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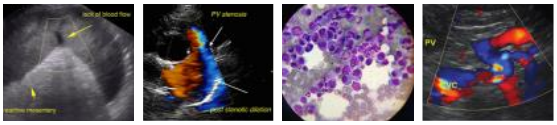


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Jasmine Reynolds

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

13.18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Reid

INVOICE

20897

DATE

2/1/23

PRESENTING CLINICAL SIGNS

P is eating and drinking with a good appetite still, but every bowel movement is bloody and she will leak blood. P has also been vomiting over the last 6 weeks. WEIGHT LOSS Current Medications PREDNISOLONE, DEPOMEDROL INJECTION 1/20/2023 Primary Question/Differential to Be Answered in This Exam SUSPECT GI LYMPHOMA OR IBD

Abnormal PE/Chem/CBC/UA Results: MILDLY DEHYDRATED (INCREASE RBCS), INCREASED CK & TRIGLYCERIDES,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 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 0.31 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

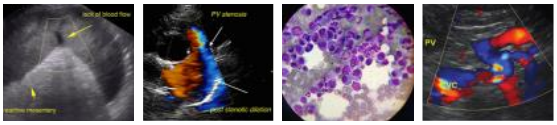
Spleen

The spleen was mildly subnormal in size with symmetrical contour and generalize mild parenchyma heterogeneity. Discrete nondisruptive nonspecific splenic nodule was noted in the mid lateral spleen, measuring 0.38 cm in 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. Normal hepatic vascular volume was present without congestive criteria.

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 mild luminal gas. The gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio without evidence of overt altered intestinal wall layer ratio, loss of intestinal wall layering or definitive small intestinal masses. The duodenum and jejunum walls both measured 0.20 cm.

The descending colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the descending colon lumen with lumen dilation. The distal descending colon wall measured 0.58 cm in width.

Pancreas

The left pancreatic limb was mildly prominent in size with minor capsule asymmetry. Nonhomogenous hypoechoic parenchyma was noted compared to adjacent omentum.

Free Abdomen

Mild to moderate volume, primarily anechoic free fluid was present. Generalized mild nonuniform mesentery was present. No overt or significant visualized or omental lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

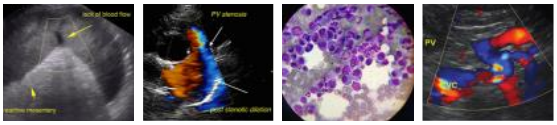
- Thickened descending colon
- Intact generalized gastrointestinal wall layering
- Possible low-grade pancreatitis
- Mild to moderate volume peritoneal free fluid and generalized mild nonuniform omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon presentation, sonographically, may suggest chronic moderate colitis, although alternative infiltrative etiology, including potential for colonic round cell neoplasia or dry form FIP cannot be definitively excluded. The use of corticosteroids may potentially be masking concurrent gastrointestinal mural changes.

The cause of the peritoneal free fluid, given assumed adequate albumin levels, is unclear. Potential for more diffuse intraabdominal neoplastic process, such as lymphomatosis or similar, may be of concern, although not definitive. Further assessment may include effusion analysis cytology +/- culture and sensitivity.

Additional diagnostics may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as diarrhea PCR panel. Empirically, cobalamin supplementation, dietary therapy, which may include hydrolyzed or higher fiber diet, antibiotic therapy, which may include compounded metronidazole/sulfasalazine (62.5 mg each BID initially for 14 days, then SID) +/- continued corticosteroid therapy. Broad spectrum



