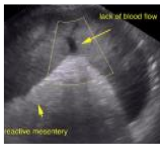
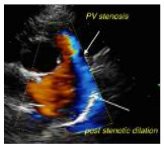
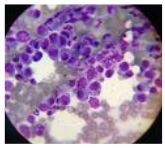
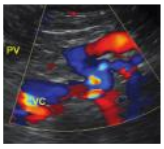
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Oscar Davidson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

INVOICE

18909

DATE

11/30/11

PRESENTING CLINICAL SIGNS

History: O is concerned about how he has been having diarrhea and vomiting. O states that he had thrown up on Monday just once. O syringe fed water as she was afraid he was getting dehydrated but he threw it up. Yesterday (Tuesday) O gave food and Oscar was fine. This morning Oscar has refused food and is not interested in his water. O states 2 weeks ago she switched Oscar's food to; Purina Proplan Sensitive Stomach O mentions that the diarrhea has been consistent since Oscar's exam on 10/6/2022 - antibiotic did not clear the diarrhea. O says now since yesterday she sees blood in the BMs. O was recommended in October to complete an abdominal US to further investigate the cause of vomiting and diarrhea, declined at the time due to finances but O is interested in having US done today if at all possible. BAR - random outburst, tried to bite doctor but did not break skin MM pink and moist Euhydrated EEN all clean and clear LMNs all palpate normal Healthy skin and haircoat, no evidence of ecto-parasites Thoracic auscultation revealed a healthy heart, no murmurs or arrhythmias noted Abdominal palpation was WNL, not painful T WNL *NOTE: Hx of Pancreatitis, from 02/02/2022*
Abnormal PE/Chem/CBC/UA Results: Catalyst Dx (October 6, 2022 12:45 PM) Test Results Reference Interval SDMA 25 µg/dL 0 - 14 HIGH

**The submitted study contained 29 still images and 9 videos for review. Please submit primarily videos for interpretation.

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. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present, which may indicate minor cellular debris/protein, crystalline debris, lipid or mucus, 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. Aortic trifurcation was normal.

The left kidney was subnormal in size with marked loss of corticomedullary border demarcation. Mil reduced medullary volume was noted with mild nonobstructive medullary mineral. Maintained symmetrical renal margination was present. The left kidney measured 2.4 cm in length.

The right kidney was normal in size and margination with maintained 1:3 cortex to medulla ratio with mild uniform increased cortex echogenicity. Mild enhanced corticomedullary border demarcation noted. The right kidney measured 4.2 cm in length.

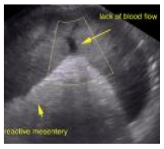
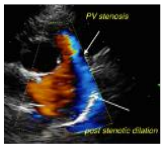
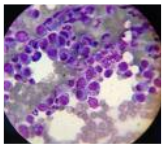
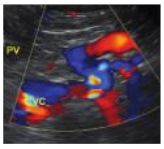
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

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.

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

PATIENT

Oscar Davidson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

INVOICE

18909

DATE

11/30/11

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.82 cm in width at the level of the hilus.

Liver

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. Primarily anechoic content with mild nondependent nonorganized echogenic debris was noted. 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 visualized segments of small intestine exhibited intact wall layering with subjective propensity for mildly prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.25 cm – 0.27 cm.

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

Pancreas

The visualized pancreas exhibited subtle prominent size, maintained symmetrical capsule and homogenous, subtly hypoechoic parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

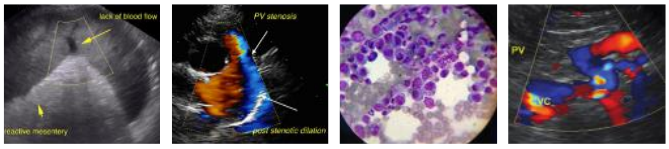
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Subnormal dystrophic left kidney with minor medullary mineral
- Mild age-related right kidney
- Subjective low grade to mild inflammatory enteropathy pattern
- Possible concurrent low-grade pancreatitis
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the small intestine exhibited subtle mural changes, which although potential for patient variant, is suggestive of low grade to mild inflammatory enteropathy/IBD. Potential for early neoplastic infiltrative enteropathy is considered unlikely. Triad disease could be a potential in this patient if previous history of hepatic enzyme elevations given the presence of gallbladder debris sometimes associated with cholangiohepatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance/food hypersensitivity, occult parasitism, primary low-grade pancreatitis are all potential contributing factors.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Oscar Davidson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

