



PATIENT PRESENTING CLINICAL SIGNS

Bianca Becker Intermittent vomiting, chronic intestinal wall thickening, pancreatic flare ups.

Medication: Cerenia

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 42 CREAT 2.4 SDMA 25 Spec fPL 6.4 hepatic parameters wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length

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10.3

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 0.39 width and the right adrenal gland measured 0.43 width

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. A solitary thinly walled parenchymal cyst in the deep mid liver measuring 1.8 cm in diameter was present. 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.

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Gastrointestinal

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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 measured 0.25 cm in width.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall



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measured 0.29 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.40 cm width.

Bianca Becker

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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

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No peritoneal effusion was present.

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Intermittent, mildly prominent to enlarged 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).

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ULTRASONOGRAPHIC FINDINGS

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- IBD intestinal pattern
- Associated intermittent mild benign/reactive mesenteric lymph nodes
- Hepatic cyst
- Heterogeneous pancreas-suspect low-grade chronic to chronic active pancreatitis
- Non-specific chronic mild renal changes

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Secondary

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- Pinpoint adrenal dystrophic mineralization-normal to age related variant in a cat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A minor potential for neoplastic infiltrative enteropathy with round cells i.e. lymphoma which may present in similar sonographic manner cannot be definitively excluded without full thickness intestinal biopsies yet thought less likely. Assessment of cobalamin and folate levels is warranted. Triad disease may be a consideration if previous/future hepatic enzyme elevations are present.

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ARDMS/RVT

Empirical IBD protocol which may include hydrolyzed diet trial, cobalamin supplementation +/- prednisolone trial at lowest effective dose to control clinical signs with as needed GI support and assessment of clinical response would be reasonable. Further renal staging to include full urinary workup including urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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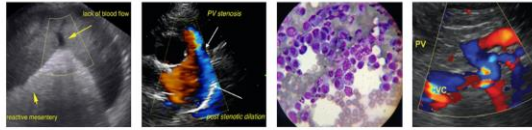
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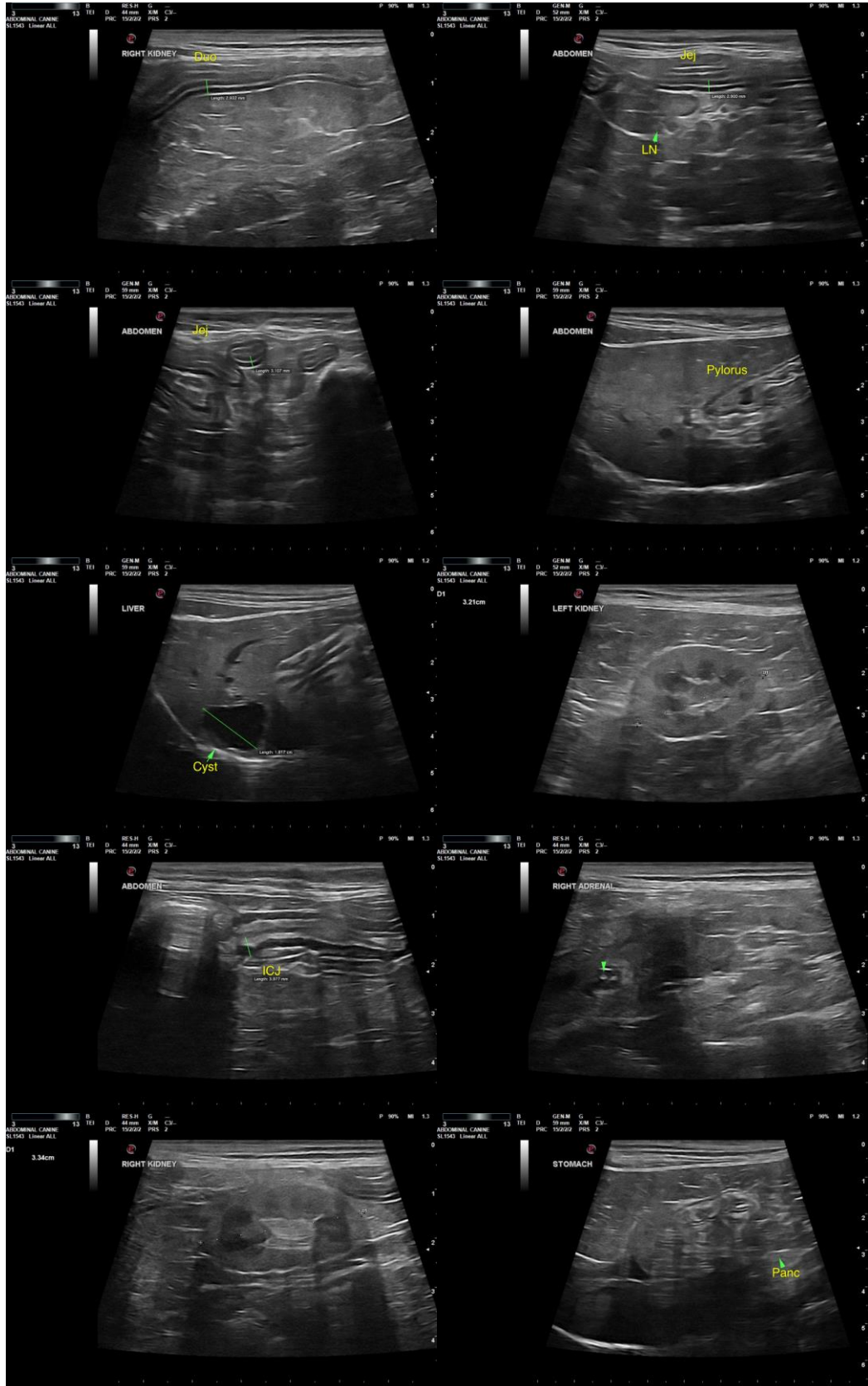
Dr. Craig

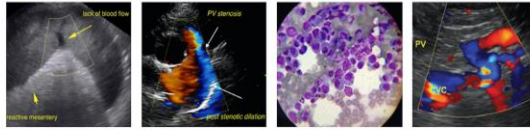
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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