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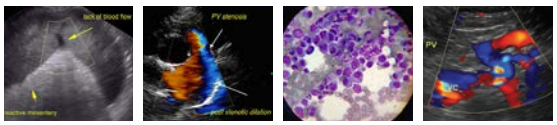

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Tabasco Willis

SPECIES

Feline

BREED

Bengel

SEX

Neutered Male

AGE

10 Pounds

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Ito

INVOICE

26054

DATE

10/5/21

PRESENTING CLINICAL SIGNS

Seen last year (6/1/2020) for problems of diarrhea (soft, not formed), excessive eating, vomiting 3-4 times a week. Physical exam noted on abdominal palpation fluid distended small bowel loops and thickening. Trial of novel protein diet recommended (owner ordered food), recommended B-12 supplement, Cobalequin and Proviable too, but owner declined. Currently on Purina HA hydrolyzed diet. Today owner reports that patient still having problems with diarrhea, excessive eating, and occasional vomiting. Owner concern about the weight loss as he is excessively out of the 3 cats in the household. Total T4 normal on bloodwork (back in 2020). Fractious cat, sedation needed for exam and ultrasound. Will be collected blood and urine for labwork today (10/5/21).
Abnormal PE/Chem/CBC/UA Results: TBF done last year (2020) - mild anemia 30%. Otherwise other values within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. The right kidney measured 4.2 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.26 cm in width. The right adrenal gland measured 0.46 cm in width.

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.

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. Focally intermittent areas of lobar biliary tree mineralization were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder and cystic biliary duct exhibited mild distention with mild dependent gallbladder mineral. The common bile duct exhibited moderate tortuous dilation, extending caudally and potentially approaching the level of the duodenal papilla. No evidence of ductal calculi or mucus with anechoic common bile duct content. Common bile duct dilation measured 0.4 cm. No overt indication of obstruction or overt pathology at the level of the duodenal papilla.

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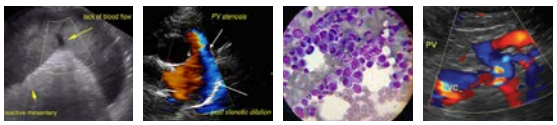

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Gastrointestinal

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. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with primarily maintained1:3 muscularis/mucosa ratio with subjective propensity for mild segmental prominent submucosa and muscularis layers. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No intestinal masses noted. Jejunum wall measured 0.29 cm.

Normal visible colon wall layers were present with generalized semiformed to soft feces in the 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

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.5 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion.

PRIMARY FINDINGS

- Chronic enteropathy – suspect chronic inflammatory enteropathy.
- Heterogeneous pancreas – age related variant, minor remodeling owing to previous inflammation, or low-grade to chronic inflammation possible.
- Mild lobar biliary tree mineral
- Mild gallbladder mineral and generalized common bile duct dilation – non-specific.
- Intermittent, subjectively reactive/benign mesenteric lymphadenopathy

SECONDARY FINDINGS

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI panel to include PLI, TLI, cobalamin and folate, fresh fecal analysis to assess for parasitic ova/giardia, and diarrhea PCR panel all warranted. Potential contribution to the patient's clinical signs may include dietary intolerance/food hypersensitivity (thought less likely given the previous hypoallergenic diet), occult parasitism (if the patient is indoor/outdoor), infectious enterocolitis, or EPI. No overt evidence of gastroenterocolic neoplasia. Empirically, continued dietary therapy with potential diet rotation including higher fiber diet, high colony count probiotic, empirical cobalamin supplementation +/- Prednisolone trial and lowest effective does to control clinical signs may be considered. The common bile duct dilation is non-specific, given the lack of reported icterus. This may indicate age related changes or potential concurrent cholangitis. Correlation with pending lab work recommended.

