

PATIENT PRESENTING CLINICAL SIGNS

Reese Sagl History: Vomiting, mild weight loss, history of mammary carcinoma, CKD, increased spec fPL
Medication: Cerenia, Mirtazapine

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair 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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

8 years

Asymmetrical margination was noted in both kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney was subnormal in size, measuring 2.5 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

15.9 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

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.

REFERRING VET

Dr. Borrelli

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PATIENT ***Gastrointestinal***

Reese Sagl 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.

SPECIES

Feline The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio with generalized mildly prominent muscularis layer. Intact wall layering was maintained without loss of wall layer detail or intestinal masses. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.34 cm.

BREED

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

SEX

Pancreas

FS

The pancreas was normal in size with heterogeneous to hypoechoic parenchyma compared to adjacent omentum. Asymmetrical contour was present. No signs of active inflammation or neoplasia.

AGE

Free Abdomen

8 years

Colic and likely intermittent jejunal 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 0.65 cm. No effusion was noted.

WEIGHT

15.9 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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

- Enteropathy exhibiting generalized mildly prominent muscularis
- Associated colic and intermittent jejunal lymphadenopathy - hyperplasia or mild reactive lymphadenitis suspected
- Heterogeneous to hypoechoic pancreas - consistent with chronic to chronic active pancreatitis
- Chronic renal changes more prominent In the left kidney with subnormal left kidney size

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HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Alburtis AH

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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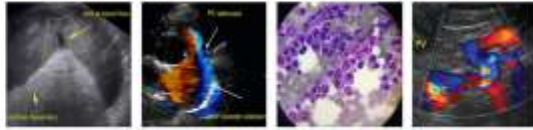
The small Intestine is consistent with infiltrative enteropathy with primary consideration for inflammatory infiltrative enteropathy i.e., IBD or eosinophilic enteritis. Potential for neoplastic infiltrative enteropathy with round cells such as lymphoma which may present In a similar sonographic manner cannot be definitively excluded. Likewise, the possibility of potential emerging neoplastic jejunocolic lymphadenopathy, although thought less likely, cannot be excluded. Definitive diagnosis

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PATIENT

Reese Sagl

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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Empirical IBD protocol is warranted with an assessment of clinical response and monitoring of body weight if biopsies are not possible.

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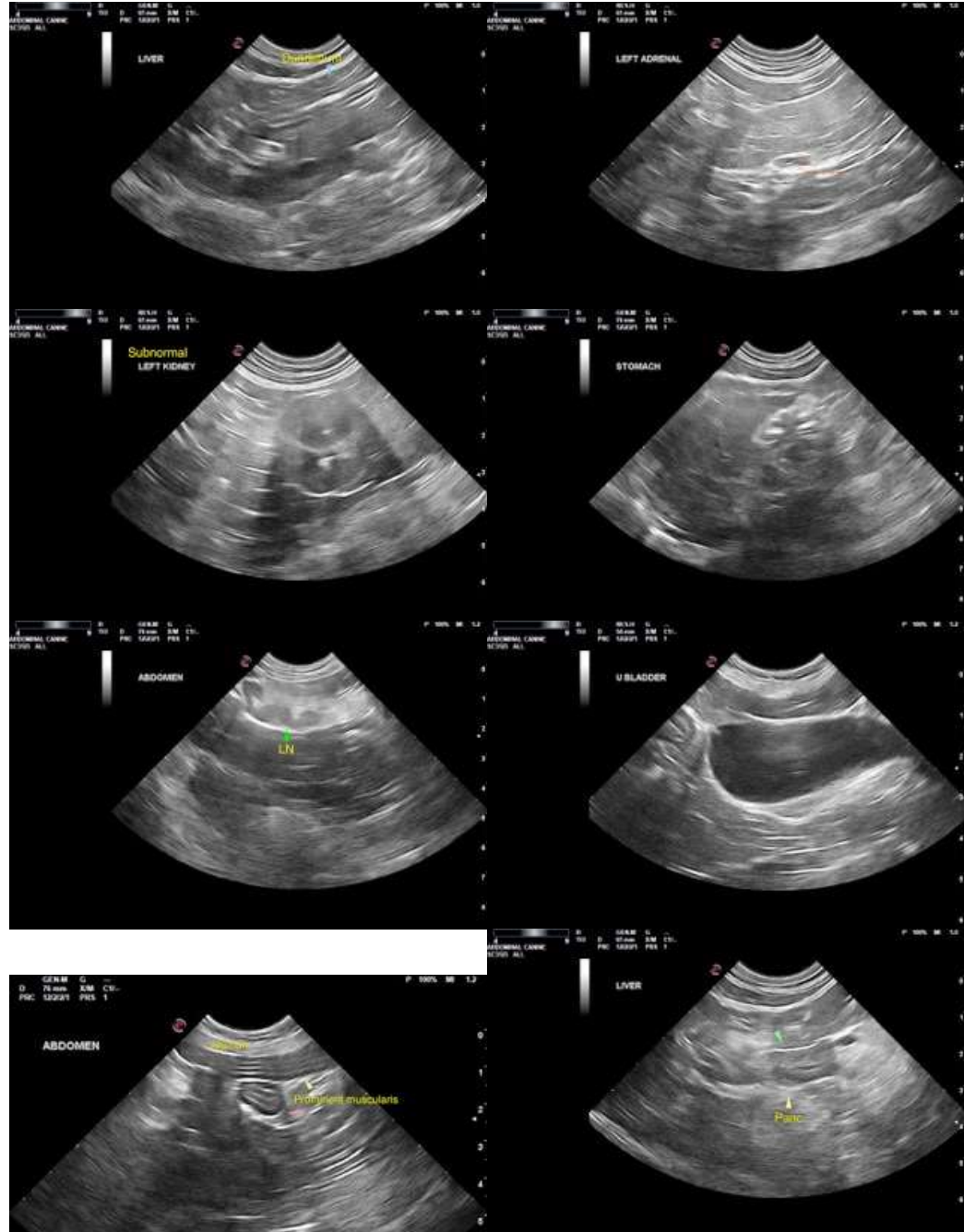
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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