



PATIENT

Romeo Maxner

PRESENTING CLINICAL SIGNS

Diabetic cat. ++ Vomiting with increasing frequency. Leukocytosis. Increased eosinophils.

SPECIES

Feline

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.

BREED

DSH

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 4.0 cm in length. The right kidney measured 4.7 cm in length

SEX

MN

AGE

13yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

WEIGHT

5.5kg

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.

INTERPRETED BY

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

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Killarney Cat Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact segmentally prominent wall layering most notable in the jejunum to the level of the ileocolic junction. Segmental prominent jejunal muscularis layer was present. The lumen of the small intestine contained jejunal chyme with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.33 cm width.

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

Pancreas



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The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

An intermittent small pocket of peritoneal effusion was present.

BREED

DSH

Enlarged, hypoechoic mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 4.8 cm x 3.1 cm.

ULTRASONOGRAPHIC FINDINGS

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- Infiltrative enteropathy pattern/IBD/eosinophilic enteritis, potential for infiltrative neoplastic enteropathy with round cells or FIP considered a less likely differential
- Associated moderate to marked mesenteric lymphadenopathy-hyperplasia, reactive lymphadenitis, neoplastic lymphadenopathy, granulomatous lymphadenopathy all potentials
- Concurrent chronic active pancreatitis
- Non-specific mild hepatomegaly
- Scant peritoneal effusion

AGE

13yr

Secondary findings

- Mild chronic renal changes

WEIGHT

5.5kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Assuming normal clotting status and using a 25g needle, an enlarged mesenteric lymph node FNA for screening cytology is warranted for further assessment. Potential for triad disease may be possible in this patient if there is a previous or current history of hepatic enzyme elevations.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal and lymphatic biopsies are likely required for a definitive diagnosis. A CBC path review could be considered if there is evidence of lymphocytosis.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Empirically IBD/chronic active pancreatitis protocol with as needed GI support, monitoring of body weight and clinical response would be reasonable.

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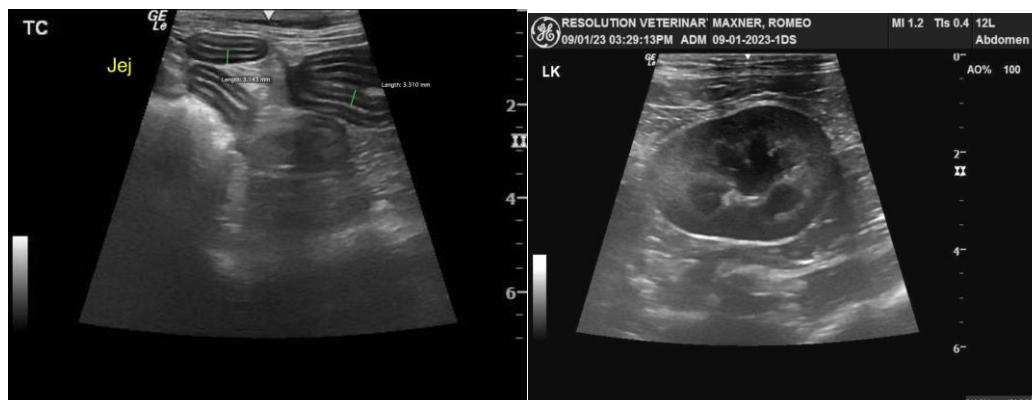
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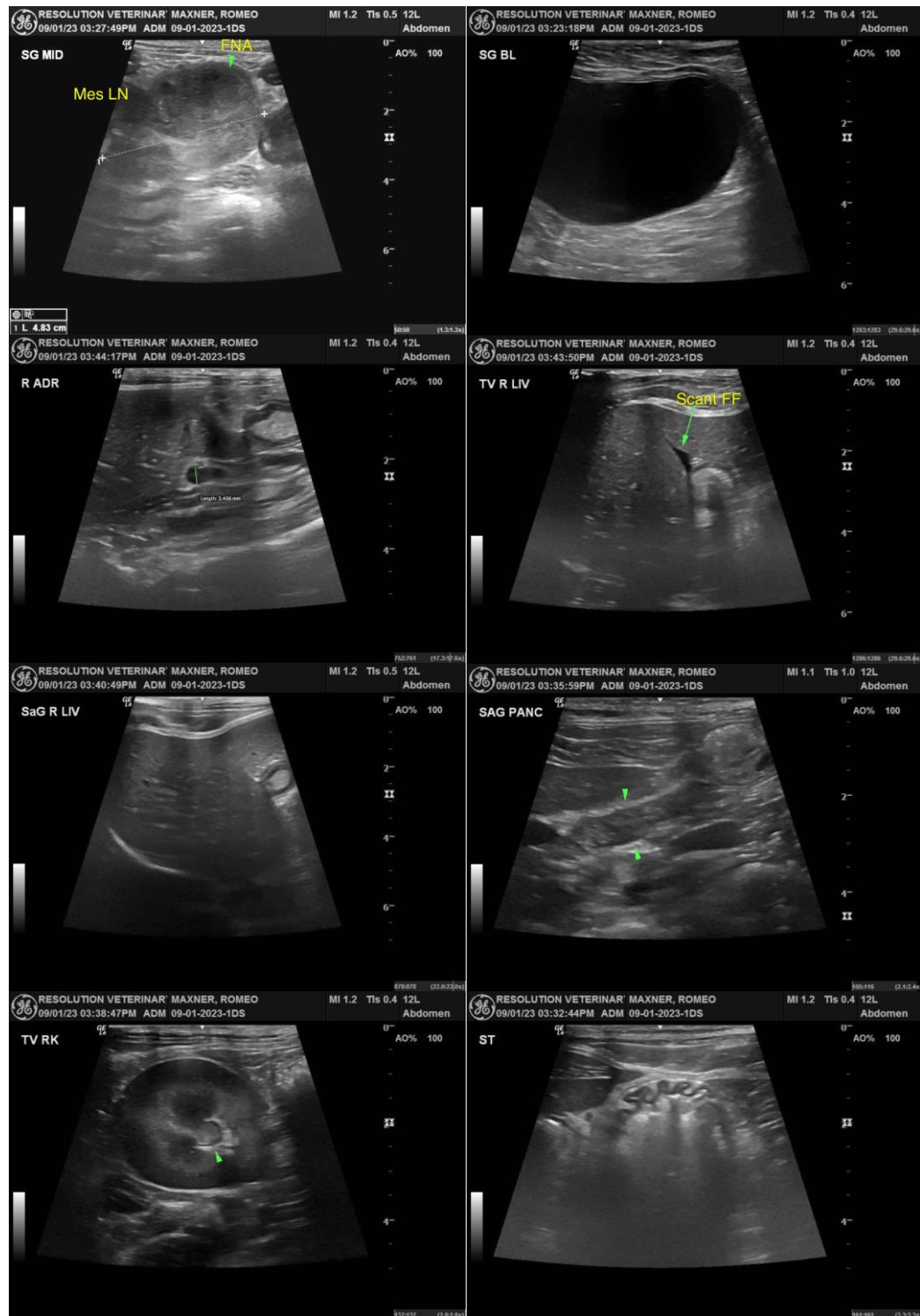
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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mac.daniel@sonopath.com

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