



PATIENT

Zeus Siegfried

PRESENTING CLINICAL SIGNS

History: Concern for IBD

Medication: Tylan, Pred, Felimazole

SPECIES

Feline

ALT 113, T4 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder 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 urethra exhibited nonspecific minor reduced tone to a depth of 2.0 cm.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

18 years

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. Focal cortical cysts and mild pyelectasia were present in the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

6.9 Pounds

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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. The spleen measured 0.7 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.23 cm diameter.

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

INVOICE

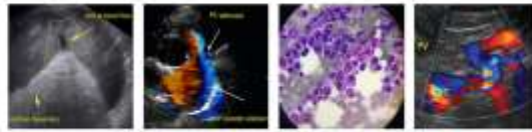
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Gastrointestinal

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 0.25 cm.

DATE

12.3.2021



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The small intestine presented generalized intact wall layering with altered 1:3 muscularis/mucosa ratio owing to generalized mild prominent muscularis layer. The duodenum wall width measured 0.28 cm. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.32 cm.

SPECIES

Feline

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

Pancreas

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

BREED

Domestic Shorthair

Free Abdomen

Intermittent mesenteric lymph 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). Mild peritoneal free fluid was present. The omentum was of uniform echogenicity.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

18 years

Primary Findings

- Chronic interstitial nephrosis renal pattern with left kidney cortical cysts
- Enteropathy with generalized prominent muscularis
- Associated Intermittent subjectively benign mesenteric lymphadenopathy
- Low-grade hepatopathy
- Nonobstructive proximal common bile duct dilation
- Scant peritoneal free fluid

WEIGHT

6.9 Pounds

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 DVM, DABVP
 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The appearance of the small intestine is consistent with infiltrative enteropathy and suggestive of inflammatory infiltrative enteropathy (IBD, eosinophilic enteritis). Potential for neoplastic infiltrative enteropathy with round cells i.e., lymphoma may present in a similar sonographic manner and cannot be definitively excluded. Based on the intestinal ultrasonographic changes and concurrent low-grade hepatopathy, which may suggest low-grade inflammatory hepatopathy, and given the ALT elevation, IBD or other chronic inflammatory enteropathy and Triaditis are considered likely. Definitive diagnosis would require sampling for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for IBD/Triaditis could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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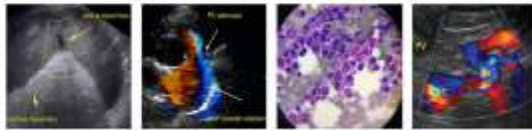
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SPECIES

Feline

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.

BREED

Domestic Shorthair

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.

SEX

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mac.daniel@sonopath.com

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