



PATIENT

Lily Salvatore

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

6.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tam Mengine, DVM,
DABVP

HOSPITAL NAME

Tam Nolan-
Mengine

REFERRING VET

Tam Mengine, DVM,
DABVP

INVOICE

12721

DATE

12/3/21

PRESENTING CLINICAL SIGNS

Had annual wellness exam on 11/2, client reported soft stools and patient had lost 1 pound. CBC / Chem / T4 - BUN 38, Creat 2.1, else unremarkable. Urinalysis pending

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 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm in length. The right kidney measured 2.8 cm in length.

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 0.32 cm width.

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 0.65 cm 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 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. Minor retained anechoic fluid was present in the pylorus. The pylorus wall width measured 0.24 cm.

The small intestine presented intact wall layering with generalized altered muscularis / mucosa ratio owing to generalized mildly prominent muscularis layer. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.30 cm. Segmental mild nonobstructive duodenojejunal ileus was noted.



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Normal visible colon wall layers were present with subjective semi-formed feces in lumen. The colon wall width measured 0.13 cm.

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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 mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the mesenteric lymph nodes measured 0.80 cm width. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

6.8 lbs.

- Enteropathy with altered muscularis mucosa ratio - probable IBD, minor potential for early neoplastic infiltrative enteropathy i.e., lymphoma or other
- Intermittent, subjectively benign to reactive mesenteric lymph nodes
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending urinalysis, baseline UPC level may be considered for further renal staging. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Full thickness intestinal biopsies would be required for a definitive diagnosis. If biopsies are not possible, impending GI panel, empirical IBD therapy with assessment of clinical response may be considered. Three-view chest radiographs to rule-out occult thoracic pathology which may account for weight loss in geriatric cats may be considered.

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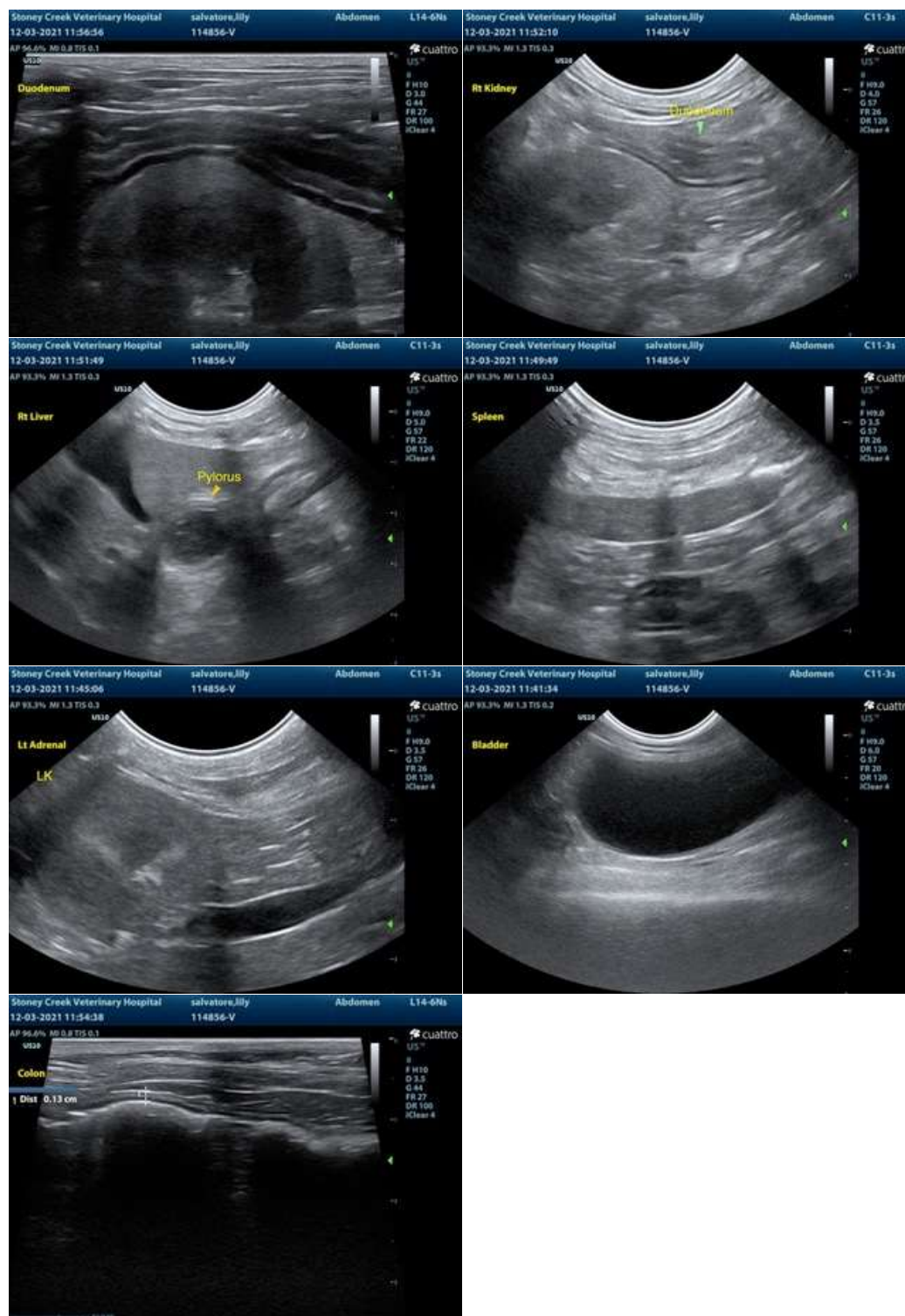
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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