



PATIENT PRESENTING CLINICAL SIGNS

Mason Zielinsko

In for routine vaccines but very muscle wasted. Vomiting sporadically which is abnormal for him and not eating the greatest currently on felimazole 2.5mg SID

Abnormal PE/Chem/CBC/UA Results: ALT 157, K 3.4, TT4 70

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Neutered Male

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. The left kidney measured 3.5 cm with mild pyelectasia. The right kidney measured 4.2 cm.

AGE

16 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

5.13 kg

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.32 cm.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

Buck Animal Hospital

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.

REFERRING VET

Dr. Sommers

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 0.24 cm.

INVOICE

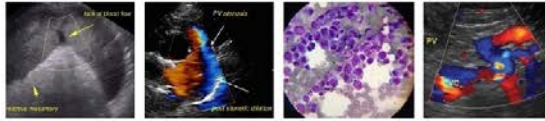
26151

The small intestine exhibited subtle mural changes suggestive of inflammatory enteropathy and probable IBD. Minor potential for early neoplastic infiltrative enteropathy with round cells (i.e., lymphoma), which may present in similar sonographic manner, yet thought less likely.

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

DATE

10/7/21



PATIENT *Pancreas*

Mason Zielinsko

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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Enteropathy – probable IBD
- Mild chronic renal changes with mild left kidney pyelectasia
- Low-grade hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

16 Years

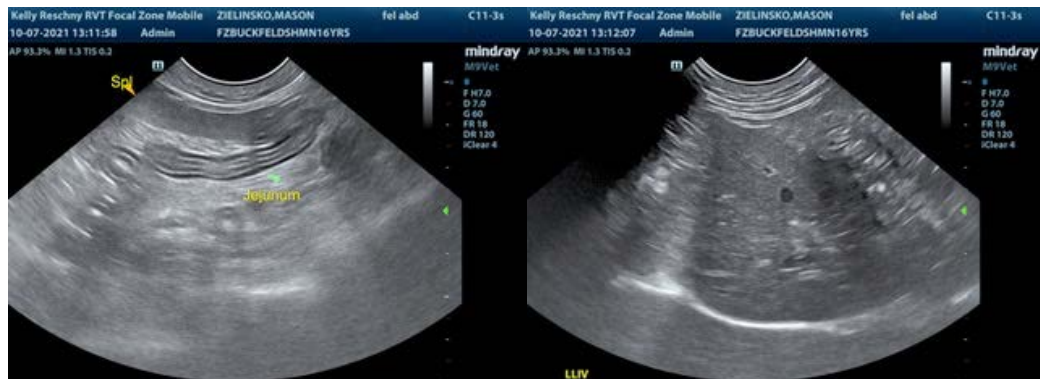
Given the ALT elevation, reactive hepatopathy or primary versus secondary low-grade inflammatory hepatopathy (potentially secondary to underlying enteropathy) possible. Potential for low-grade or chronic pancreatitis, although not evident, may be present, yet ultrasonographically normal. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Full thickness intestinal biopsies are required for definitive diagnosis. Empirical IBD protocol, which may include hydrolyzed diet, cobalamin supplementation +/- Prednisolone trial at lowest effective dose to control clinical signs would be reasonable if biopsies are not possible.

WEIGHT

5.13 kg

INTERPRETED BY

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



IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital



REFERRING VET

Dr. Sommers

INVOICE

26151

DATE

10/7/21



PATIENT

Mason Zielinsko

SPECIES

Feline

BREED

DSH

SEX

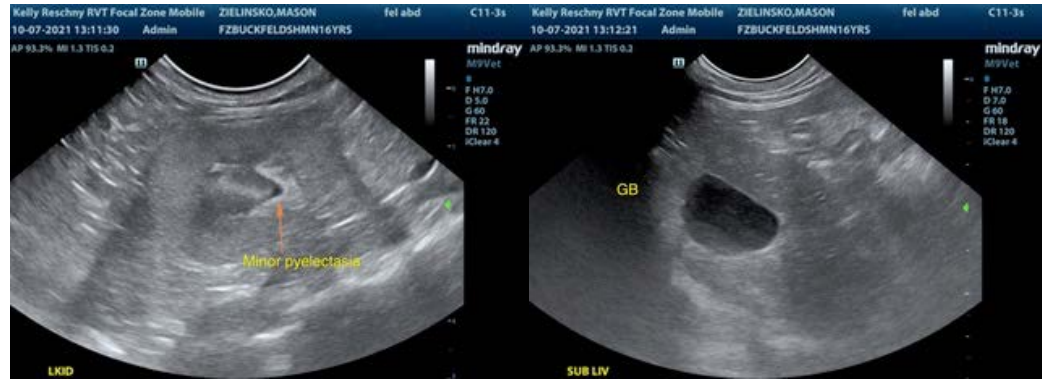
Neutered Male

AGE

16 Years

WEIGHT

5.13 kg



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Sommers

INVOICE

26151

DATE

10/7/21

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