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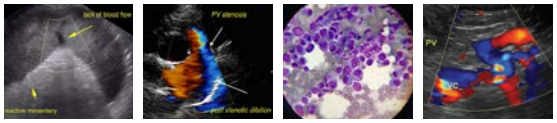

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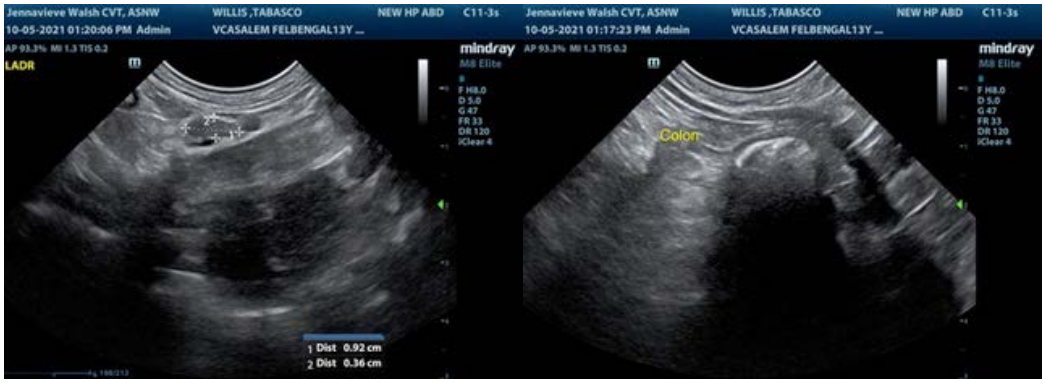

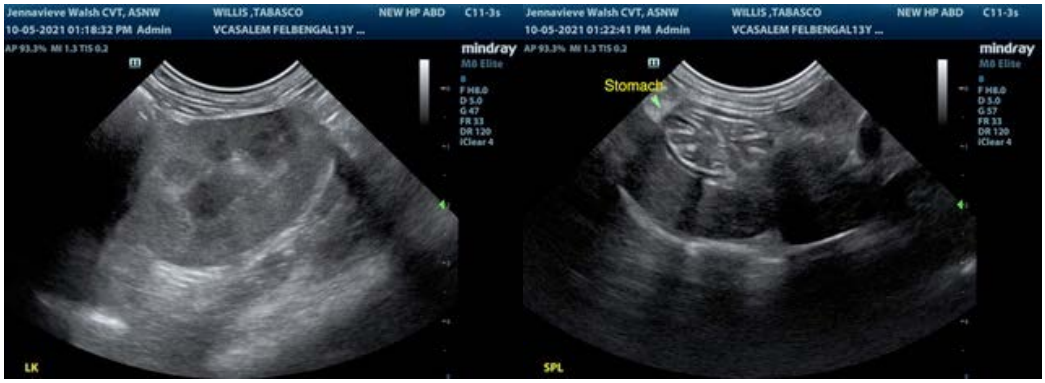

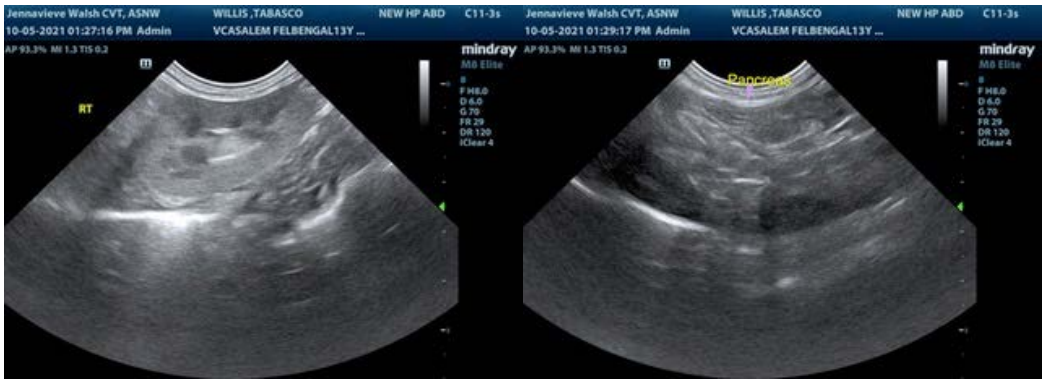

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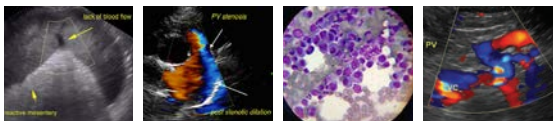

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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