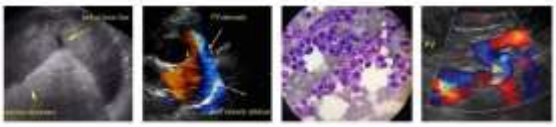


PATIENT

Evie Marsi

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

5.38 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Dr. Codrington

INVOICE

12632

DATE

11/18/21

PRESENTING CLINICAL SIGNS

not eating very well, lethargic, hiding, vomiting
Abnormal PE/Chem/CBC/UA Results: BW-WNL

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 was 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 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 3.6 cm in length. The right kidney measured 3.95 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 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm 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. The spleen measured 0.83 cm width.

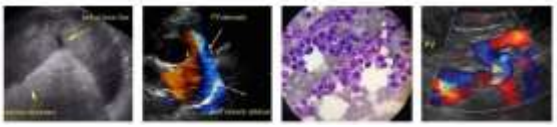
Liver/ Gallbladder

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.

The small intestine presented intact wall layering with a generalized propensity for a mildly prominent muscularis layer and secondary mild altered 1:3 muscularis / mucosa ratio without evidence of loss of



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intestinal wall layering, significant mural hypertrophy, or intestinal masses. No evidence of mechanical or metabolic obstruction was noted within the small intestine. The jejunum wall width measured 0.24 - 0.25 cm.

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

Mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.66 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Inflammatory enteropathy exhibiting generalized mild prominent muscularis layer
- Associated intermittent mesenteric lymphadenopathy - hyperplasia or mild reactive lymphadenitis suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The underlying cause of the patient's clinical signs is most likely associated with intestinal inflammatory disease with considerations including acute Inflammatory bowel episode, while the possibility of a more chronic Inflammatory process such as IBD may be possible. The potential of occult neoplastic infiltrative enteropathy is considered unlikely, given the overall intact wall layering and without evidence of significant lymphadenopathy. Potential for low-grade pancreatitis may also be present, yet ultrasonographically normal.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Recommend GI supportive care with possible therapy for potential lymphadenitis, i.e., Metronidazole/Zithromax combination, as well as hydrolyzed diet trial over time. Intestinal biopsies may be required for a definitive diagnosis. Three view chest radiographs are suggested to rule out concurrent occult thoracic pathology.

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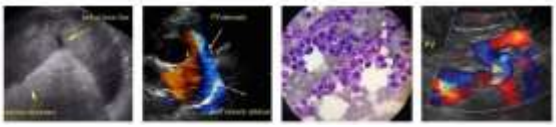

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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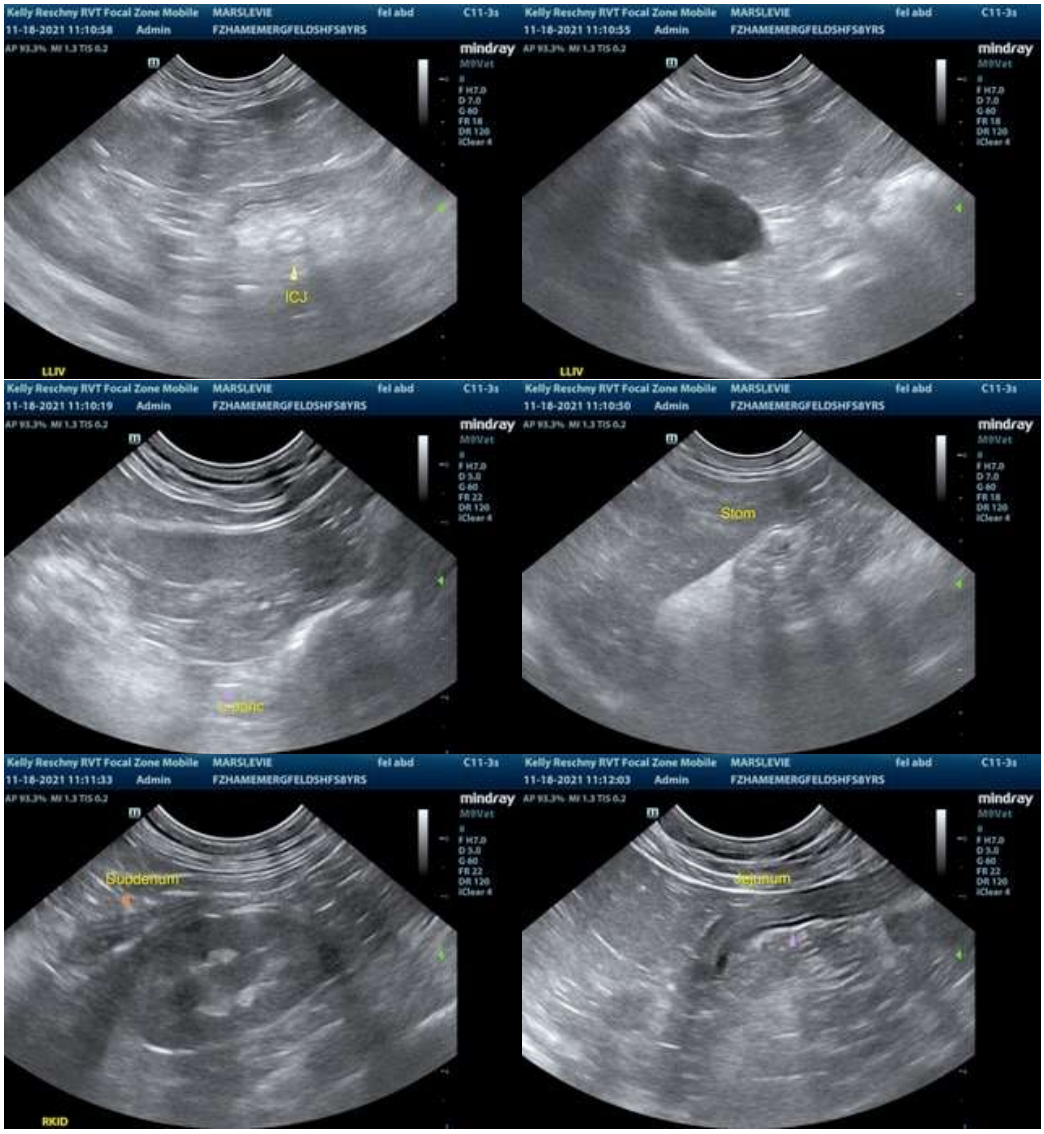

