


PATIENT PRESENTING CLINICAL SIGNS

Poppy Collins History of weight loss, was seen at Emerg vet on weekend for onset of vomiting and bloody diarrhea. Lethargic, not eating, appears jaundiced today. Was treated for pancreatitis, has been on IVF, Metronidazole, Cerenia.

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated Lymphs, HCT, ALT, Urea(mild), Phosphorous, and Total Bilirubin. Elevated Lactate also 4.8(2.8normal)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

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

FS No evidence of pathology in the area of the aortic trifurcation.

AGE

11 Years Normal size and margination was 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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

3.02 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP

The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.28 cm width.

Spleen
IMAGING PERFORMED BY

Crystal Hill

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 0.68 cm width.

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Liver
REFERRING VET

Day

The liver presented mildly enlarged in size and mildly hypoechoic with symmetrical contour. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

INVOICE

48354

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal
DATE

11-15-21

The stomach presented intact wall layering with a normal wall layer ratio. The gastric body wall measured 0.25 cm width. No overt evidence of retained gastric ingesta, fluid, or foreign material with mild luminal gas present.



PATIENT

Poppy Collins

The small intestine exhibited intact wall layering with segmental propensity for prominent jejunal walls, decreased jejunal mural echogenicity, as well as segmental jejunoileus. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The colon exhibited sonographically unremarkable wall layering yet segmental to generalized distension with nonformed to liquid feces consistent with diarrhea.

Pancreas

BREED

DSH

The left limb of the pancreas exhibited mild prominent size and asymmetrical contour with subtle heterogeneous to hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

SEX

FS

Evidence of peri-intestinal reactive mesentery along with intermittent mildly prominent to hypoechoic mesenteric lymph nodes primarily exhibiting normal width to length ratio less than 0.5. An example of a lymph node measured 2.0 x 0.86 cm .

AGE

11 Years

No overt evidence of effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.02 kg

- Acute hepatopathy with sonographically unremarkable gallbladder/common bile duct.
- Acute segmental to generalized enteropathy with probable concurrent mild colitis.
- Associated intermittent mesenteric lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis owing to acute intestinal disease, or emerging neoplastic lymphadenopathy possible. Primary concern for hyperplasia or lymphadenitis given the primarily maintained normal width to length ratio less than 0.5.
- Mildly prominent to heterogeneous pancreas - potential concurrent low grade to chronic active pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Although not definitive, potential for acute hepatitis (infectious, immune mediated, or other), cholangiohepatitis (feline cholangitis syndrome) considered most likely given the elevated ALT level. The possibility of occult neoplastic hepatopathy possible. Concurrently, the appearance of the small intestine may suggest acute enteritis, infectious enteritis, enterotoxic insult, or occult neoplastic infiltrative enteropathy as potential considerations. Triad disease may also be possible.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Ultrasound guided FNA of the liver, assuming normal clotting status, and using a 25-gauge needle could be considered for screening cytology and potential identification of inflammatory cell type. Empirically, hospitalization with cholangiohepatitis, acute enteritis, and pancreatitis treatment protocol would be appropriate. Recheck sonogram to assess for progressive inflammatory, hepatic, pancreatic, or gastrointestinal changes as well as reassessment of the lymph nodes could be considered pending clinical response to therapy.

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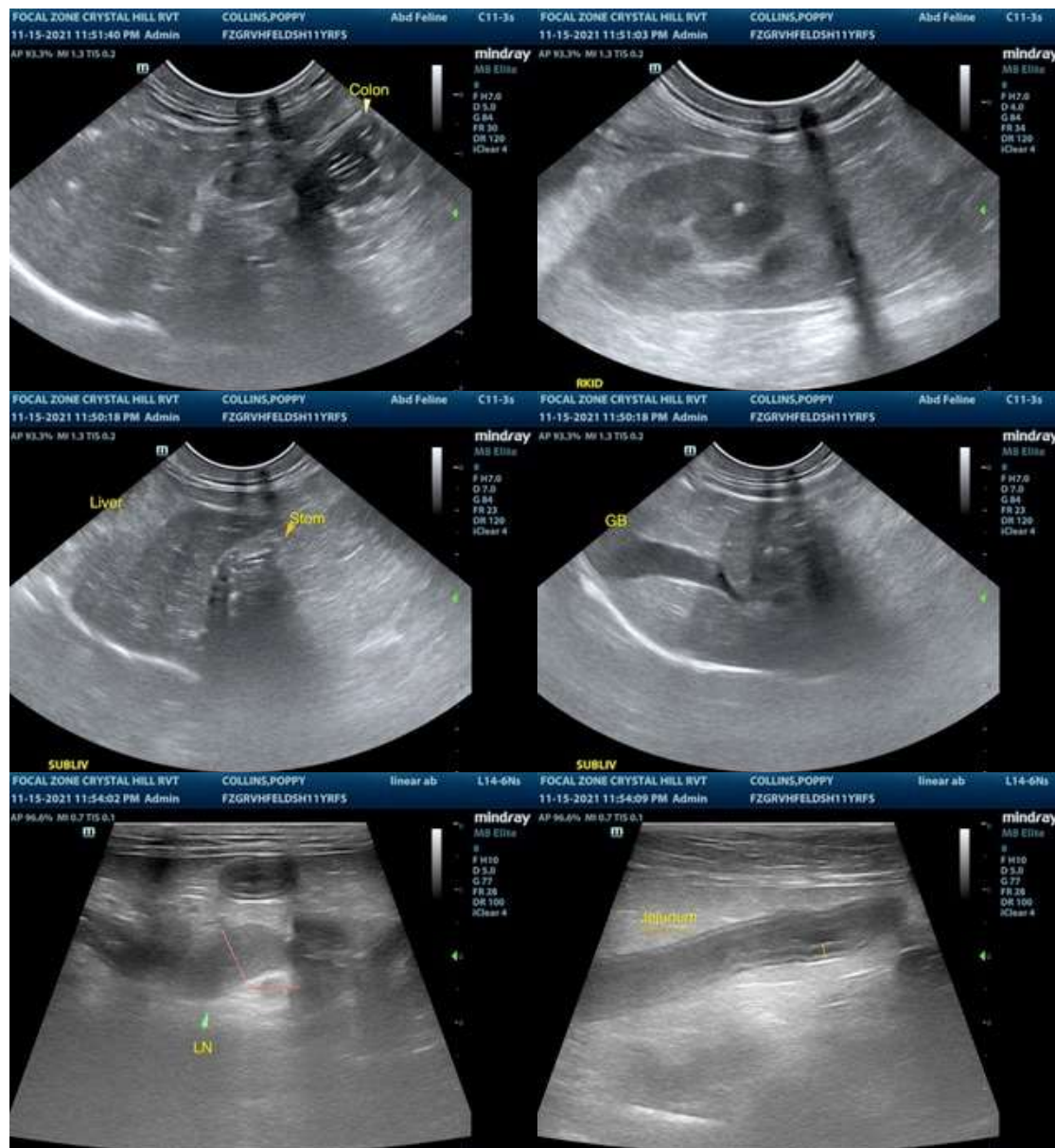
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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