

PATIENT PRESENTING CLINICAL SIGNS

Ella Omar History: Episodes of weakness/ataxia, no obvious cardiac origin, concern for hypotension/GI disease, BP 145/107

SPECIES Medication: Pimobendan 1.25 BID, Benazepril 1.25, Pred, Gabapentin, ASA

Feline ALT 237, BUN 63, Creatinine 1.8, WBC 9.6 with mild monocytosis

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX 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, 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.

FS

AGE

12 years The area of the aortic trifurcation was free of pathology.

WEIGHT

9.5 Pounds 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 with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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 0.74 cm width.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Stanglein

Liver/ Gallbladder

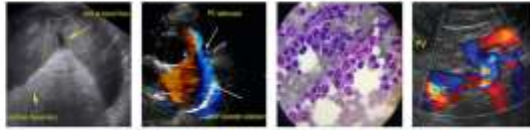
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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DATE

1.5.2022



PATIENT ***Gastrointestinal***

Ella Omar The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.24 cm.

SPECIES

Feline

The small intestine exhibited intact wall layering with subjective propensity for decreased mucosal echogenicity. Segmental areas of nonobstructive jejunal ileus were present along with focal areas of retained jejunal digesta/ chyme. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.31 cm.

BREED

Domestic Shorthair

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

SEX

FS

Pancreas

The left pancreatic limb exhibited focal hypoechoic parenchyma, yet normal overall size and contour.

Free Abdomen

AGE

12 years

Multiple, mildly prominent to enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 0.53 cm. No effusion was noted.

WEIGHT

9.5 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Mild urinary bladder sediment
- Enteropathy exhibiting segmental nonobstructive jejunal Ileus
- Mild retained gastric ingesta
- Possible mild left limb pancreatitis
- Low-grade hepatopathy with minor gallbladder debris - subjectively benign, potential low-grade inflammatory hepatopathy suspected
- Jejunocolic lymphadenitis

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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.

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The overall appearance of the small intestine is suggestive of acute enteropathy. Correlation with a clinical history and onset of gastrointestinal signs is advised. Acute inflammatory bowel episode, infectious gastrointestinal disease, or potential occult neoplastic gastrointestinal disease, which may present in a similar sonographic manner, is possible.

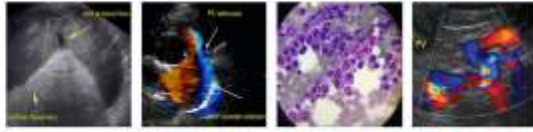
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Mesenteric lymphadenitis potentially owing to acute inflammatory bowel episode is suspected, although the potential for emerging neoplastic lymphadenopathy cannot be definitively excluded. If



PATIENT

accessible, ultrasound-guided FNA of an enlarged intraabdominal lymph node could be considered for screening cytology.

Ella Omar

SPECIES

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for Triad Disease may be considered in this patient if previous or recurrent history of gastrointestinal signs and elevated ALT. Recommend GI supportive with Zithromax / Metronidazole combination, given the potential for lymphadenitis.