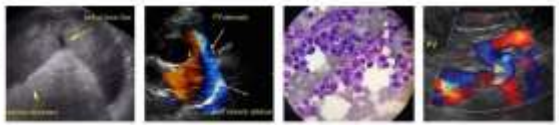

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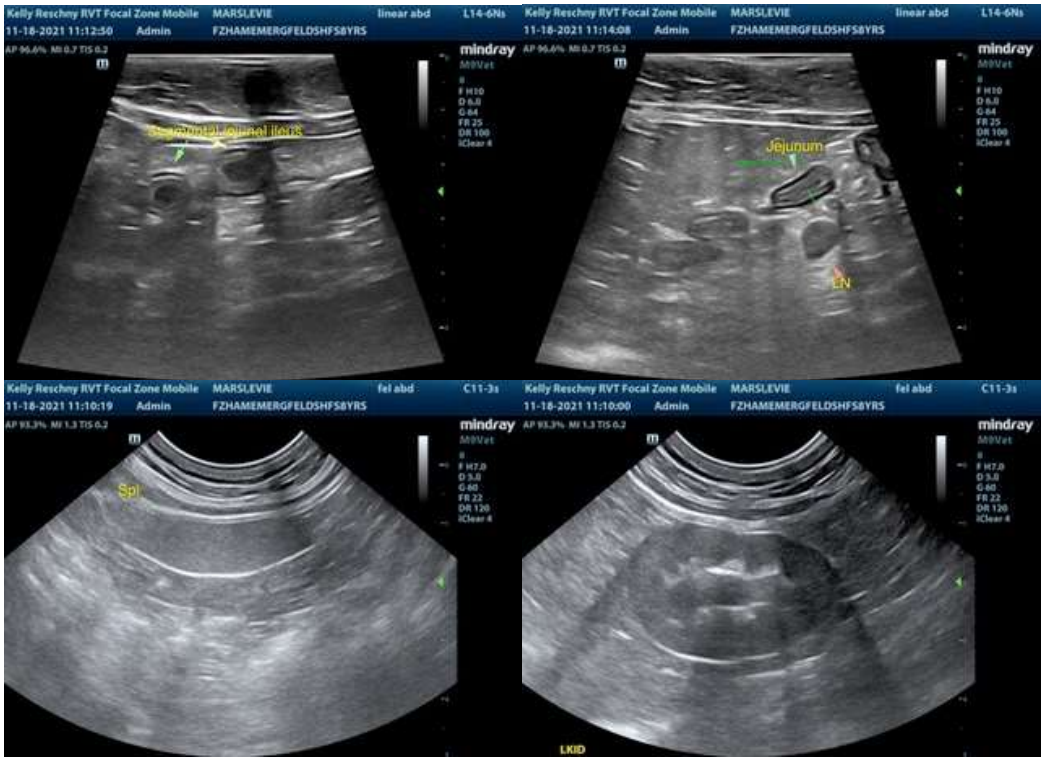

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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