



PATIENT PRESENTING CLINICAL SIGNS

Lily Blantz
Weight loss over the past year. Appetite had been normal to reduced for months but has dramatically increased recently. Behaving more clingy and lethargic. Vomiting for the past 1.5 weeks; initially vomiting food but now only vomiting liquid and holding down food with no obvious pattern related to timing. Soft stool at time of exam on 1/6/23. No murmur/arrhythmia ausculted. Gassy intestines but no obvious discomfort. Dehydrated.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

5.57lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Powers

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DATE

01/09/2023

Current Medications Cerenia, Gabapentin

Primary Question/Differential to Be Answered in This Exam Cause of weight loss and vomiting

Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia, otherwise CBC/chem/T4 was WNL on 10/31/22. Recheck CBC/chem/T4/UA/fecal pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm.

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 0.8 cm in width at the level of the hilus.

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



PATIENT 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.

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Gastrointestinal

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The stomach presented intact wall layering with mildly prominent yet intact pylorus wall with minor retained anechoic pyloric fluid and no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.40 cm in width. The ventral gastric body wall measured 0.25 cm in width.

BREED

DSH

The small intestine presented generalized intact prominent to thickened wall layering secondary to prominent mucosa and muscularis. Minor segmental jejunal mucosal fogging was present. No evidence of loss of wall layering or intestinal masses. The small intestinal wall measured 0.33 cm in width. The ileocolic junction measured 0.33 cm in width.

SEX

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

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Pancreas

The pancreas was normal in size and contour with mild uniform hypoechoic to non-homogenous parenchyma.

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Free Abdomen

Mild hyperechoic peri intestinal hyperechoic mesentery was present.

Minor volume anechoic peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy-IBD/eosinophilic enteritis, neoplastic infiltrative enteropathy possible
- Intact mildly thickened pylorus
- Possible low-grade pancreatitis
- Scant to minor volume peritoneal free fluid
- Mild age related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the intestinal tract is consistent with infiltrative enteropathy with inflammatory vs neoplastic etiologies both of which may appear in a similar sonographic manner possible. Full thickness intestinal biopsies required for a definitive diagnosis. Chronic IBD is suspected given chronicity of weight loss and sonographic appearance. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically IBD protocol with as needed GI support and assessment of clinical response pending additional diagnosis would be reasonable.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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A thorough neurologic exam suggested to assess for concurrent occult pathology as a contributing factor.

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Triad disease could also be a consideration if evidence of hepatic enzyme elevations.



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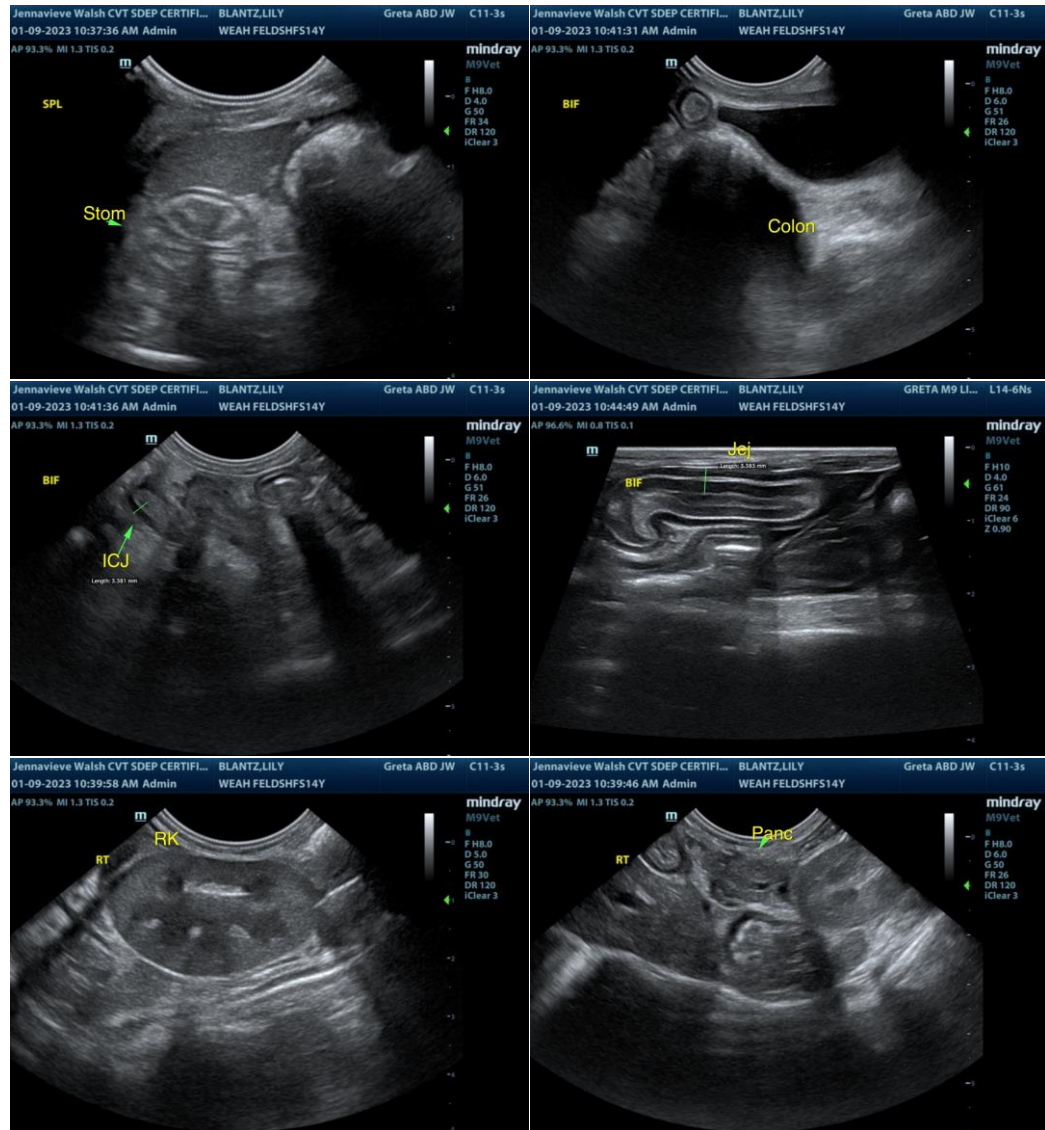
Dr. Powers

