

**PATIENT**

Bogie Steele

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

6 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sue Hartmann

INVOICE

12025ag

DATE

10/27/22

PRESENTING CLINICAL SIGNS

In July, was see for Maybe not urinating well, vomit one time, maybe not eating well. BW and UA - normal. Treated for nonspecific findings. Our records indicate that a it was reported he was back to normal on call back a few days later, although the owner now says he never was been and has been declining since them. Presented 10/24/2022. Poor appetite, weight loss, not drinking. BW - unremarkable. Still eating poorly today and owner says is very lethargic. Temp just prior to scan 104.6

Abnormal PE/Chem/CBC/UA Results: BW and UA - unremarkable

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 was noted.

The area of the aortic trifurcation was free of pathology.

Mild prominent size and normal 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 4.7 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen exhibited borderline enlargement and 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 1.1 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 normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic luminal debris-suspect secondary to decreased food intake. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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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. The gastric body wall measured 0.27 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.32 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent focally enlarged hypoechoic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.9 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Borderline splenomegaly-subjectively benign, incidental minor hyperplasia, hematopoiesis or possible splenitis likely with emerging round cell neoplastic criteria considered unlikely
- Suspect intermittent mesenteric lymphadenitis
- Overtly normal GI tract
- Mild heterogeneous pancreas- patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Unremarkable urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Potential for mesenteric lymphadenitis possibly owing to structurally insignificant inflammatory bowel and/or low grade to chronic pancreatitis as a contributing factor to the clinical signs/weight loss. No overt evidence of FIP criteria.

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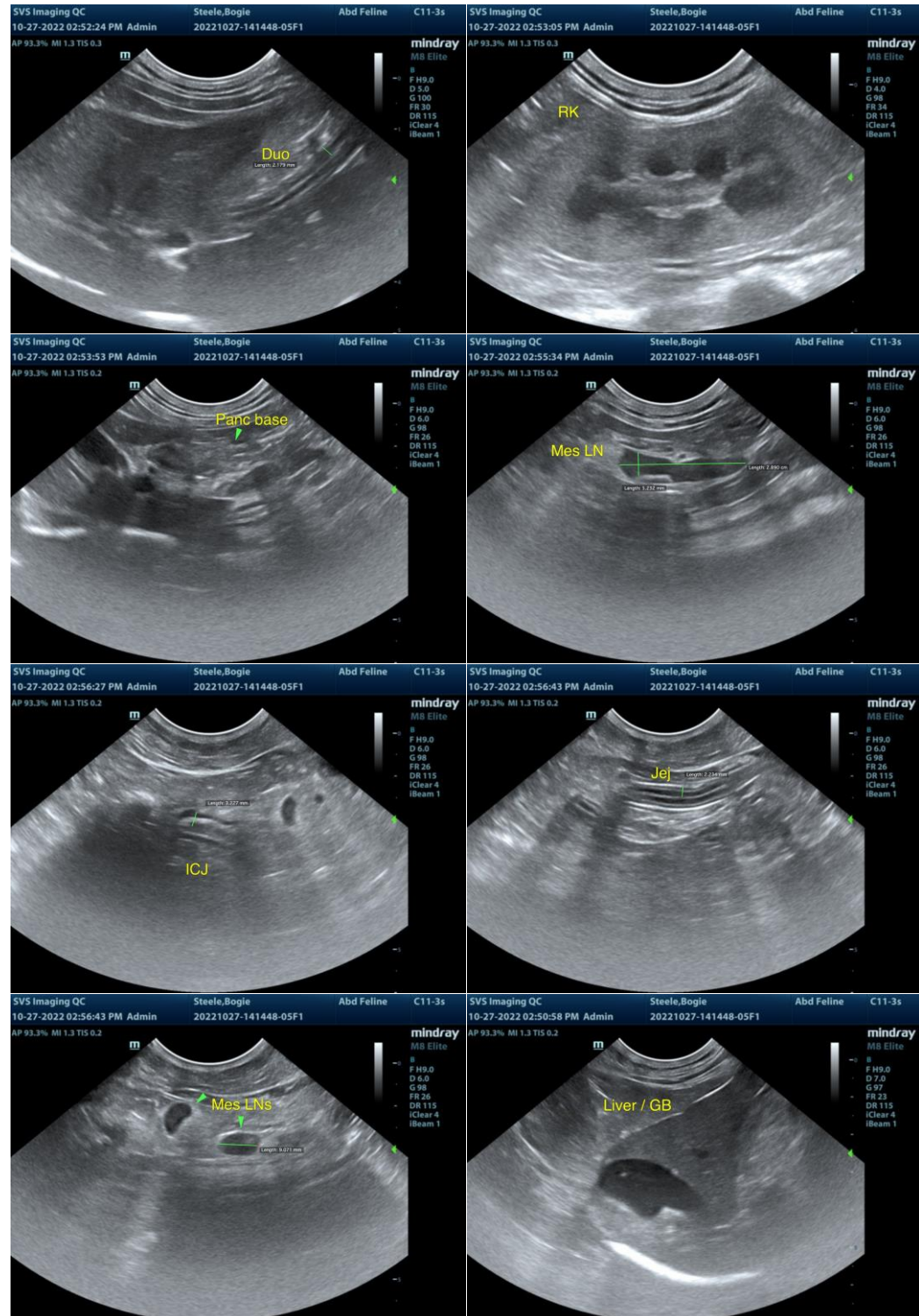
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Empirically, supportive care with Zithromax/metronidazole combination as well as a hydrolyzed diet trial over time and assessment of clinical response pending additional diagnostics is recommended.





