

PATIENT

King Sushi Cramer

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

11 years

WEIGHT

10.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

Tami Ilovich, DVM

INVOICE

15593

DATE

12/2/22

PRESENTING CLINICAL SIGNS

History of pancreatitis and presumed IBD. Multiple flare ups. Elevated liver enzymes (ALT 158, GGT 7, tbil 0.7).

On Prednisolone 5mg SID. Post prandial.

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. Mild, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were 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 4.0 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal to mildly subnormal in size likely owing to prednisolone therapy. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.23 cm width.

Spleen

The spleen exhibited borderline enlargement with 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 1.1 cm width at the level of the hilus. No masses or nodules were noted.

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 subnormal in size owing to the presence of gastric ingesta. Potential for minor echogenic luminal debris. 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 contained moderate, variably echogenic yet non-shadowing ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mild nonshadowing ingesta / chyme was present. No evidence of mechanical / metabolic ileus was noted.

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

Pancreas

The pancreas exhibited generalized mild asymmetrical enlargement with concurrent mild asymmetrical capsule contour. Hypoechoic mildly nonhomogeneous parenchyma was present compared to adjacent mildly hyperechoic peripancreatic omentum.

Free Abdomen

Intermittent, midabdominal mesenteric lymph nodes were present. The lymph nodes were isoechoic to mildly prominent without evidence of peripheral inflammation and maintained a normal width: length ratio (<0.5). Scant to mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta - consistent with post prandial presentation
- Pancreatitis- potential for pancreatitis neoplasia considered unlikely
- Mild hepatopathy - suspect mild cholangiohepatitis pattern
- Borderline splenomegaly - nonspecific
- Scant to mild volume peritoneal effusion

Secondary Findings

- Nonspecific mild chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triad disease is suspected in this patient. Potential masking of gastrointestinal mural changes secondary to current Prednisolone therapy is possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- screening FNA cytology of the liver potentially to identify inflammatory cell type if present.

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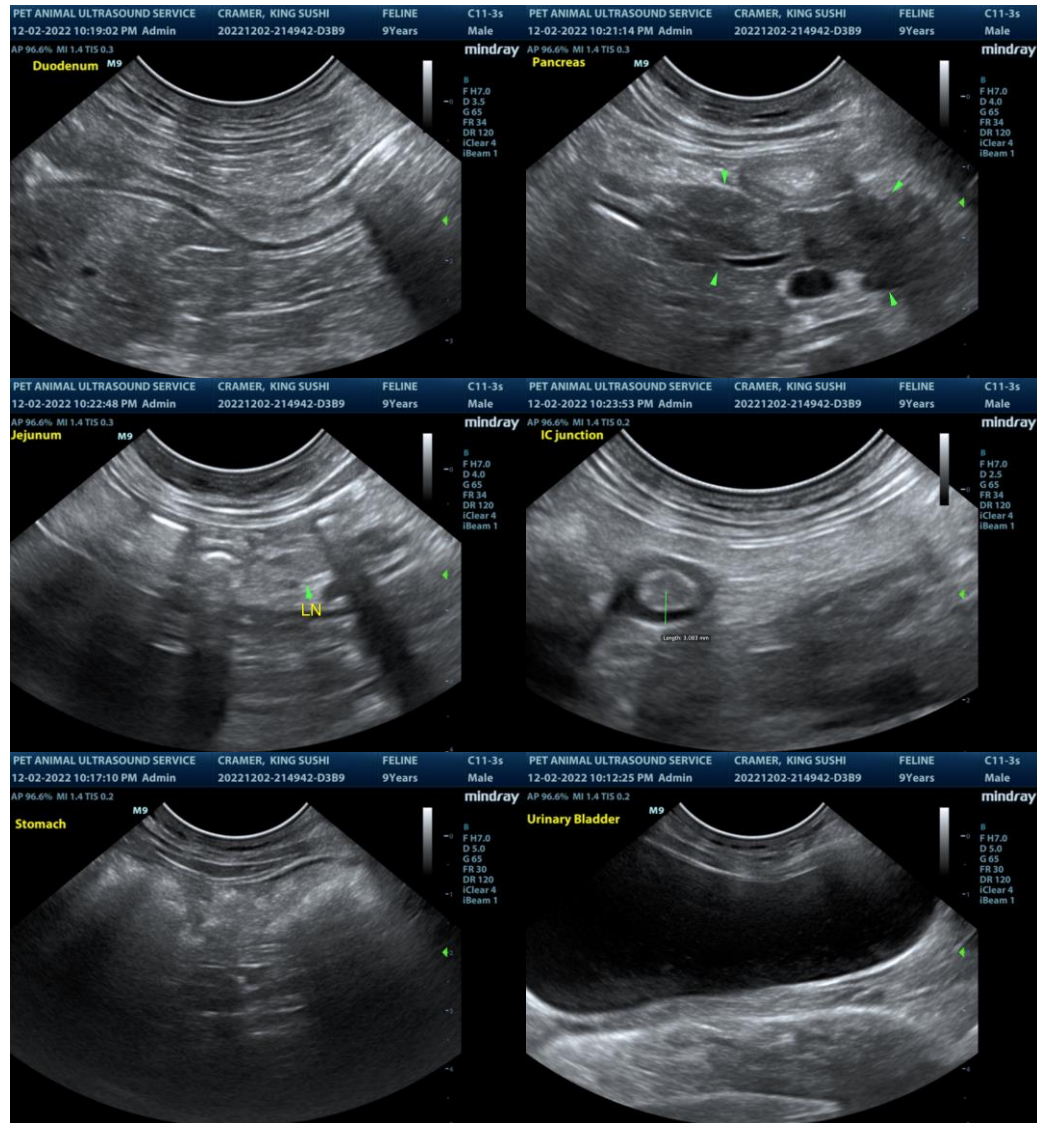
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The scant to mild peritoneal effusion is nonspecific assuming normal albumin levels. Monitoring for progressive effusion accumulation going forward is suggested. Empirically, Triad Disease protocol and assessment of clinical response with as-needed GI support would be reasonable. Three-view chest radiographs are recommended to rule out concurrent occult thoracic pathology and assess cardiopulmonary status.





