



PATIENT

Snowflake Fisher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

14 years

WEIGHT

11.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

12901

DATE

12.28.2021

PRESENTING CLINICAL SIGNS

History: ~4# weight loss in 8 months, appears hungry but won't eat

Medication: Methimazole (started 12.13)

Unremarkable CBC and Chemistry Panel

T4 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No overt pathology was noted 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. The spleen measured 0.83 cm in 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 mild gallbladder debris. The cystic and common bile ducts were normal.

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 0.26 cm.



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The small intestine presented intact wall layering with generalized propensity for mild to variably prominent muscularis layer. No evidence of loss of Intestinal wall layering or intestinal masses was noted. The jejunum wall width measured 0.28 cm. The ileocolic wall width measured 0.35 cm.

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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.

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Free Abdomen

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Intermittent, jejunocolic lymphadenopathy was 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 the jejunocolic lymph nodes size was 1.5 cm x 0.67 cm. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

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- Enteropathy with generalized prominent muscularis layer
- Associated jejunocolic lymphadenopathy

Secondary Findings

- Mild chronic renal changes and mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the intestinal tract was most consistent with infiltrative enteropathy. Primary consideration is for inflammatory infiltrative enteropathy i.e., IBD / eosinophilic enteritis, although potential for early or low-grade neoplastic Infiltrative enteropathy with round cells i.e., lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded. Associated jejunocolic lymphoid hyperplasia or mild lymphadenitis is suspected, although potential for early neoplastic lymphadenopathy cannot be definitively excluded. Definitive diagnosis would require full-thickness intestinal and lymphatic biopsies for histology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, hydrolyzed diet trial, cobalamin supplementation, +/- Prednisolone trial at the lowest effective dose to control clinical signs with as-needed gastrointestinal support and assessment of clinical response could be considered.

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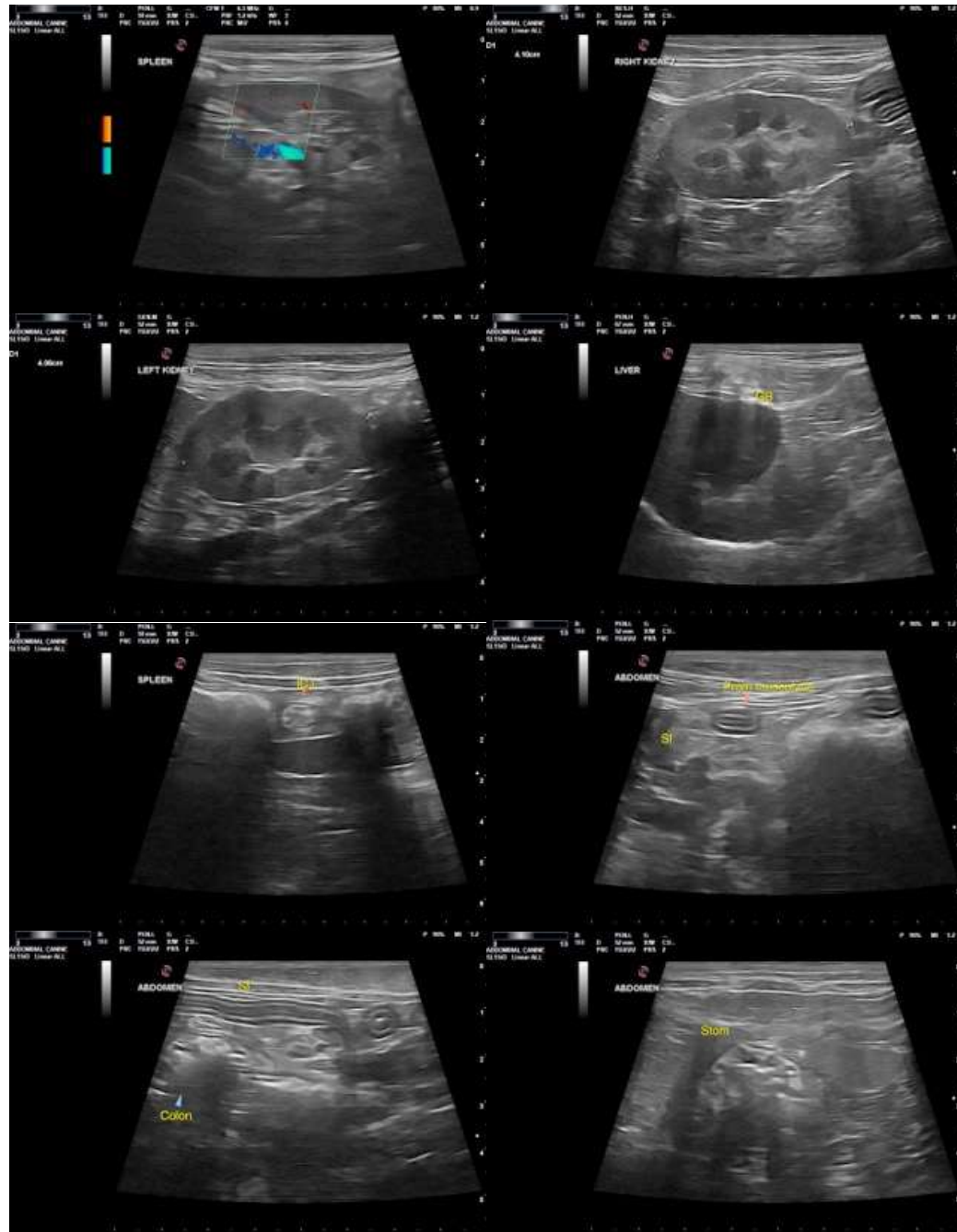
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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