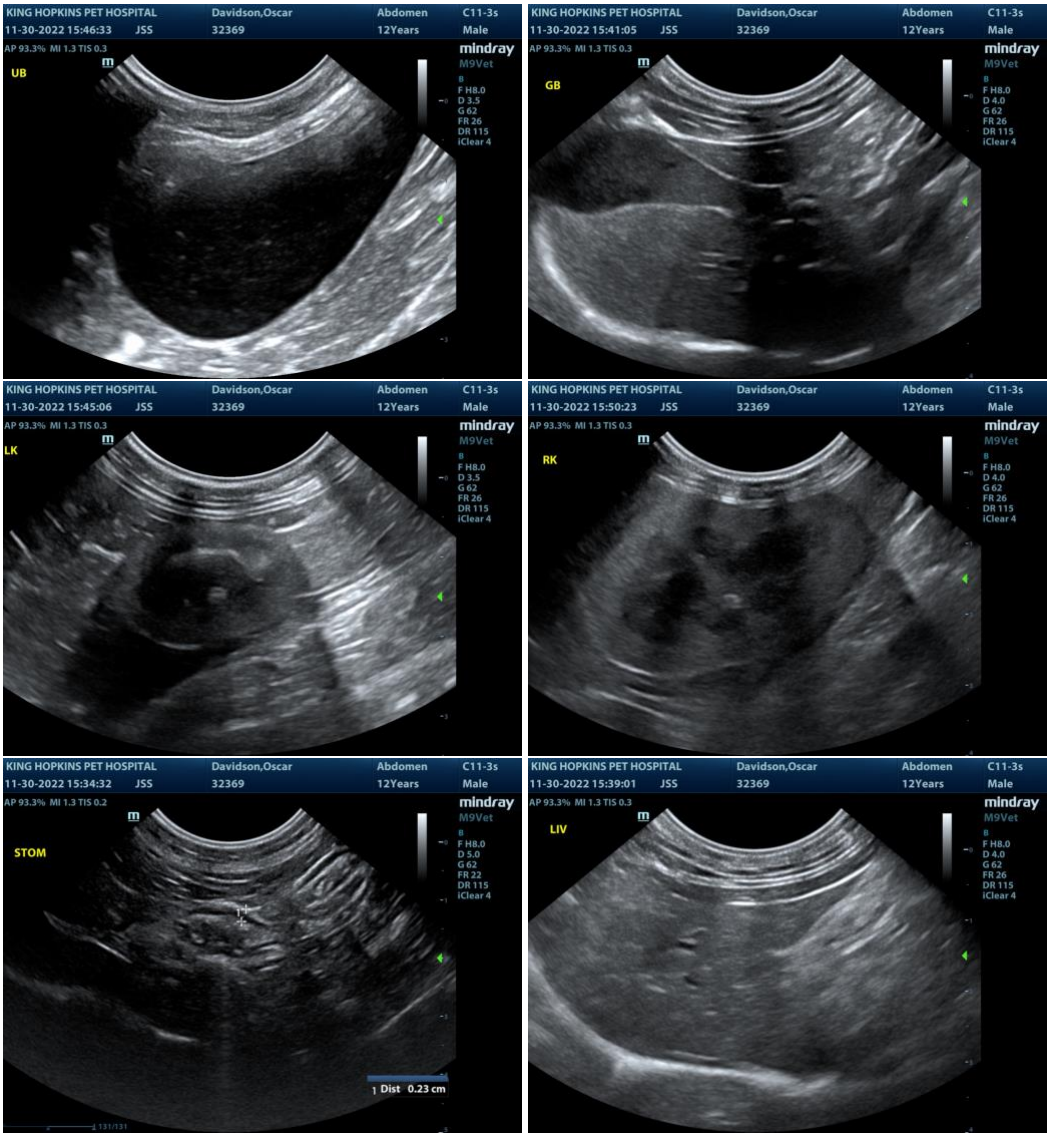
INVOICE

18909

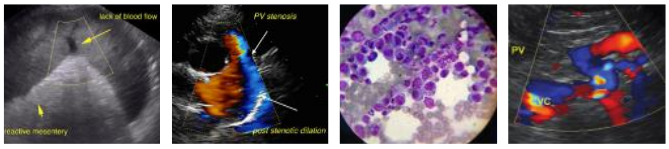
DATE

11/30/11

Empirically, as needed gastrointestinal support, a hydrolyzed diet trial, empirical deworming, empirical cobalamin supplementation pending assessment of cobalamin levels, +/- IBD protocol with assessment of clinical response would be reasonable. If evidence of progressive GI