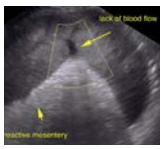
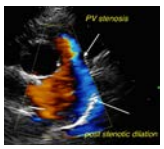
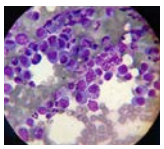
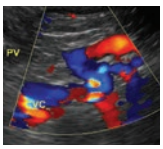
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Gypsy Csutoras

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
3 Years

WEIGHT
6.5 kg

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

IMAGING PERFORMED BY
Matt McGee

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Laura de Cordon

INVOICE
33569

DATE
12/19/21

PRESENTING CLINICAL SIGNS

Acute vomiting for a few days

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 were 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm. The right kidney measured 4.3 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.62 cm in width. 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 stomach presented intact wall layering with a normal wall layer ratio. Potential for small non-obstructive hairball density in the gastric lumen, although not definitive. Gastric body wall measured 0.26 cm.

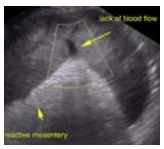
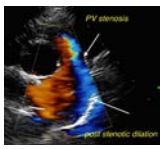
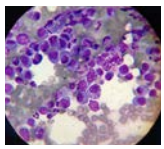
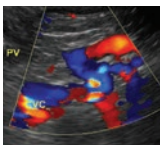
The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of mild generalized prominent muscularis layer. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical obstruction. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.30 cm. Ileocolic wall measured 0.32 cm.

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

Pancreas

The pancreas exhibited normal size and contour with mild hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Gypsy Csutoras

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt McGee

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

33569

DATE

12/19/21

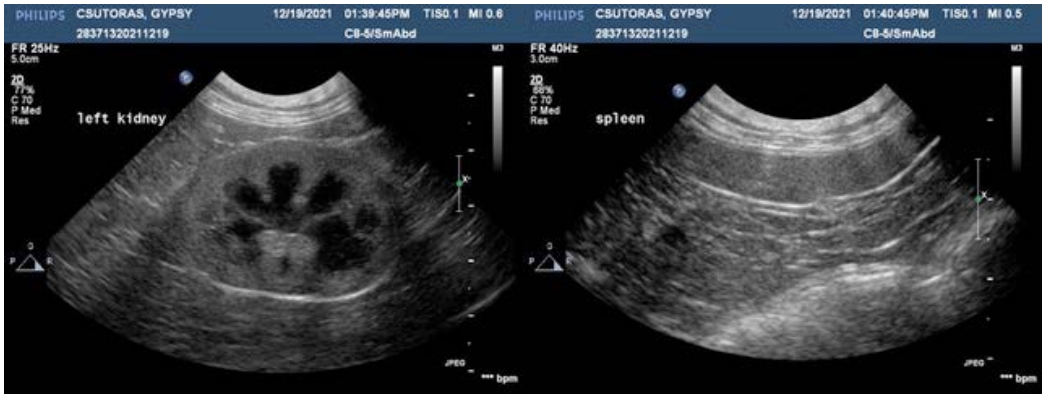
ULTRASONOGRAPHIC FINDINGS

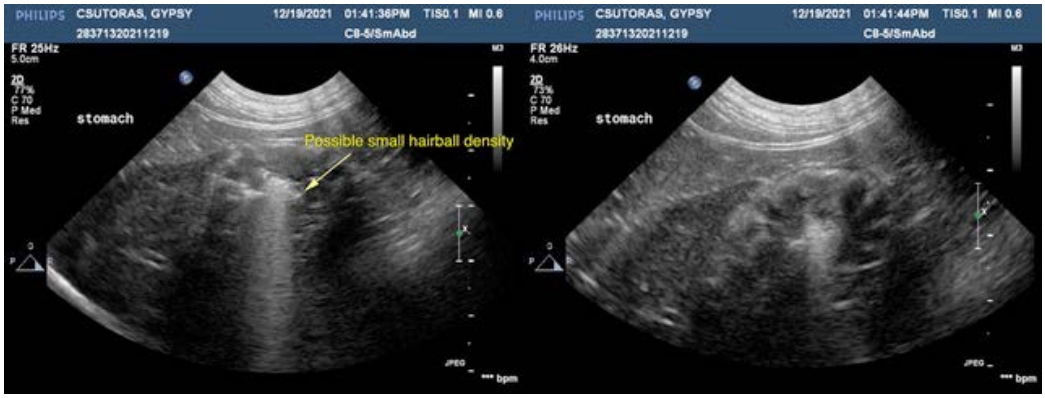
- Sonographically unremarkable stomach with potential small, non-obstructive luminal hairball density.
- Inflammatory enteropathy
- Possible low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

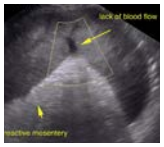
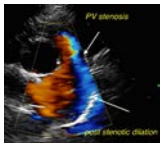
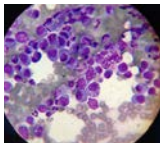
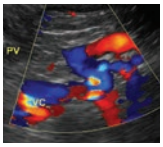
The small intestine exhibited mild mural changes, which are consistent with inflammatory enteropathy. Considerations may include acute enteritis, IBD/eosinophilic enteritis. The possibility of occult neoplastic infiltrative enteropathy with round cells such as lymphoma (which may present in a similar sonographic manner) is considered an unlikely differential diagnosis. If evidence of cranial abdominal or subxiphoid discomfort on palpation, potential for low-grade pancreatitis would be suspected.