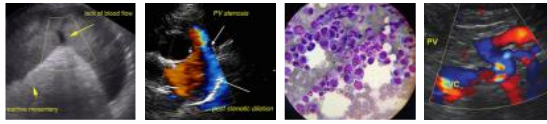
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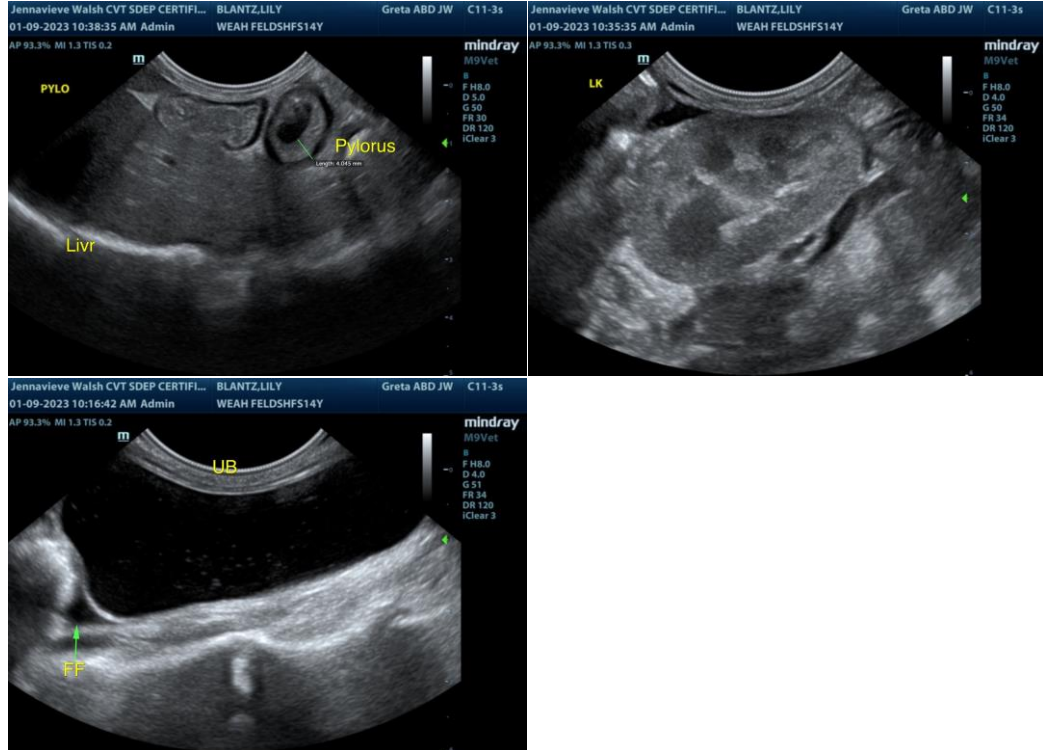
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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