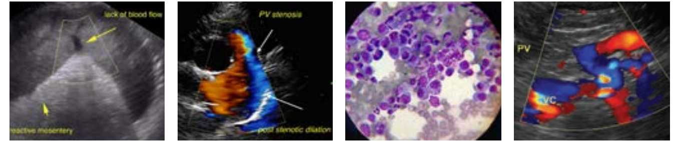


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Guido Matlock

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

26688

DATE

10/27/21

PRESENTING CLINICAL SIGNS

Patient has been gradually losing weight for the last year. His water intake has also increased over the past year, worse the last 2 days. He started urinating outside the box yesterday. Pet is pulling hair out as well
Abnormal PE/Chem/CBC/UA Results: PE = weight loss, Pu/PD, lethargy, Generalized muscle atrophy, abdominal discomfort and distension Initial diagnostics: - CBC = WBC 20.86 k/ul, NEU 13.53 k/ul, Monos 1.02 k/ul - CHEM 17, lytes, LAC = BUN 15 mg/dl, LAC 2.72 k/ul - FAST Scan - dilated loops of bowel, section of enlarged lnn / mass near mesenteric root

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild dependent to subjectively mobile 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.35 cm in width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal areas of hyperechoic parenchyma noted, likely consistent with benign changes such as focal small myelolipomas. 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 0.76 cm in width.

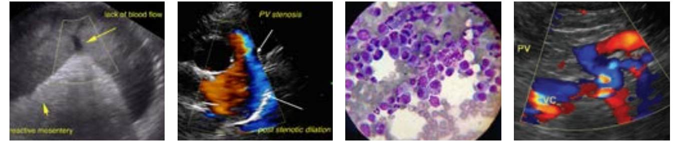
Liver

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 with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.26 cm.

The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent muscularis layer in the jejunum. Segments of intestine



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Guido Matlock

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

INVOICE

26688

DATE

10/27/21

exhibited mild mural hypertrophy with indistinct loss of intestinal wall layering subjectively within the mid abdomen.

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

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.

Free Abdomen

Enlarged, hypoechoic mid abdominal mesenteric to mesenteric root lymph nodes were present. Example of lymph node measured 3.2 cm x 0.75 cm. 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.

No effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild mobile urinary bladder sediment
- Mild chronic renal changes
- Enteropathy with segmental mild mural hypertrophy with subjective indistinct wall of discernable wall layer detail
- Mid abdominal mesenteric lymphadenopathy with perilymphatic reactive mesentery – lymphadenitis or emerging neoplastic lymphadenopathy possible.
- Minor hepatic parenchymal remodeling

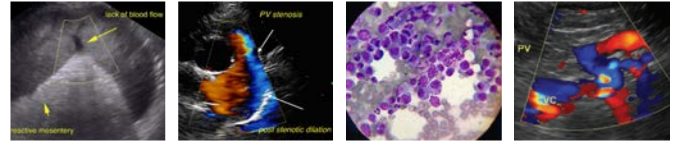
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Given the patient's weight loss and muscle atrophy, the appearance of the small intestine is consistent with infiltrative enteropathy with considerations including inflammatory infiltrative enteropathy/IBD, or neoplastic infiltrative enteropathy such as lymphoma or other. Minor potential for dry form FIP and associated granulomatous lymphadenopathy possible, yet considered less likely.

Pending lymphatic FNA, intestinal and lymphatic biopsies may be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD protocol, which may include hydrolyzed diet trial, empirical cobalamin supplementation, as needed gastrointestinal support +/- Prednisolone trial at lowest effective dose to control clinical signs may be considered if additional diagnostics or biopsy is not possible.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Guido Matlock

