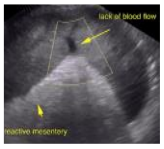
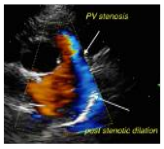
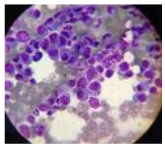
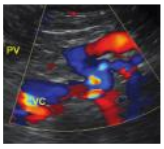
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Monroe Galfano

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
12 years

WEIGHT
12.8

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

IMAGING PERFORMED BY
Dr. Brita Kiffney

HOSPITAL NAME
Northshore Veterinary Hospital

REFERRING VET
Dr. Brita Kiffney

INVOICE
15452

DATE
11/10/22

PRESENTING CLINICAL SIGNS

vomiting EOD x 3 months

Abnormal PE/Chem/CBC/UA Results: hair loss on abdomen, pot belly, overweight and palpably thickened intestines

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild uniform increased cortex echogenicity and adequate corticomedullary border demarcation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.30 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

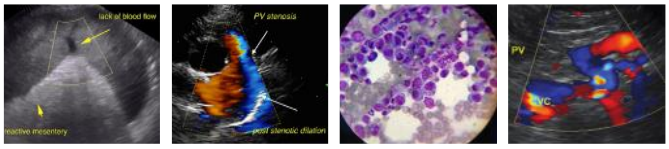
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.78 cm 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. 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. The gastric body wall width measured 0.25 cm.



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

PATIENT

Monroe Galfano

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

12.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

15452

DATE

11/10/22

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall width measured 0.37 cm. No overt masses were noted at the level of the ileocolic junction.

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 were evident.

Free Abdomen

Mildly prominent, midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

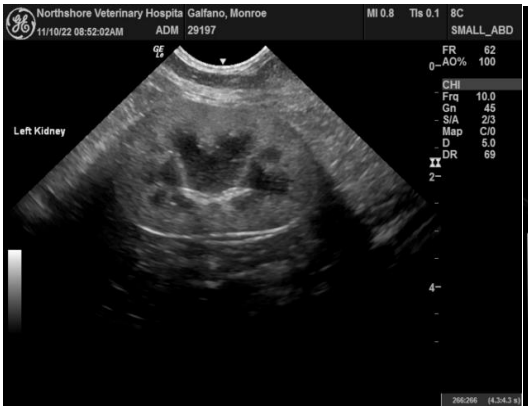
- Infiltrative enteropathy exhibiting altered muscularis: mucosa ratio
- Intermittent minor benign / reactive mesenteric lymphadenopathy
- Mild age-related renal changes
- Urinary bladder sediment

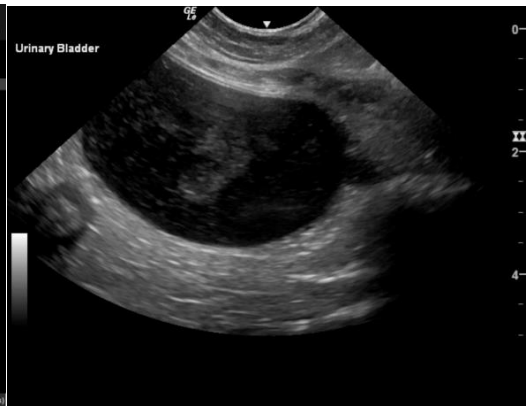
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S is recommended if evidence of inflammatory sediment on urinalysis.

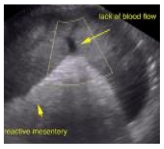
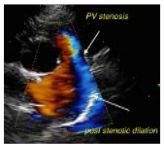
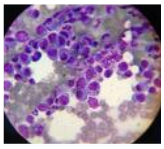
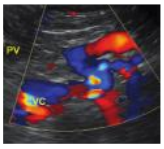
IBD/ eosinophilic enteritis is suspected, given the intestinal presentation and lack of significant concurrent lymphadenopathy. Neoplastic infiltrative enteropathy with round cells i.e., lymphoma, mast cell neoplasia, or other, which may present in a similar sonographic manner, cannot be definitively excluded.