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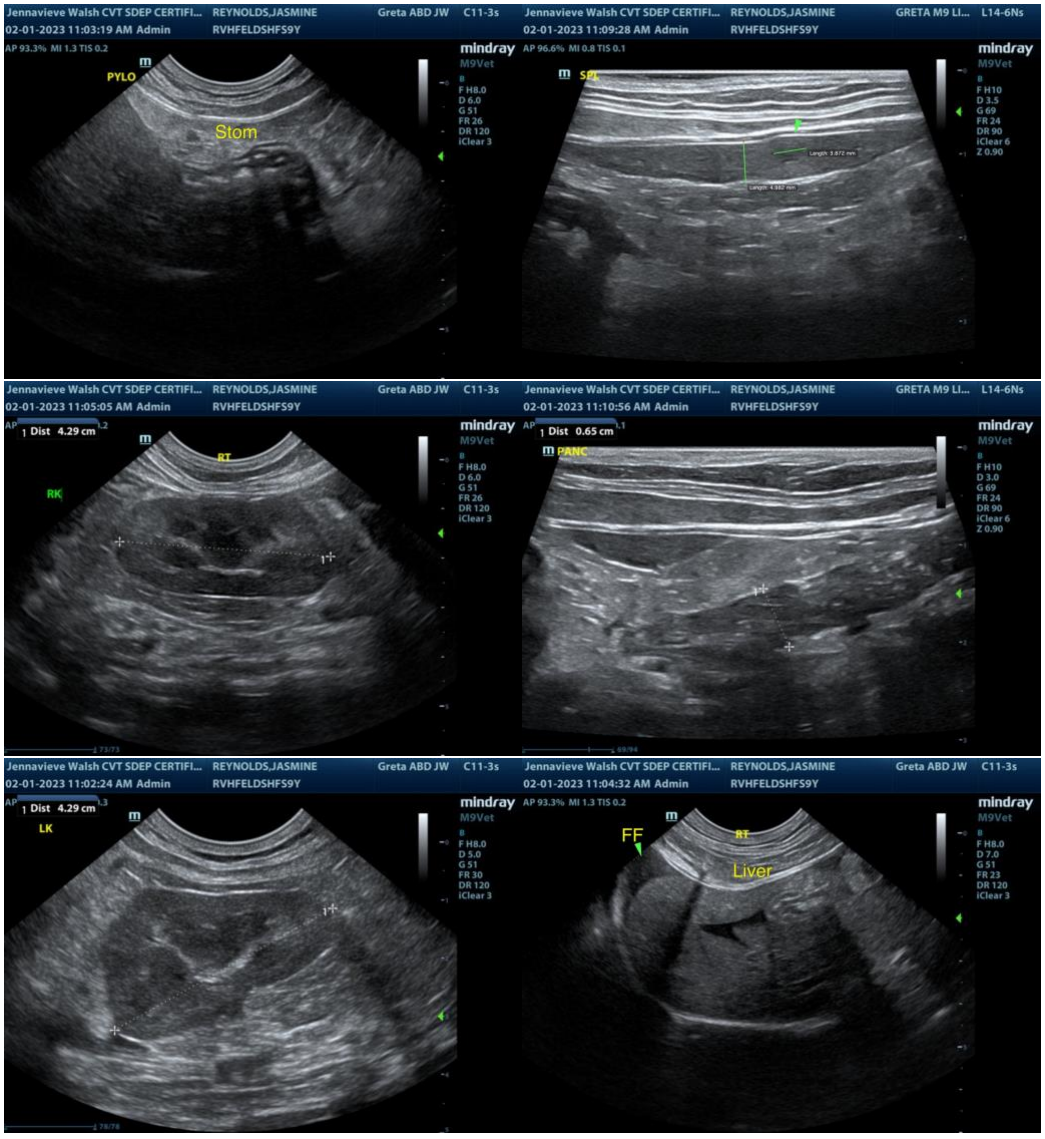
deworming is suggested if clinically indicated. Enterocolic biopsies would be required for a definitive diagnosis.



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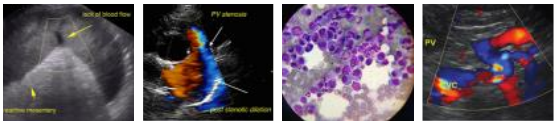

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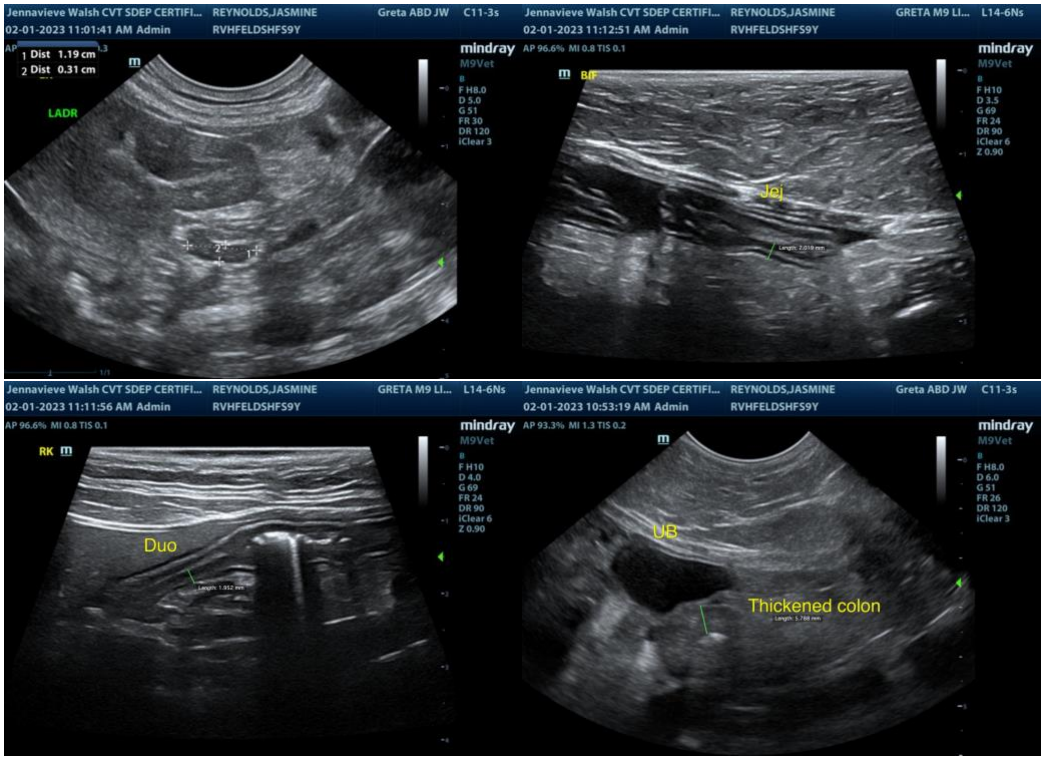

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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