Further assessment with a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Conservative gastrointestinal support +/- hairball therapy (if clinically indicated) is recommended. Sonographic monitoring of the small intestine for evidence of progressive mural changes may be considered, especially if continued to recurrent gastrointestinal signs or evidence of weight loss. Ultimately, full thickness intestinal biopsies may be required for definitive diagnosis.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Gypsy Csutoras

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Matt McGee

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

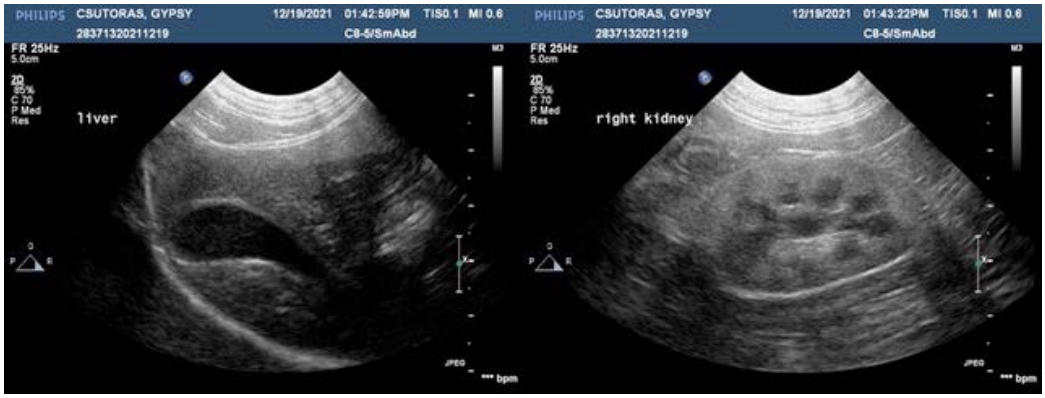
Dr. Laura de Cordon

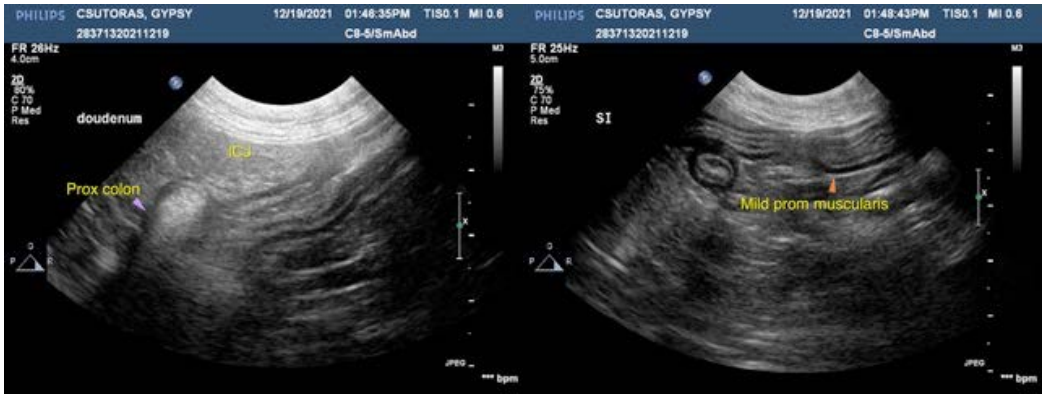
INVOICE

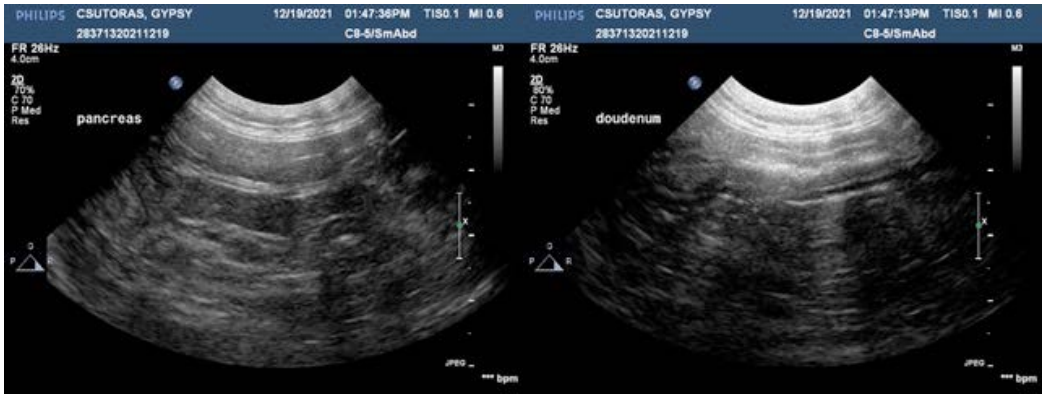
33569

DATE

12/19/21







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