Full-thickness intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD protocol with monitoring of clinical response and weight loss going forward would be reasonable if biopsies are not elected.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Monroe Galfano

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

12.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

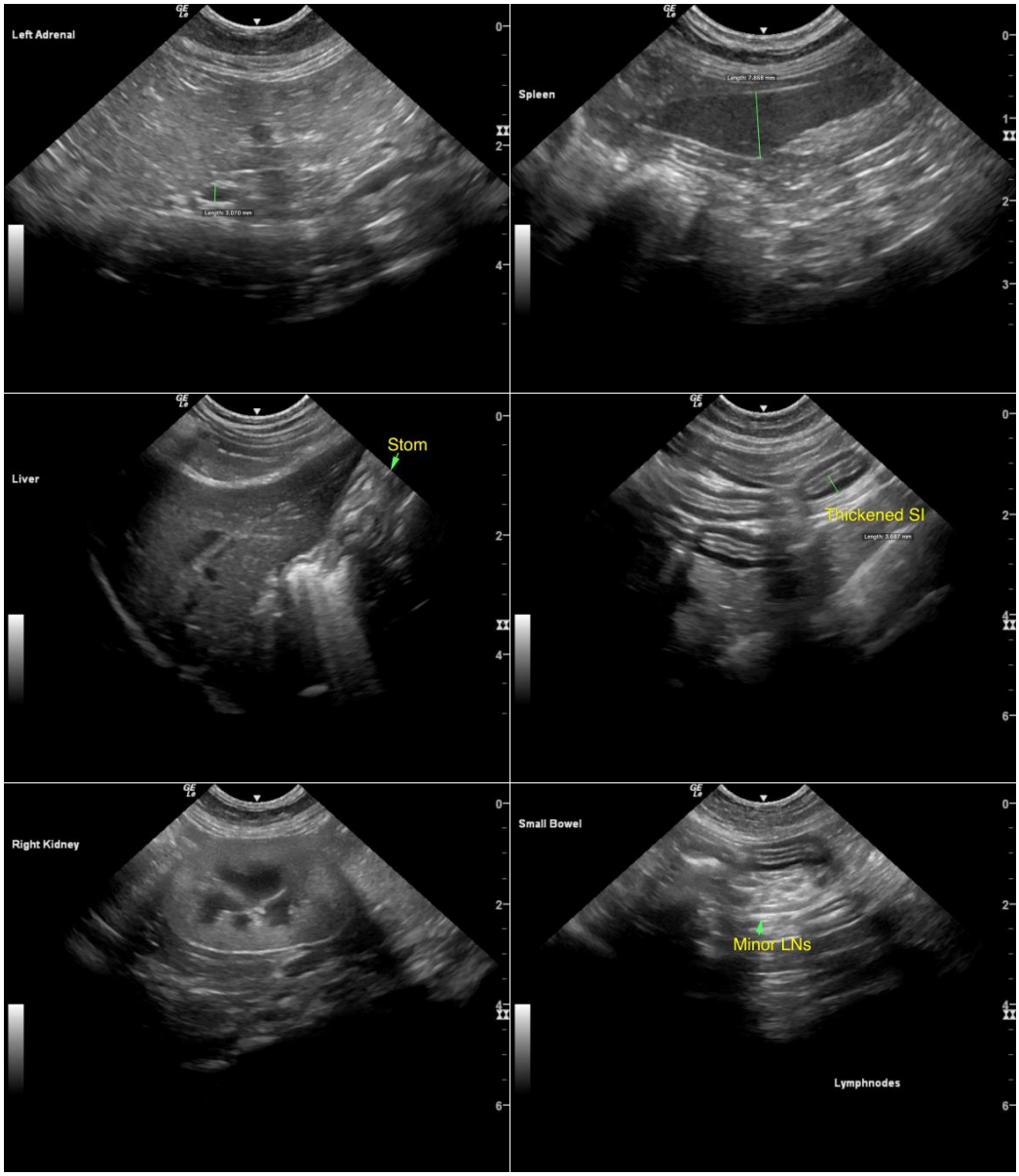
Dr. Brita Kiffney

INVOICE

15452

DATE

11/10/22



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 can be of any further assistance please contact me.

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