



PATIENT

Monty Papageorge

SPECIES

Feline

BREED

Burmese

SEX

MN

AGE

13yr

WEIGHT

6.2

PRESENTING CLINICAL SIGNS

Monty has developed bloody diarrhea as of the past week, he has been losing some weight. Undergoing treatment w/ ophthalmologist for uveal cysts. He's been on azithromycin and some ophthalmic meds. The diarrhea started prior to the azithromycin. Appetite has been decreased. He is tachycardic, has a thyroid nodule on right side and a murmur has been heard recently - His ft4 is elevated, so we discussed getting him started on methimazole (ideally Felimazole, but says hard to pill him, so was still deciding on approach). Intestines felt diffusely thickened to me yesterday (12/13/22). Maybe enlarged mesenteric LNs? Right kidney may be small. Monty has developed bloody diarrhea as of the past week, he has been losing some weight. Undergoing treatment w/ ophthalmologist for uveal cysts. He's been on azithromycin and some ophthalmic meds. The diarrhea started prior to the azithromycin. Appetite has been decreased. He is tachycardic, has a thyroid nodule on right side and a murmur has been heard recently (i didn't hear one yesterday though). His ft4 is elevated, so we discussed getting him started on methimazole (ideally Felimazole, but says hard to pill him, so was still deciding on approach). Intestines felt diffusely thickened to me yesterday

Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia (2.5) and proteinuria (U P:C 0.4) cytology report from FNA of colon : Epithelial proliferation with mild mixed inflammation. - This combination of findings in the absence of a discrete mass is supportive of epithelial hyperplasia secondary to chronic inflammation such as chronic colitis or inflammatory bowel disease. A well-differentiated carcinoma could also be considered if a discrete mass lesion is present; additional advanced imaging may be required to assess for smaller mass lesions. Consider tissue biopsy of the thickened tissue with histopathology for additional characterization, particularly if clinical concern for neoplasia is high.

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.

The bilateral kidneys were subnormal in size with mild asymmetrical contour. Mild nonuniform hyperechoic cortex with moderate to marked loss of corticomedullary border demarcation and reduced medullary volume was present. The left kidney measured 2.3 cm in length. The right kidney measured 2.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Dr. Kiffney

