

PATIENT PRESENTING CLINICAL SIGNS

Kitty Lebeau Chronic vomiting; Radiographs showed a suspicious opacity mid abdomen.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Feline

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent, particulate sediment 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.

BREED

DSH

SEX

Spayed Female

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Caudal cortical infarct noted in the left kidney. The kidneys measured 3.4 cm each.

AGE

8 Years

Adrenal Glands

The left adrenal gland uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm in width. No overt pathology in the area of the right adrenal gland.

WEIGHT

7 Pounds

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.7 cm in width. 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.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

East Boston AH

Gastrointestinal

REFERRING VET

Dr. Raman Chopra

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. Mild luminal gas was present. Gastric body wall measured 0.20 cm.

INVOICE

33268

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio to the level of the ileum. The ileum exhibited intact yet subjective prominent wall layering extending to the level of the ileocolic junction. No evidence of ileal or ileocolic masses. Duodenum wall measured 0.3 cm. Jejunum wall measured 0.26 cm. Ileum wall measured 0.38 cm. Ileocolic wall measured 0.32 cm.

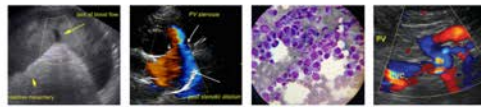
Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE

12/5/21

Pancreas

The left limb of the pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.



PATIENT *Free Abdomen*

Kitty Lebeau Several mildly prominent colic lymph nodes were present. Example measured 0.94 cm x 0.28 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Mild regional reactive perilymphatic mesentery was noted.

SPECIES

Feline

PRIMARY FINDINGS

- Ileitis with associated reactive, potentially mildly inflamed colic lymphadenopathy, potential generalized inflammatory enteropathy possible
- Possible low-grade pancreatitis

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild urinary bladder sediment
- Left kidney caudal cortical infarct

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

AGE

8 Years

No evidence of intraabdominal (i.e., gastrointestinal or lymphatic masses noted). A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Minor potential for emerging neoplastic infiltrative enteropathy, though thought unlikely. Definitive diagnosis would require full thickness intestinal (specifically ileal) biopsies. Some degree of dietary intolerance/food hypersensitivity, or potential occult parasitism if the patient is indoor/outdoor. Empirically, hydrolyzed diet trial with cobalamin supplementation, as needed gastrointestinal support could be considered pending assessment of cobalamin levels.

WEIGHT

7 Pounds

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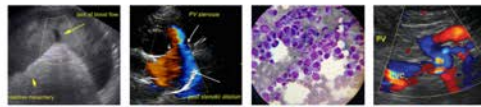
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PATIENT

Kitty Lebeau

SPECIES

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Spayed Female

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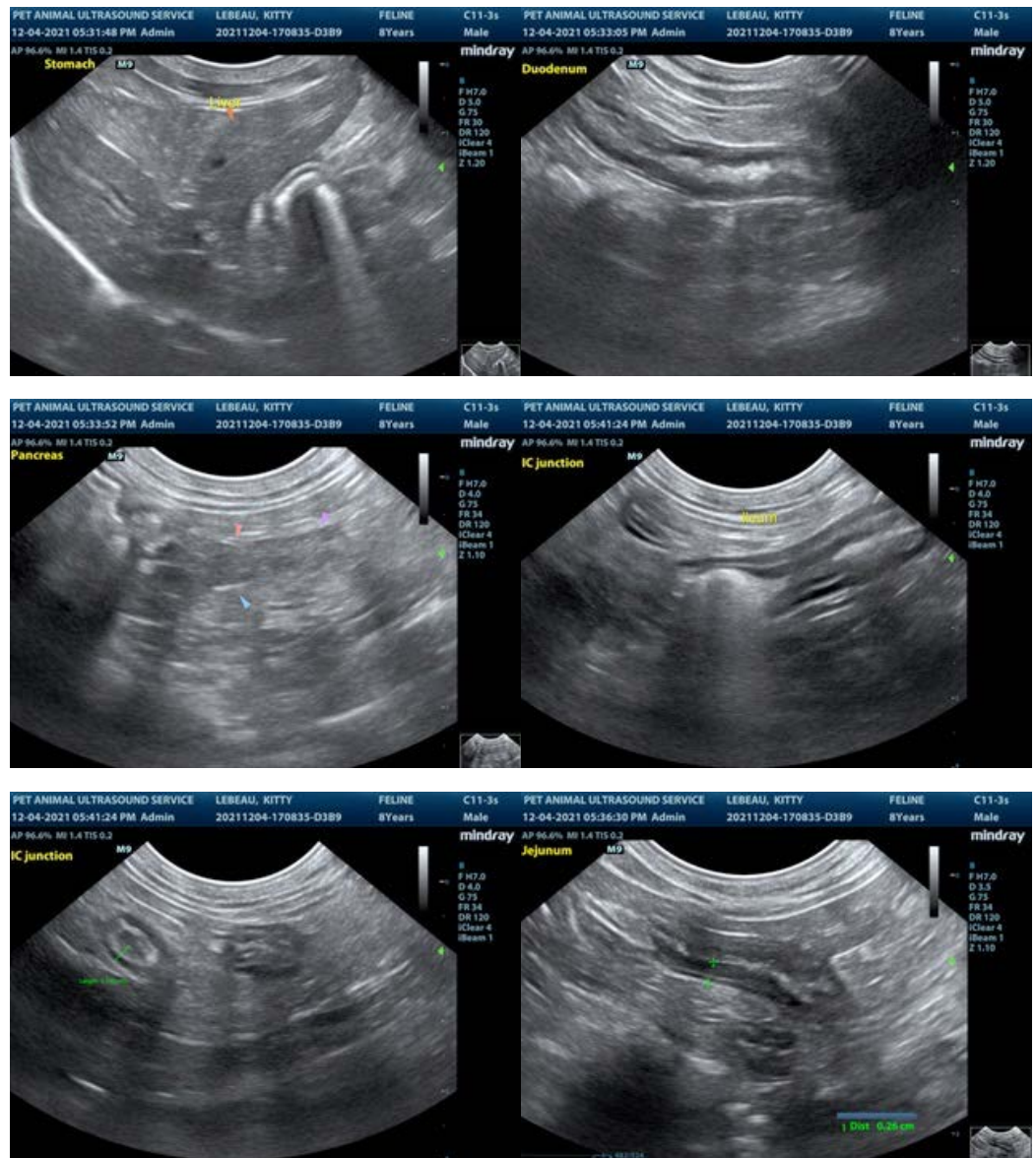
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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