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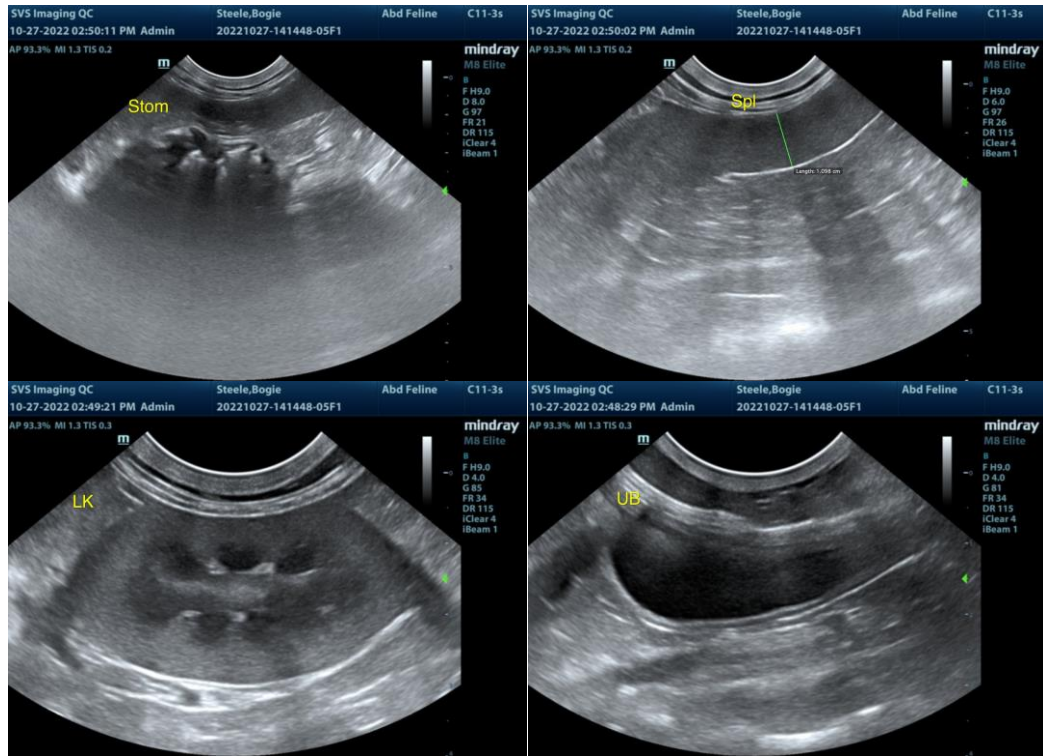
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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