

PATIENT

Hui Hui Chen

PRESENTING CLINICAL SIGNS

Anorexia, vomiting.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: bun 41 (36 H); CPK 895 (529 H); RBC 10.2 (9.93 H); eos 2,712 (1k H); Baso 339 (150H); U/A- Dk. yell, cloudy PH 6 Prot 2+ bld 3+, rbc >50,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Exotic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

SEX

MN

The left kidney was borderline subnormal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was 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 3.0 cm in length.

AGE

9yr

Normal renal size with asymmetrical margination was present in the right kidney. Potential lateral cortical infarct. 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 to moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively mildly reduced. The right kidney measured 4.5 cm in length

WEIGHT

7.8lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

No obvious pathology was present in the area of the bilateral adrenal glands.

IMAGING PERFORMED BY

Shari Reffi CVT

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.

HOSPITAL NAME

Companion AH
Parsippany

Liver

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. Tsai

Gastrointestinal

INVOICE

12371ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

DATE

12/05/2022

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.30 cm width.



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

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Pancreas

SPECIES

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 was evident.

Feline

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Exotic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

- IBD intestinal pattern
- Bilateral chronic renal changes with borderline subnormal left kidney size and mild right kidney pyelectasia

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Potential for neoplastic infiltrative enteropathy with round cells i.e. lymphoma, which may present in similar sonographic manner cannot be definitively excluded. Full thickness intestinal biopsies are required for a definitive diagnosis, however neoplastic intestinal disease is considered less likely given lack of concurrent lymphadenopathy.

9yr

WEIGHT

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for assessment of the intestinal tract as well as assessment for low-grade to chronic pancreatitis often seen concurrently with underlying intestinal disease in cats and which may present sonographically normal.

7.8lb

INTERPRETED BY

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Empirical IBD protocol with as needed GI support would be appropriate if intestinal biopsies are not elected/possible.

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

IMAGING PERFORMED BY

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HOSPITAL NAME

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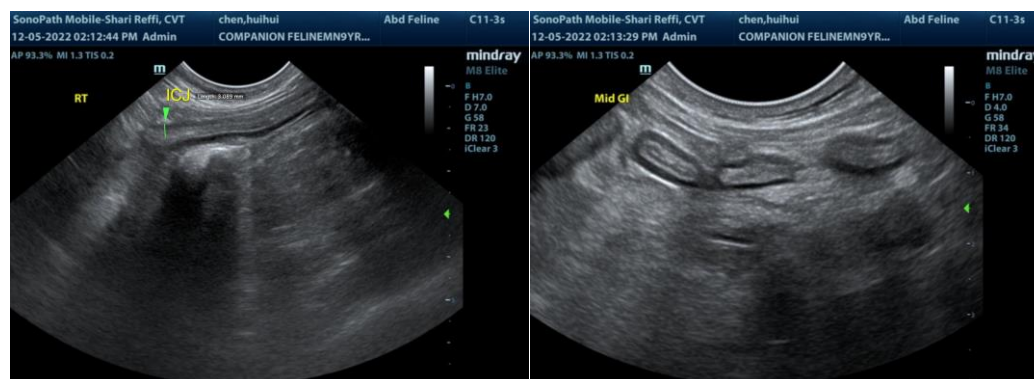
Dr. Tsai

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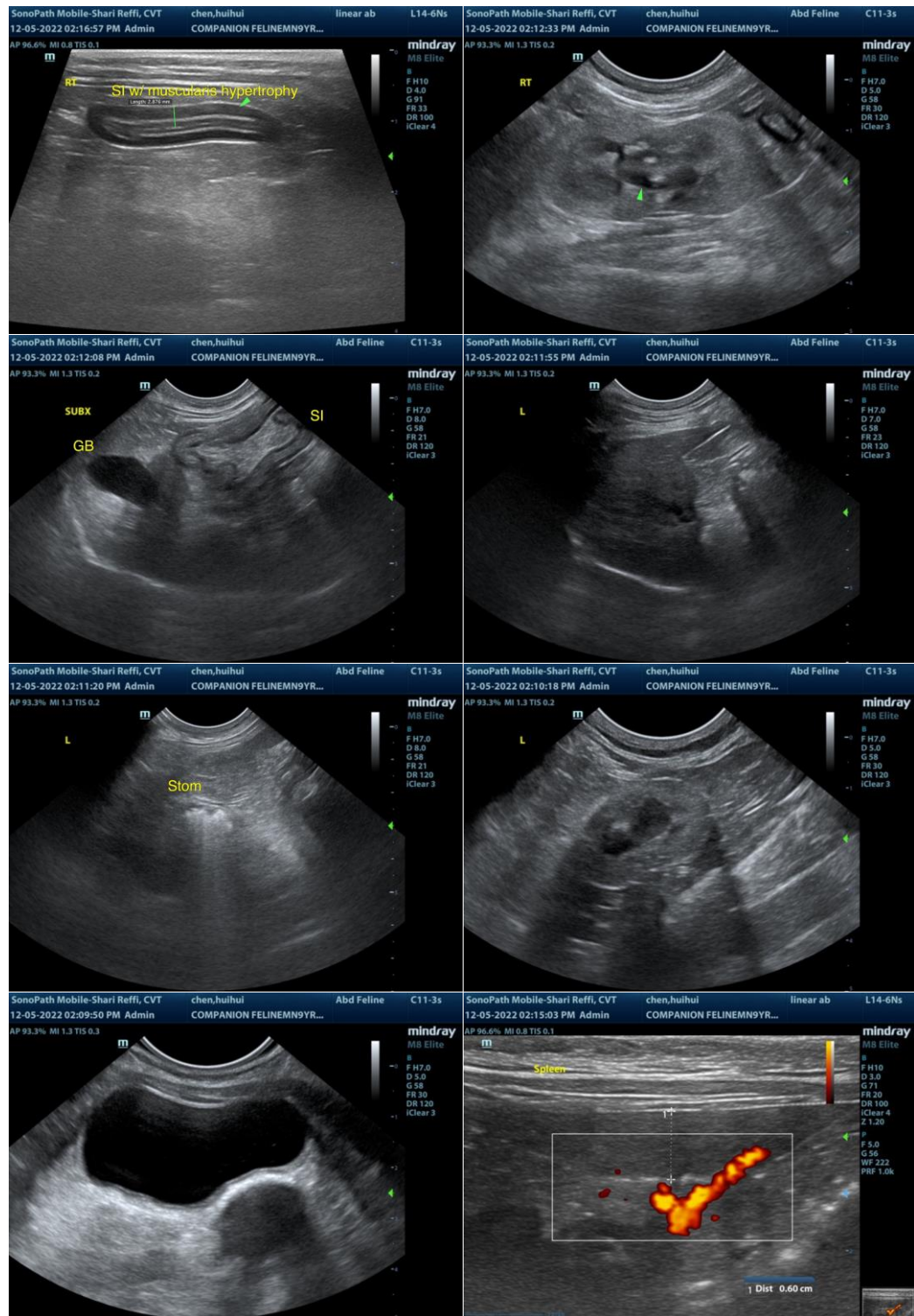
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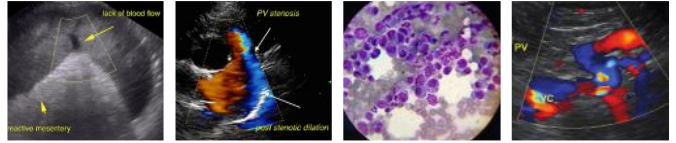
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Hui Hui Chen

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mac.daniel@sonopath.com

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