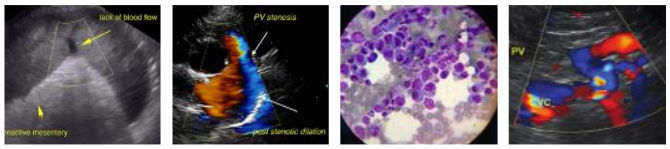
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Kona Wall

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
2yr

WEIGHT
14.8lb

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

IMAGING PERFORMED BY
Jasmine Palacios

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hayes

INVOICE
12857ag

DATE
02/01/2023

PRESENTING CLINICAL SIGNS

periodic bouts of blood tinged vomiting. This is 3rd episode. Last episode was 12/17-21, rads and BW normal. Responded to supportive care and bland diet. Started vomiting food again 1/30, lethargic yesterday and today. Not eating, vomit today is white foam with traces of blood. Besides faint dehydration, physical is unremarkable.

Abnormal PE/Chem/CBC/UA Results: none current. See records from December.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

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.

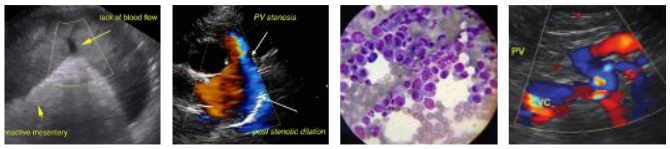
Liver/Gallbladder

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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

The small intestine presented intact prominent to thickened wall layering with thickened muscularis layer. The lumen of the small intestine was empty with no signs of obstruction or foreign material. Minor segmental non-obstructive small intestinal ileus pattern was present. The small intestine all measured 0.33-0.34 cm width. The ileocolic wall measured 0.28 cm width.



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

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

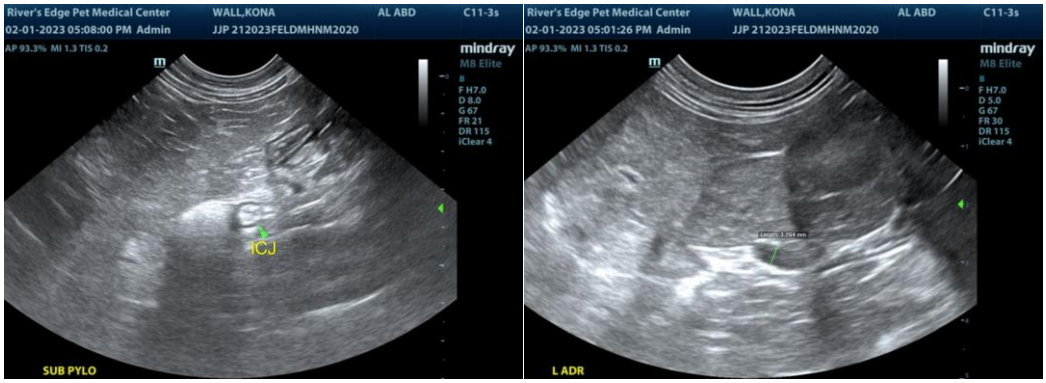
- Enteropathy with intact yet generalized prominent muscularis, minor segmental intestinal ileus
- Mild retained pyloric fluid
- Mild urinary bladder sediment

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.

The small intestine is suggestive of infiltrative enteropathy criteria and suspected inflammatory infiltrative enteropathy such as IBD or eosinophilic enteritis. The possibility of neoplastic infiltrative enteropathy with round cells or less likely dry form FIP which may present in similar sonographic manner cannot be definitively excluded yet without evidence of concurrent lymphadenopathy. Infiltrative intestinal neoplasia is thought less likely. Full thickness intestinal biopsies would be required and are recommended for definitive diagnosis and further guidance of treatment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

No evidence of gastric mural pathology although possible microulcerative component to the intestinal or gastrointestinal inflammation could be present. Empirically as needed GI support which may include dietary therapy, gastroprotectants, cobalamin supplementation and IBD protocol if intestinal biopsies are not elected would be reasonable. Sonographic monitoring for evidence of progressive intestinal changes pending patient clinical response is suggested. Empirical deworming recommended if clinically applicable.



