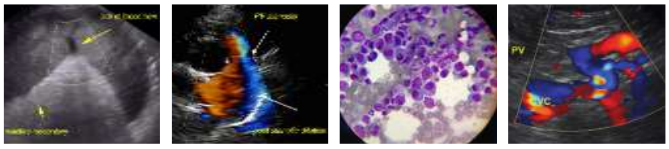
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sam Noyes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM , DABVP (canine / feline)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM , DABVP (canine / feline)

INVOICE

13224

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Empiric diagnosis of pancreatitis +/- IBD / GI LSA in 4/21, based on U/S (was read at Sonopath) and GI panel (very high fPLI, mild incr folate). Has done well on 5mg pred BID, stops eating if trying to taper further. Recently walking with a hunched abdomen and losing weight despite apparently normal appetite. No v/d. CBC / Chem / T4 / U/A - WBC 41k (mature neutrophilia), SDMA 17 (low normal BUN / Creat), Urine SpGr 1.015 else normal urinalysis, T4 2.3.

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 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. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

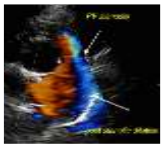
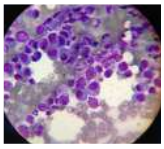
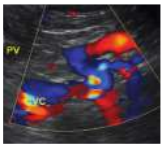
The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.48 width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.89 cm width at the level of the hilus.

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 cystic and common bile ducts were normal.

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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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.25-0.27 cm. The duodenum wall width measured 0.25 cm.

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

Pancreas

The left pancreatic limb exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent noninflamed peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal gastrointestinal tract and colon
- Possible low-grade pancreatitis
- Pinpoint left adrenal dystrophic mineral - age-related finding In a cat
- Mild to moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal mural changes or pathology. However, the use of prednisolone may be masking intestinal mural changes. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas is suggested. If present, potential for low-grade pancreatitis would be suspected. Recheck GI panel is warranted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are suggested to rule out occult thoracic pathology as a potential contributing factor to weight loss. Continued low-grade pancreatitis / IBD therapy protocol with as-needed gastrointestinal support would be appropriate.

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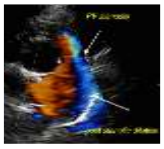
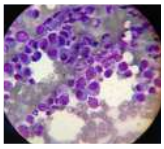
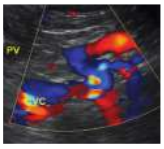

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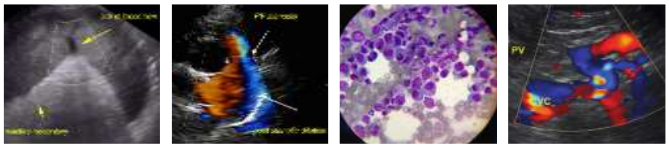

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com