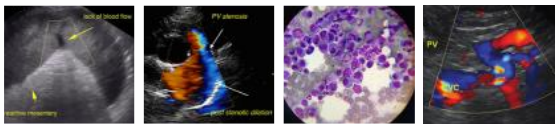


PATIENT

McNish Reents

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

9.15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Veterinary Clinic

REFERRING VET

Dr. Mercer

INVOICE

15772

DATE

1/3/23

PRESENTING CLINICAL SIGNS

Vomiting, weight loss, loose stool BW results rules out a lot of major concerns with chronic vomiting/weight loss- does not appear to have significant kidney dz, does not appear to have liver disease or pancreatitis. Thyroid is borderline high (and will likely benefit from treatment in the future) but does not appear significant enough to be the cause of his chronic vomiting in my opinion.

Recheck thyroid in 6 months but right now, highest concern is IBD, lymphoma, or some other GI. Stool loose. Primary Question/Differential to Be Answered in This Exam Cause of Vomiting, weight loss, loose stool: IBD vs other

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. Anechoic urine was present in the lumen with very minor dependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. The bladder was otherwise normal.

The area of the aortic trifurcation was free of pathology.

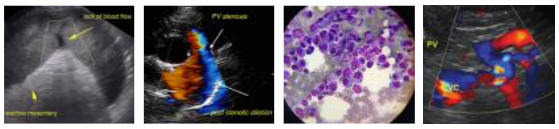
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney caudal cortical infarct was noted. The left kidney measured 4.0 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 0.53 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width. No evidence of adrenal tumors was noted.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.89 cm width at the level of the hilus.



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained gastric ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.26 cm.

The small intestine presented intact generalized prominent wall layering owing to a propensity for mild to variably prominent muscularis layer. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical/metabolic small intestinal ileus. The duodenum wall measured 0.29 cm width. The jejunum wall measured up to 0.31 cm width. No overt pathology was noted at the level of the ileocolic junction.

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

Pancreas

The left pancreatic limb exhibited subtle prominent size with minor capsule asymmetry and nonhomogeneous to mildly hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

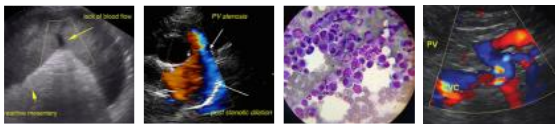
No omental masses, evidence of significant lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal stomach
- IBD intestinal pattern
- Possible concurrent low-grade pancreatitis
- Bilateral chronic renal changes with right kidney infarct
- Mild dependent urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.



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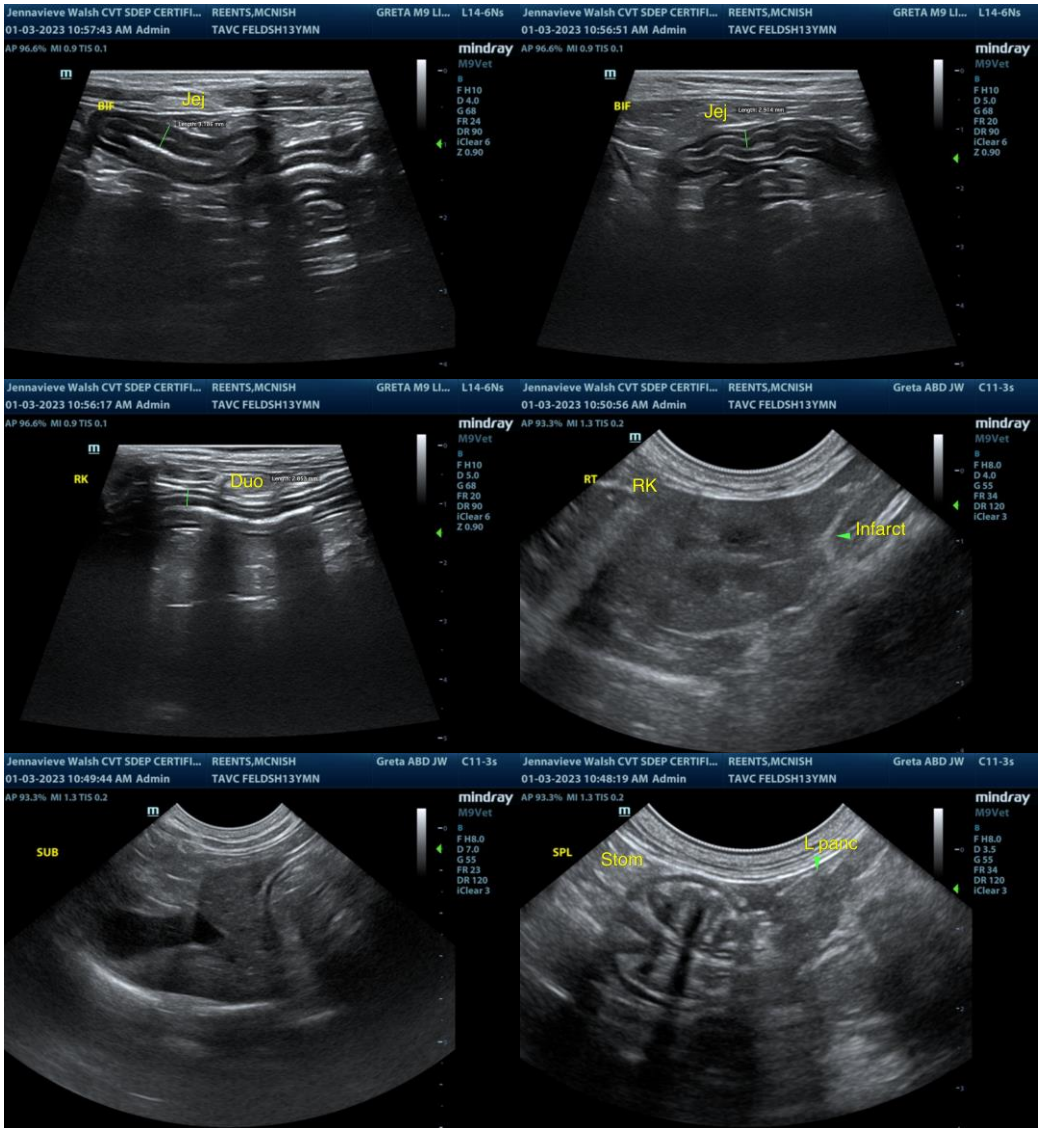
Potential for early to low-grade neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner as IBD pattern cannot be definitively excluded. Definitive diagnosis would require full-thickness intestinal biopsies.