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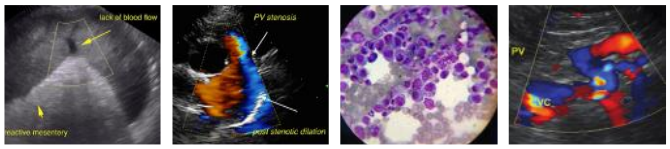

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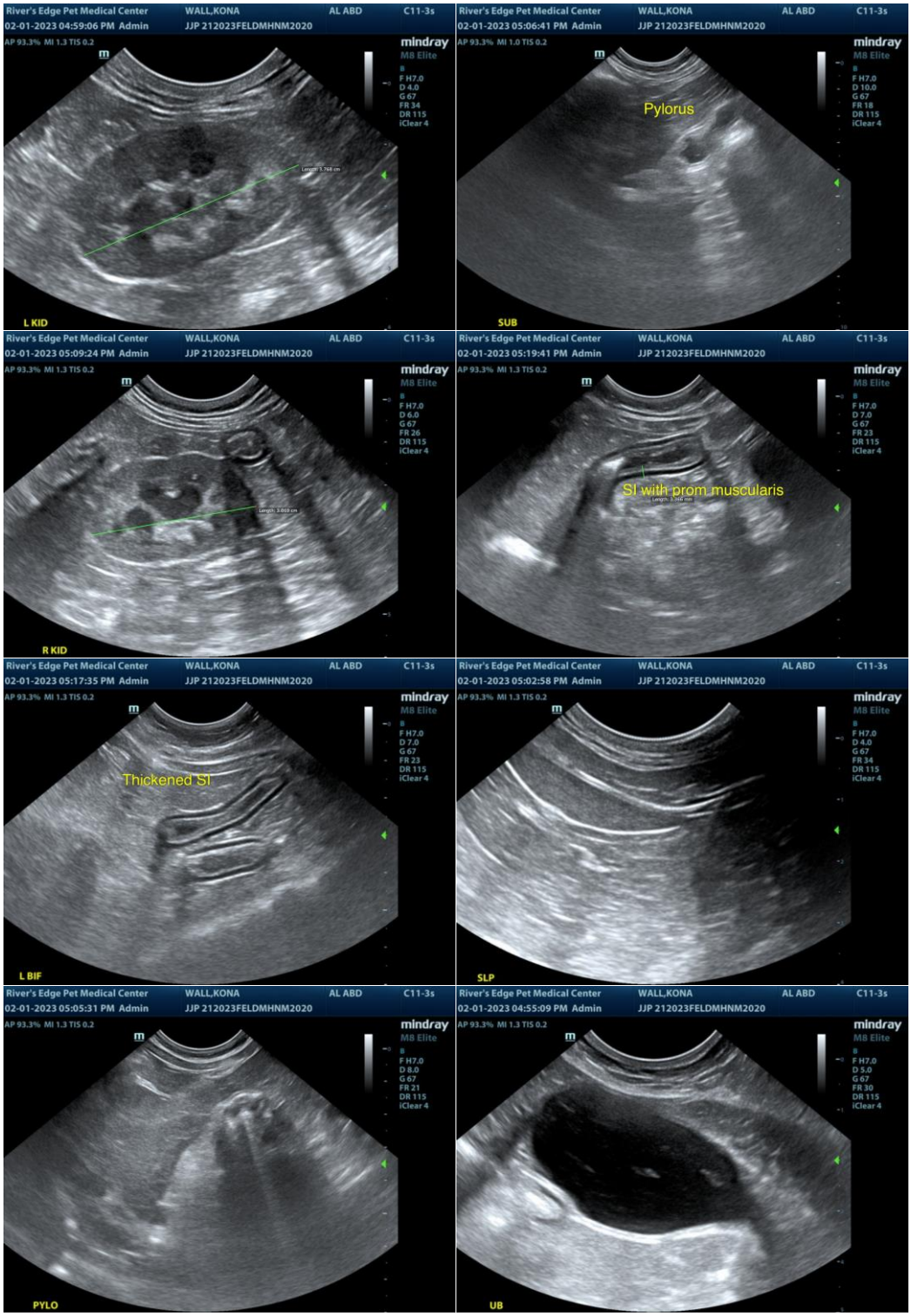
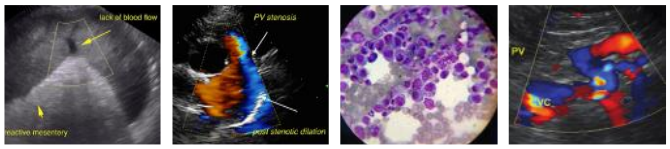


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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mac.daniel@sonopath.com