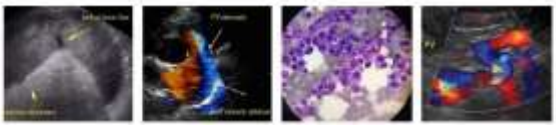


PATIENT

Diggery Monk

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

12793

DATE

12/13/21

PRESENTING CLINICAL SIGNS

Intermittent vomiting, progressively getting worse over the last few months. Suspect PU/PD Started on PVD EN Gastro food-vomiting occurrence had slightly improved- changed from undigested food to white froth.
Abnormal PE/Chem/CBC/UA Results: CBC: Leukocytosis with neutrophilia, eosinophilia, lymphopenia, monocytosis Chem:elevated BUN, amylase, low Na:K ratio T4: normal. Urinalysis (free catch): Sp gr: 1.018, pH:5, protein: 1+, sediments: unremarkable.

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 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 4.3 cm in length. The right kidney was indistinctly visualized, subjectively measuring 3.8 cm.

Adrenal Glands

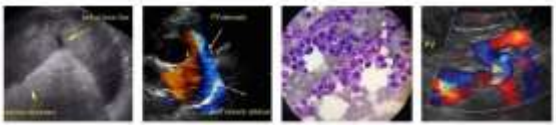
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width. No overt evidence of adrenal pathology was noted.

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 1.0 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.



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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 generalized propensity for mildly prominent muscularis layer. The jejunum wall width measured 0.26-0.30 cm. No evidence of loss of Intestinal wall layering or intestinal masses was noted.

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

Intermittent mesenteric lymph nodes were present. These lymph nodes were mildly enlarged, homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example lymph node measured 0.58 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

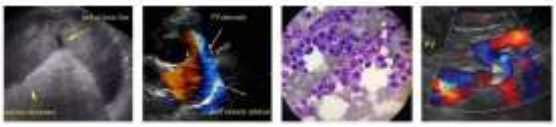
- Probable IBD
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Periodic monitoring of systemic blood pressure is suggested.

The small Intestine exhibited generalized mild mural changes suggestive of inflammatory enteropathy (IBD), eosinophilic enteritis. A mild potential for neoplastic infiltrative enteropathy, which may present in a similar sonographic manner, cannot be excluded yet is thought less likely. Associated, probable, mild lymphoid hyperplasia or minor reactive lymphadenitis is suspected. Definitive diagnosis would require full-thickness intestinal biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, as-needed gastrointestinal support and IBD protocol which may include hydrolyzed diet trial, gastroprotectants, cobalamin supplementation +/- Prednisolone at the lowest effective dose to control clinical signs could be considered with an assessment of clinical response.

Potential for low-grade to chronic pancreatitis may be present yet ultrasonographically normal.



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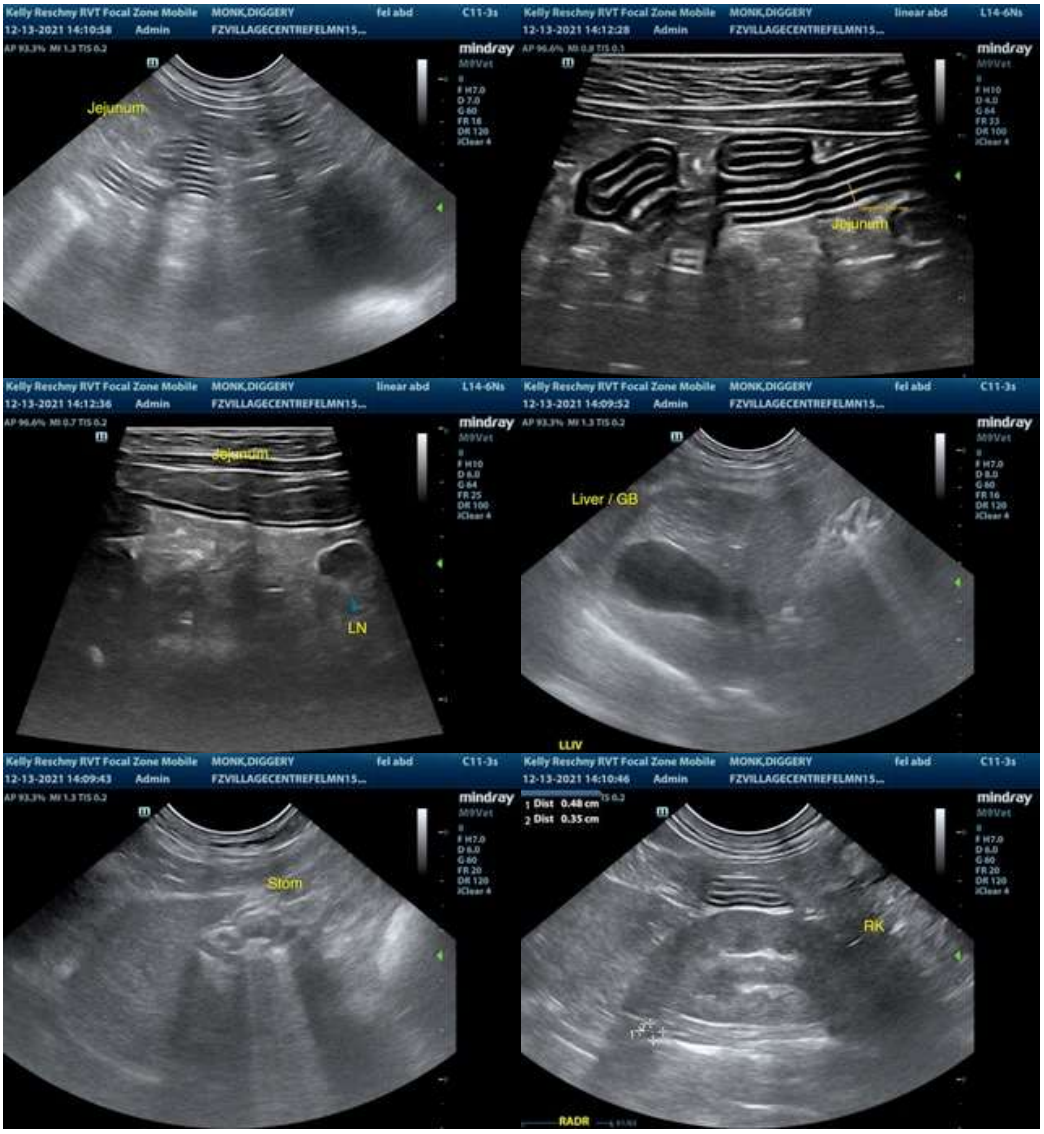

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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