INVOICE

12440ag

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12/15/2022



PATIENT	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 with minor echogenic non-organized debris. The cystic and common bile ducts were normal.
Monty Papageorge	
SPECIES	Gastrointestinal
Feline	
BREED	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.
Burmese	
SEX	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. The jejunum wall measured 0.21 cm in width. Intact mildly prominent ileal walls to the level of the ileocolic junction were present measuring 0.43 cm in width.
MN	
AGE	The colon exhibited moderate to severe mural hypertrophy with decreased mural echogenicity and loss of wall layering extending to the level of the colorectum. Asymmetrical luminal surface contour was present. Primarily empty colon lumen with minor non formed fecal matter was present. The colon wall exhibited variable thickening measuring up to 0.68 cm in width.
13yr	Pancreas
WEIGHT	The left pancreatic limb was normal to mildly prominent in size exhibiting mild asymmetrical contour and non-homogeneous discretely nodular parenchyma. Subtle evidence of peripancreatic hyperechoic mesentery was present.
6.2	Free Abdomen
INTERPRETED BY	No omental masses or peritoneal effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Multiple variably sized enlarged colic 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 1.6 cm x 0.8 cm.
IMAGING PERFORMED BY	Perilymphatic and pericolonic hyperechoic mesentery was present.
Dr. Kiffney	ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME	<ul style="list-style-type: none"> • Moderate to severe chronic colitis pattern-possible infiltrative colonic neoplasia • Probable concurrent ileitis • Associated primarily colic lymphadenitis pattern-potential early neoplastic lymphadenopathy • Nodular left pancreas-potential for concurrent chronic active pancreatitis, no overt pancreatic neoplastic criteria • Subnormal bilateral kidneys exhibiting cortex hypertrophy and reduced medullary volume
Northshore Veterinary Hospital	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Kiffney	Assessment of renal parameters, systemic BP and monitoring for evidence of progressive proteinuria is recommended. CRD therapy may be indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Ideally an ileocolic biopsy is recommended for histopathology if possible. Empirically cobalamin supplementation, empirical deworming with Panacur, dietary therapy with hydrolyzed diet +/- fiber supplementation and high colony count probiotic may prove beneficial. If biopsies are not possible, prednisolone/metronidazole/sulfasalazine combination at appropriate dose could be considered.
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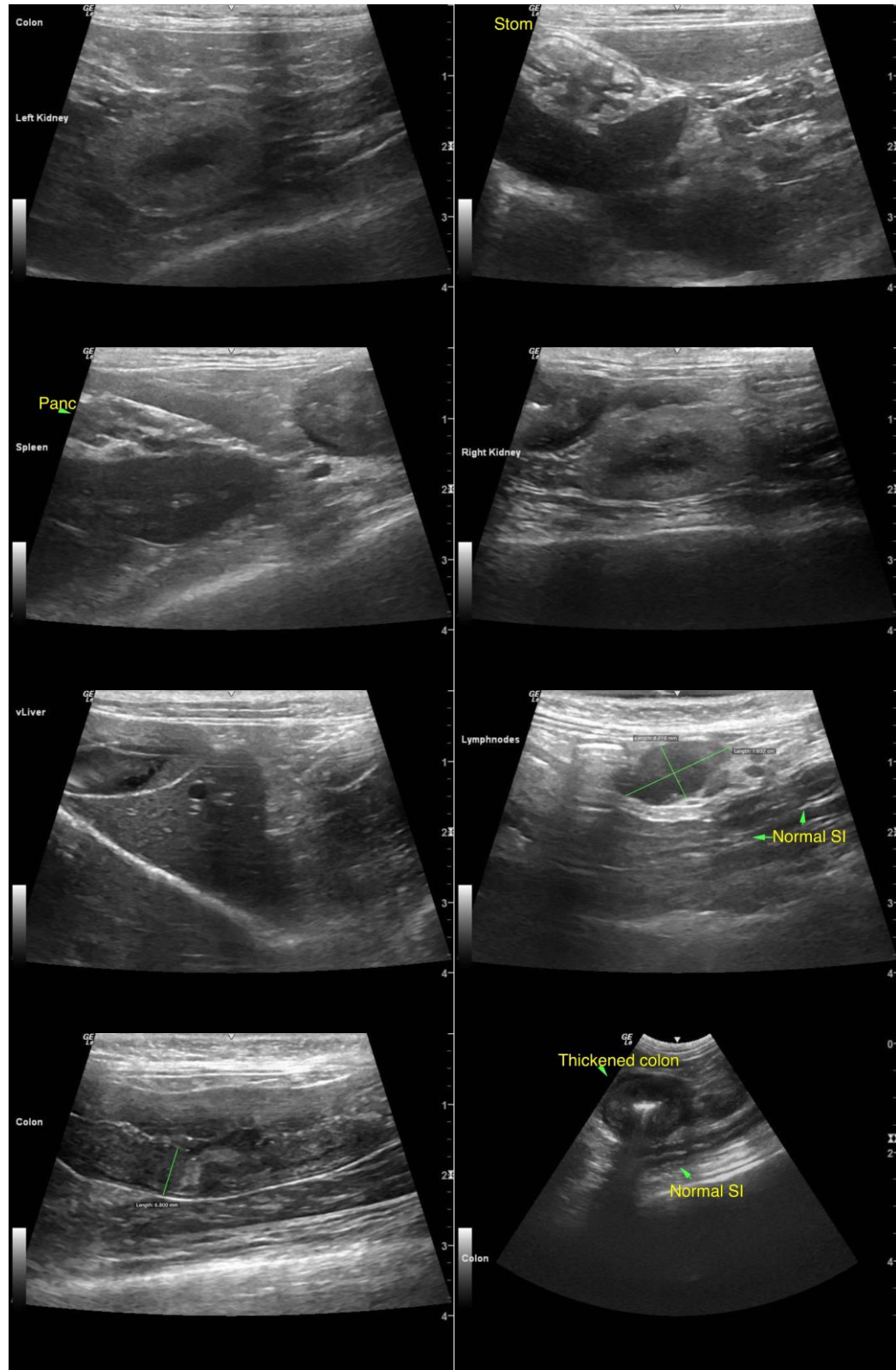
Dr. Kiffney

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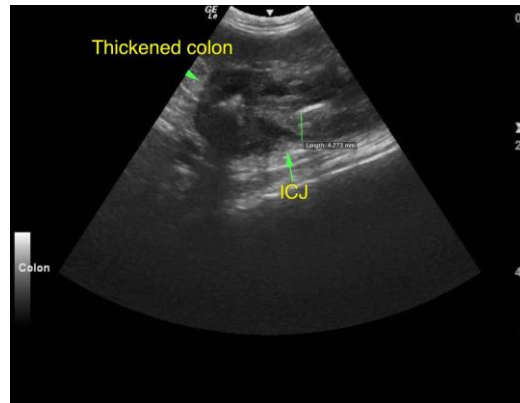
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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