestinal neoplasia are all potentials. Further assessment may include fresh fecal analysis to rule out parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate. Intestinal biopsies are required for a definitive diagnosis.

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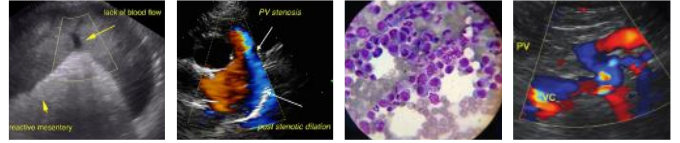
Empirically, a canned hydrolyzed diet trial, high colony count probiotic, empirical deworming, and cobalamin supplementation pending cobalamin level assessment, +/- lowest effective dose of Prednisolone, given the previous positive response, with monitoring of clinical response would be reasonable.

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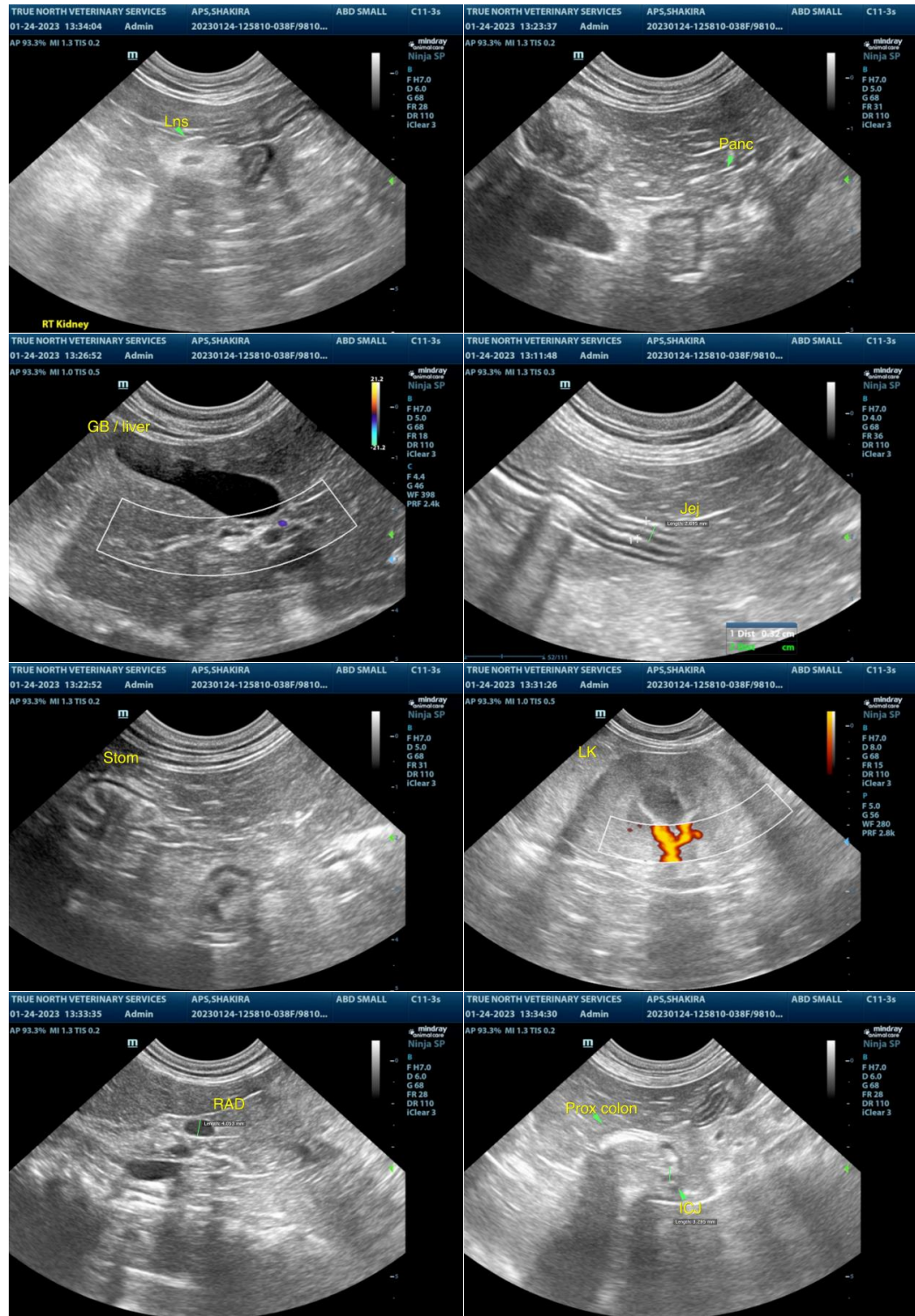
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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