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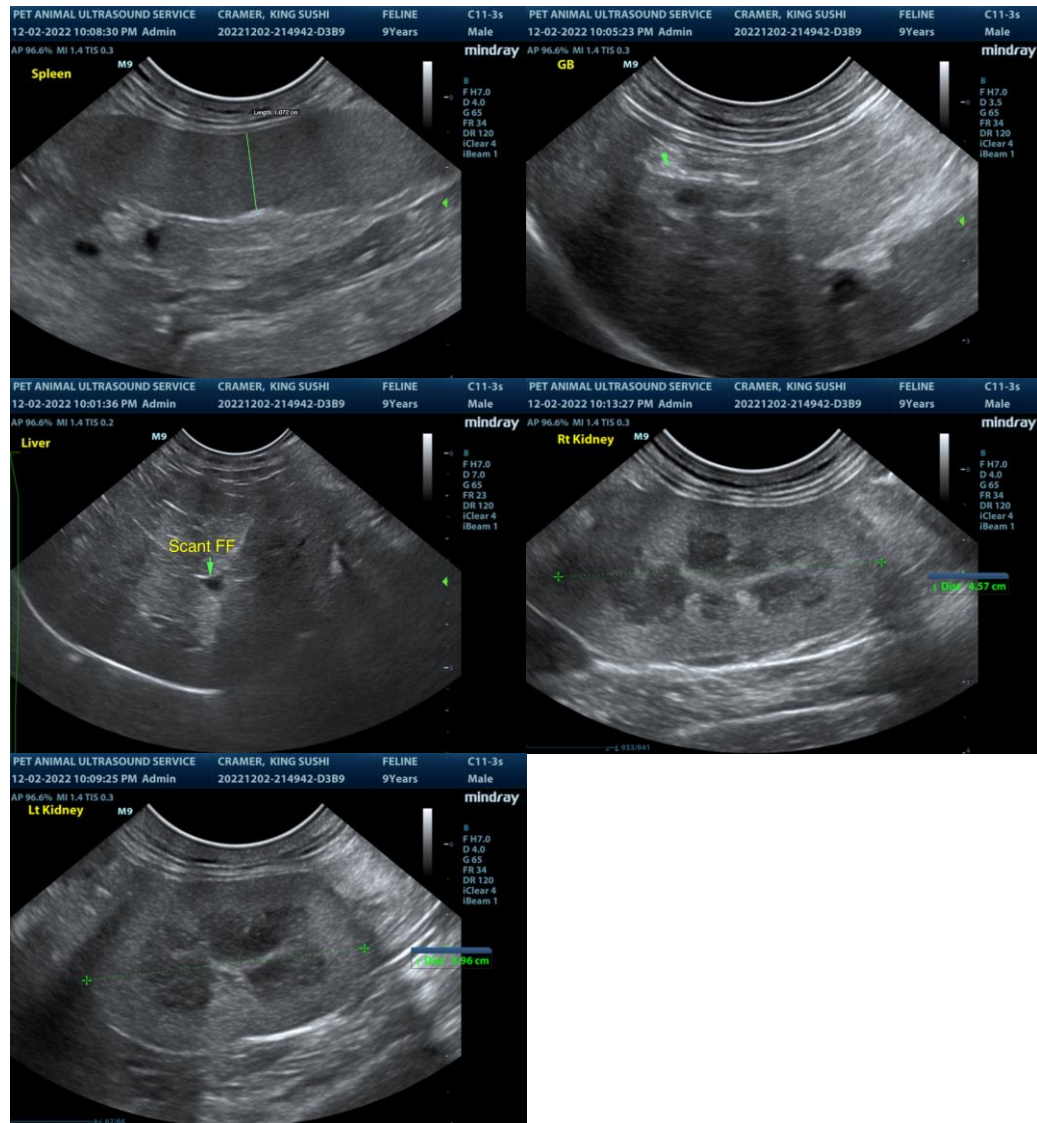
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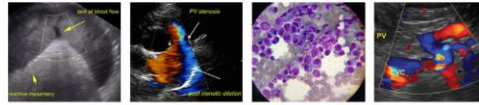
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com



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