If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Pending additional diagnostics, empirical IBD protocol with as-needed gastrointestinal support and dietary therapy with an assessment of clinical response would be reasonable if biopsies are not elected or possible.



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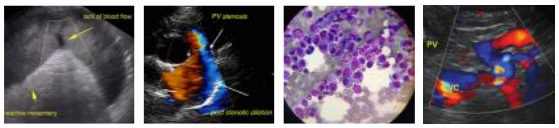

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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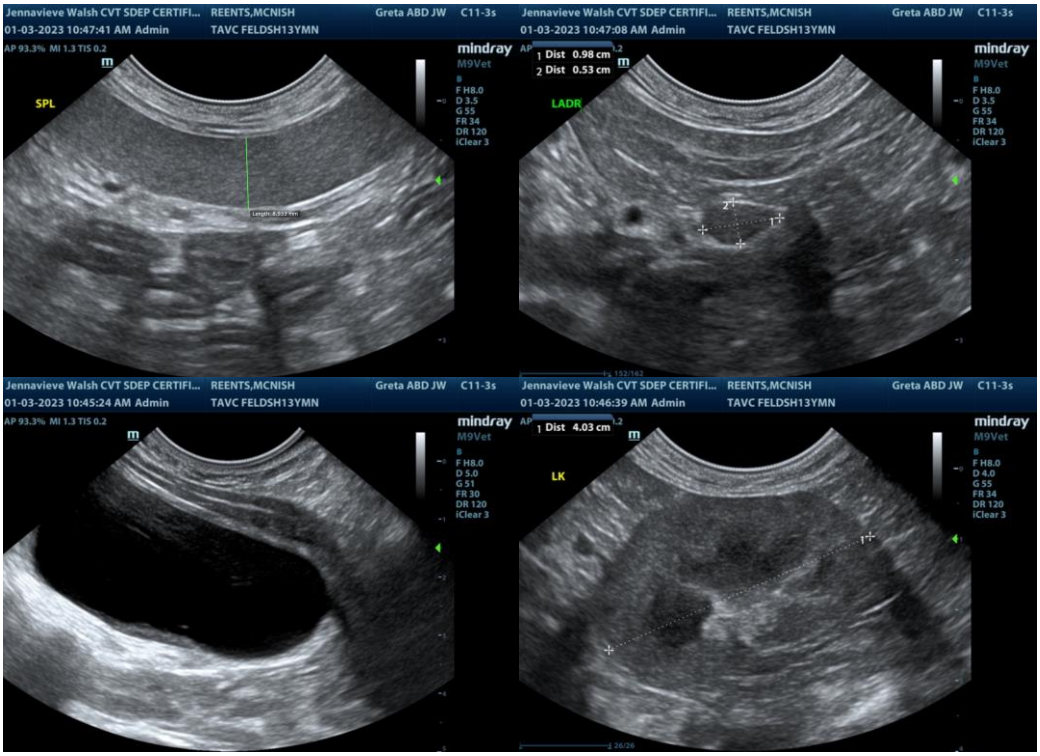

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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