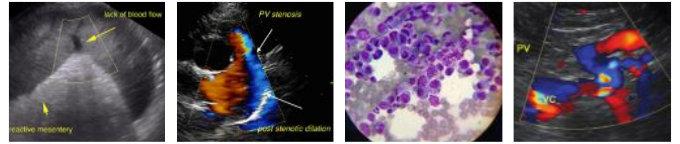
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jeter Rubin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

18925

DATE

12/1/22

PRESENTING CLINICAL SIGNS

History: DIARRHEA, NOT RESPONSIVE TO ANTIBIOTICS
Abnormal PE/Chem/CBC/UA Results: COMP. DIARRHEA PANEL - POSITIVE FOR CORONAVIRUS
BW- WNL Radiograph–WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology in the area of the left or right adrenal glands.

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.

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.

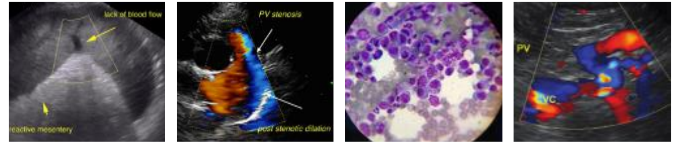
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mildly prominent yet intact ileum to ileocolic walls were present.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Variable formed to semi-formed soft fecal matter was present in the colon lumen with lumen dilation.



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

PATIENT

Jeter Rubin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

18925

DATE

12/1/22

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 was evident.

Free Abdomen

No evidence of omental masses or peritoneal effusion was present. Mild hyperechoic periileocolic omentum was noted.

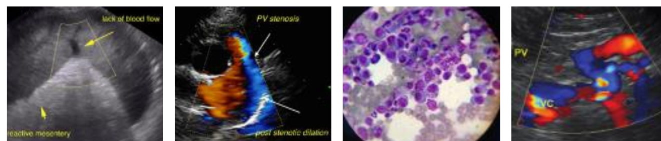
Several, mildly prominent to enlarged colic lymph nodes were present adjacent to the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Ileocolitis pattern
- Associated mild subjectively benign/reactive colic lymphadenopathy
- Progressively shadowing gastric ingesta
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/food hypersensitivity, occult parasitism, segmental to generalized inflammatory enterocolonopathy, low grade to chronic pancreatitis which may present sonographically normal, or less likely infiltrative enterocolic neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a hydrolyzed diet or potential higher fiber diet trial, high colony count probiotics such as Proviable, empirical deworming even if fecal testing is negative with empirical cobalamin supplementation pending assessment of cobalamin levels and assessment of clinical response would be reasonable. Long term dietary therapy with potential diet rotation depending upon patient response, i.e., hydrolyzed diet with potential fiber supplementation, higher fiber or potential lower carbohydrate diet is likely indicated. No evidence of intraabdominal neoplastic or FIP criteria.



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

PATIENT

Jeter Rubin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

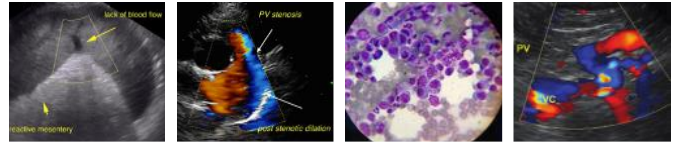
18925

DATE

12/1/22

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



PATIENT

Jeter Rubin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

18925

DATE

12/1/22

can be of any further assistance please contact me.

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