signs or weight loss, recheck sonogram and/or full thickness intestinal biopsies are likely required for a definitive diagnosis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Oscar Davidson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

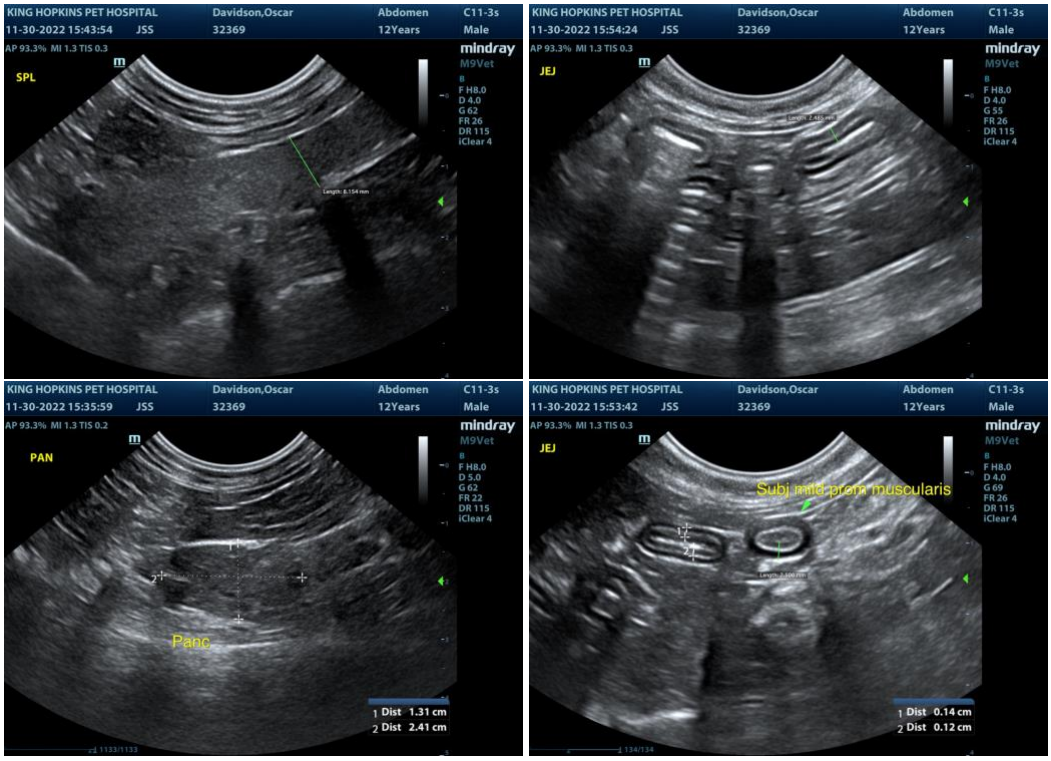
Dr. Latoya Brown

INVOICE

18909

DATE

11/30/11



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