

PATIENT

Lucy Peters

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

35190

DATE

1/30/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for chronic dh starting in September. Took to rdvm in October, tried tx outpatient with Metronidazole and probiotics. Nothing has helped. Seems fine otherwise. Took stool sample to rdvm, negative. Brought to ER bc owner noticed bowel distention.

Abnormal PE/Chem/CBC/UA Results: tacky mm Rads: gastritis and intestinal dilation. No obv FB. Loss of detail throughout. Bloodwork: Epc wnl; t4 normal

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 non-dependent, 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.

Both kidneys were normal in size and contour and exhibited maintained 1:3 cortex/medulla ratio with mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. No evidence of pyelectasia. The kidneys measured 4.7 cm each.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.89 cm. 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.

Liver

The liver exhibited mild generalized enlargement. A mildly expansive, non-homogeneously hyperechoic mass was present in the caudal mid to left liver and appeared to be directly effacing the cranial spleen, measuring approximately 4.6 cm diameter. Concurrent similar appearing intraparenchymal nodules were noted in the mid to left liver. Example of nodule measured 2.0 cm diameter. Hepatic parenchyma not involved with the nodules or caudal mass exhibited normal echogenicity with mildly coarse echotexture. 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Pylorus wall measured 0.27 cm.

The intestinal walls demonstrated intact wall layering and subjectively maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present



PATIENT

Lucy Peters

without obstruction or foreign material. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.24 cm. Ileocolic wall measured 0.37 cm.

SPECIES

Feline

Normal visible colon wall layers were present with semi formed to soft feces in lumen. Colon wall measured 0.22 cm.

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.

BREED

DSH

Free Abdomen

Intermittent, mildly prominent to enlarged jejunal lymph nodes were present. Example measured 0.4 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

Spayed Female

Small pockets of scant free fluid were present. Generalized mild reactive mesentery was present.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.5 kg

- Mild urinary bladder sediment
- Mild chronic renal changes exhibiting uniform increased cortex echogenicity – non-specific.
- Hepatomegaly exhibiting non-homogeneously hyperechoic caudal mass with concurrent similar appearing parenchymal nodules – nodular hyperplasia, granuloma, neoplasia or other possible.
- Non-specific gastroenterocolitis pattern – inflammatory/infectious, occult neoplasia possible, dietary intolerance possible.
- Associated subjectively benign/reactive jejunal lymph nodes
- Generalized mild reactive mesentery and small pockets of scant free fluid

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Erin Wicks

Assuming normal clotting status, ultrasound guided FNA of the liver mass is recommended for screening cytology. GI panel including PLI, TLI, cobalamin and folate and diarrhea PCR panel warranted.

HOSPITAL NAME

Shores VEC

Empirically, cobalamin supplementation, broad-spectrum deworming with Panacur, dietary therapy (either hydrolyzed diet or potential higher fiber diet such as WD) may prove beneficial. Intestinal biopsies may be required for definitive diagnosis.

REFERRING VET

Dr. Lupole

INVOICE

35190

DATE

1/30/22





PATIENT

Lucy Peters

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

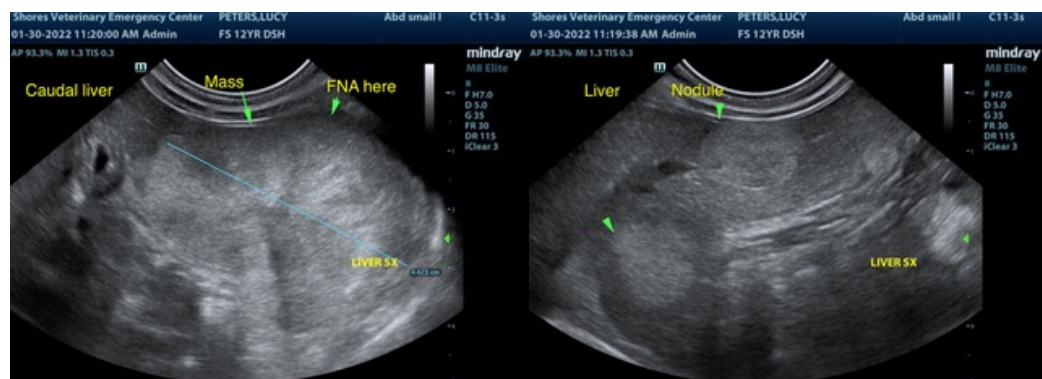
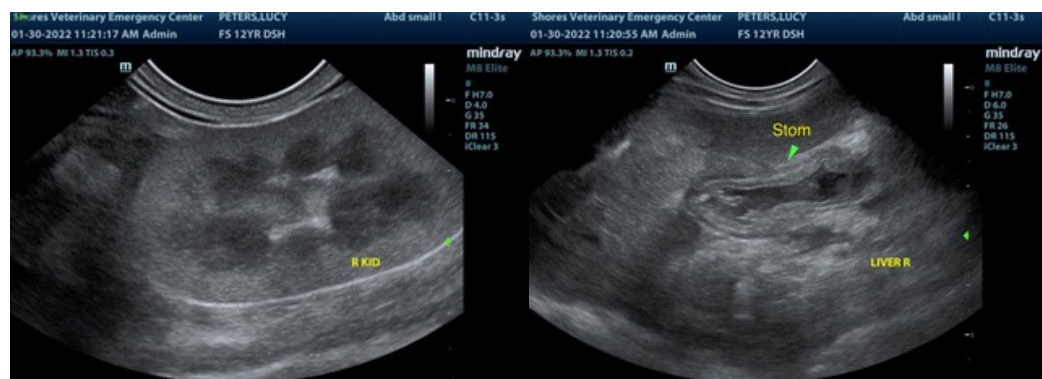
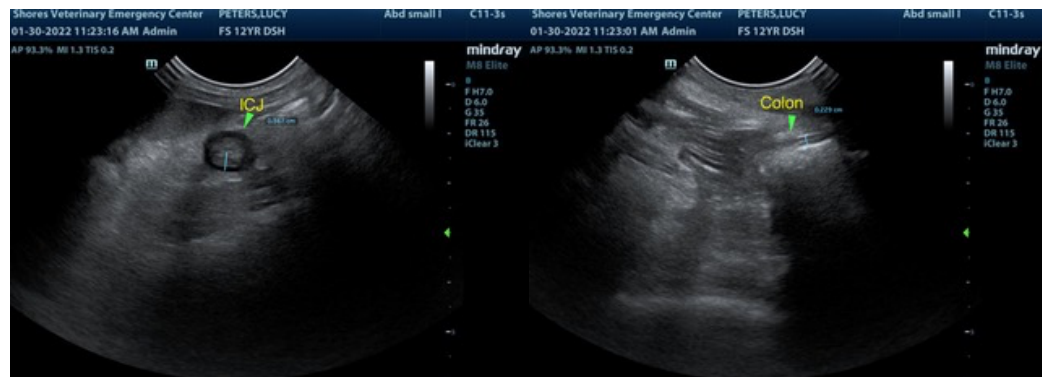
Dr. Lupole

INVOICE

35190

DATE

1/30/22





PATIENT

Lucy Peters

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.

SPECIES

Feline

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

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

35190

DATE

1/30/22