Feline

BREED

Domestic Shorthair

SEX

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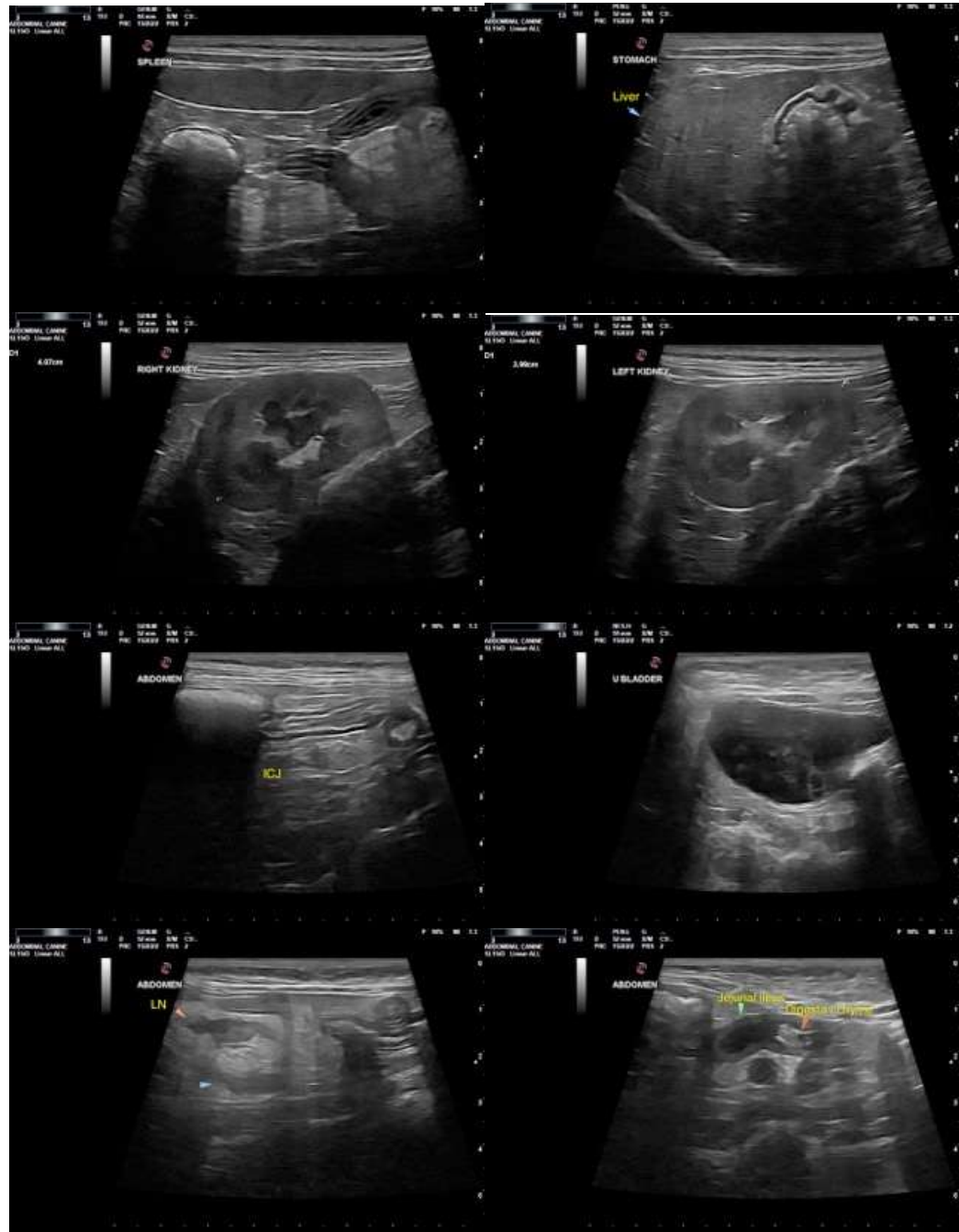
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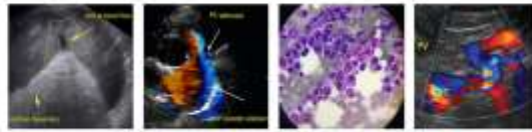
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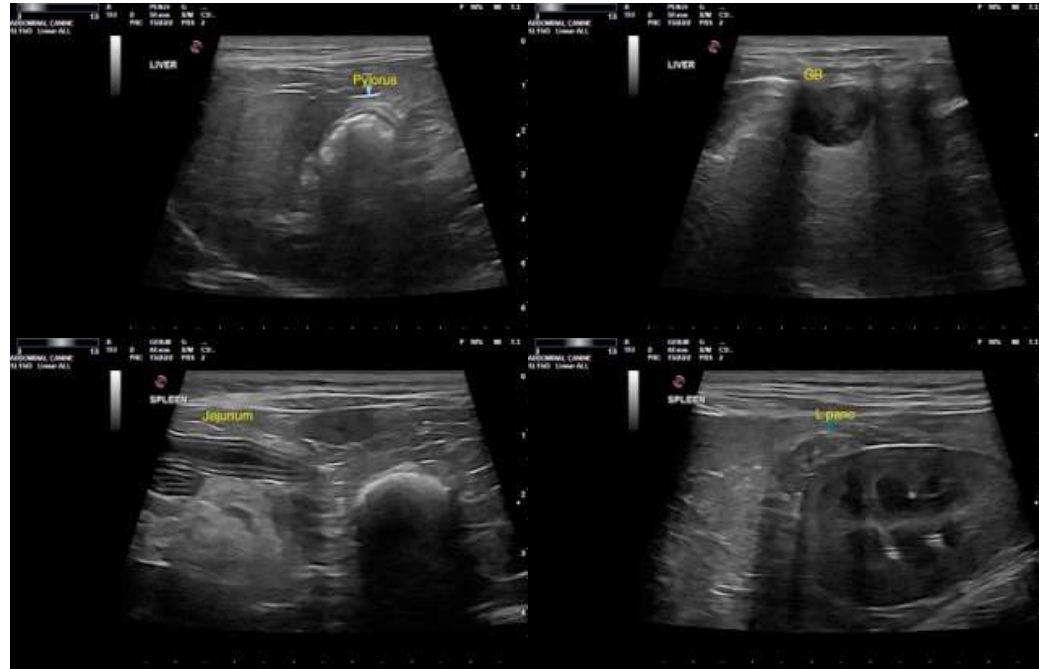
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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