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

REFERRING VET

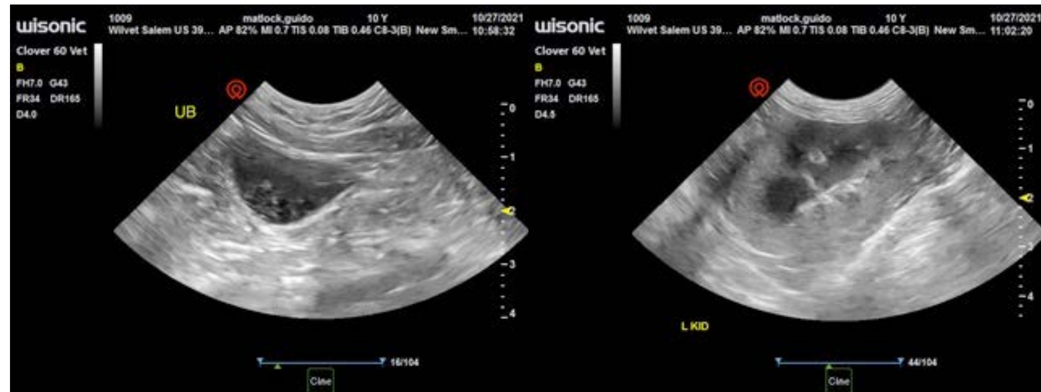
Dr. Kalenius

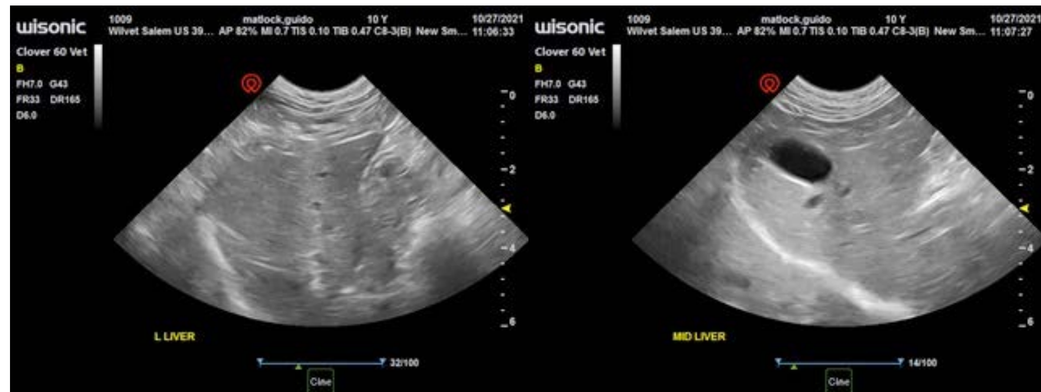
INVOICE

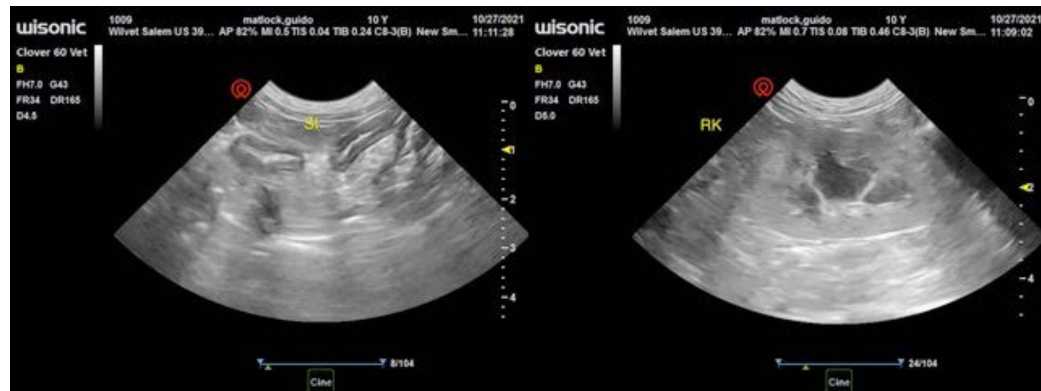
26688

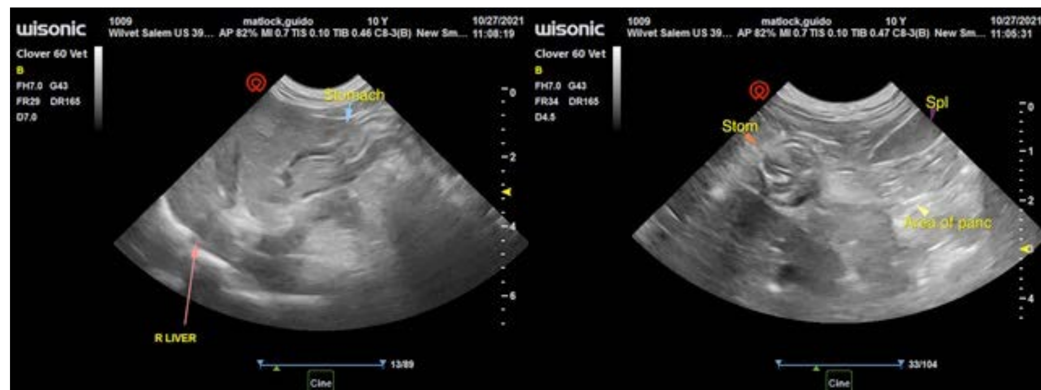
DATE

10/27/21



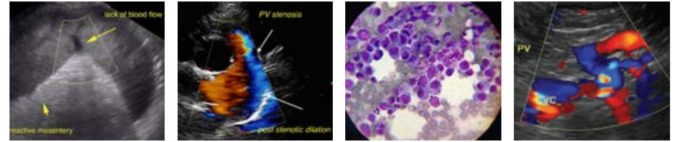






SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Guido Matlock

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
10 Years

WEIGHT
5.17 kg

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

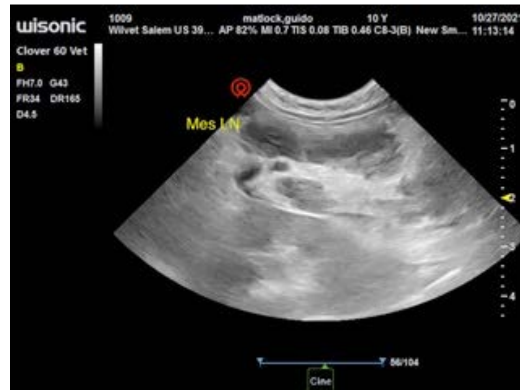
IMAGING PERFORMED BY
Dr. Kalenius

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Kalenius

INVOICE
26688

DATE
10/27/21



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com