



PATIENT

Gimli Guarante

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

4.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

16175

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Patient presents for progressive weight loss despite good appetite- no sick signs. History of grade 2/6 systolic murmur. No current meds.

Abnormal PE/Chem/CBC/UA Results: WBC 21.7, neutrophils 19096, NA 160, glucose 178.

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. Primarily anechoic urine was present in the lumen. Minor, non-dependent, particulate to focally hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, 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.

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 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent nondisruptive well-demarcated nonhomogeneous hyperechoic intraparenchymal nodules were noted with an example measuring 1.2 cm in diameter. Normal hepatic vascular volume was present. 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. Mild nonshadowing ingesta / chyme was present.

The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with segmental intestinal gas pattern. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.33 cm width.

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

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mid-abdominal mesenteric lymph nodes were present. These lymph nodes were variably prominent, nonhomogeneous, and hypoechoic. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.5 cm x 0.75 cm. Intermittent small pocket of scant peritoneal free fluid was noted. No omental masses were present.

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ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild chronic renal changes
- Nonspecific hepatic intraparenchymal nodules - suspect benign biliary adenomas or lipogranulomas
- Intact gastrointestinal wall layering with mild gastric ingesta / chyme
- Mild heterogeneous left pancreas - patient / age variant, possible low-grade to chronic left pancreatitis
- Mild irregular to nonhomogeneous mesenteric lymphadenopathy, scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect chronic enteropathy and possible chronic pancreatitis with associated mesenteric lymphoid hyperplasia or reactive lymphadenitis, given the patient's weight loss despite a good appetite. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs to rule out occult thoracic pathology, as well as screening hepatic FNA cytology. Potential for emerging lymphatic neoplastic criteria cannot be excluded.

Empirically, pending GI panel results, cobalamin supplementation, hydrolyzed diet trial, +/- Prednisolone therapy at a minimal necessary dose to control symptoms with an assessment of clinical response and monitoring of body weight going forward may be considered. Full urinary workup including C/S if evidence of inflammatory sediment is recommended.



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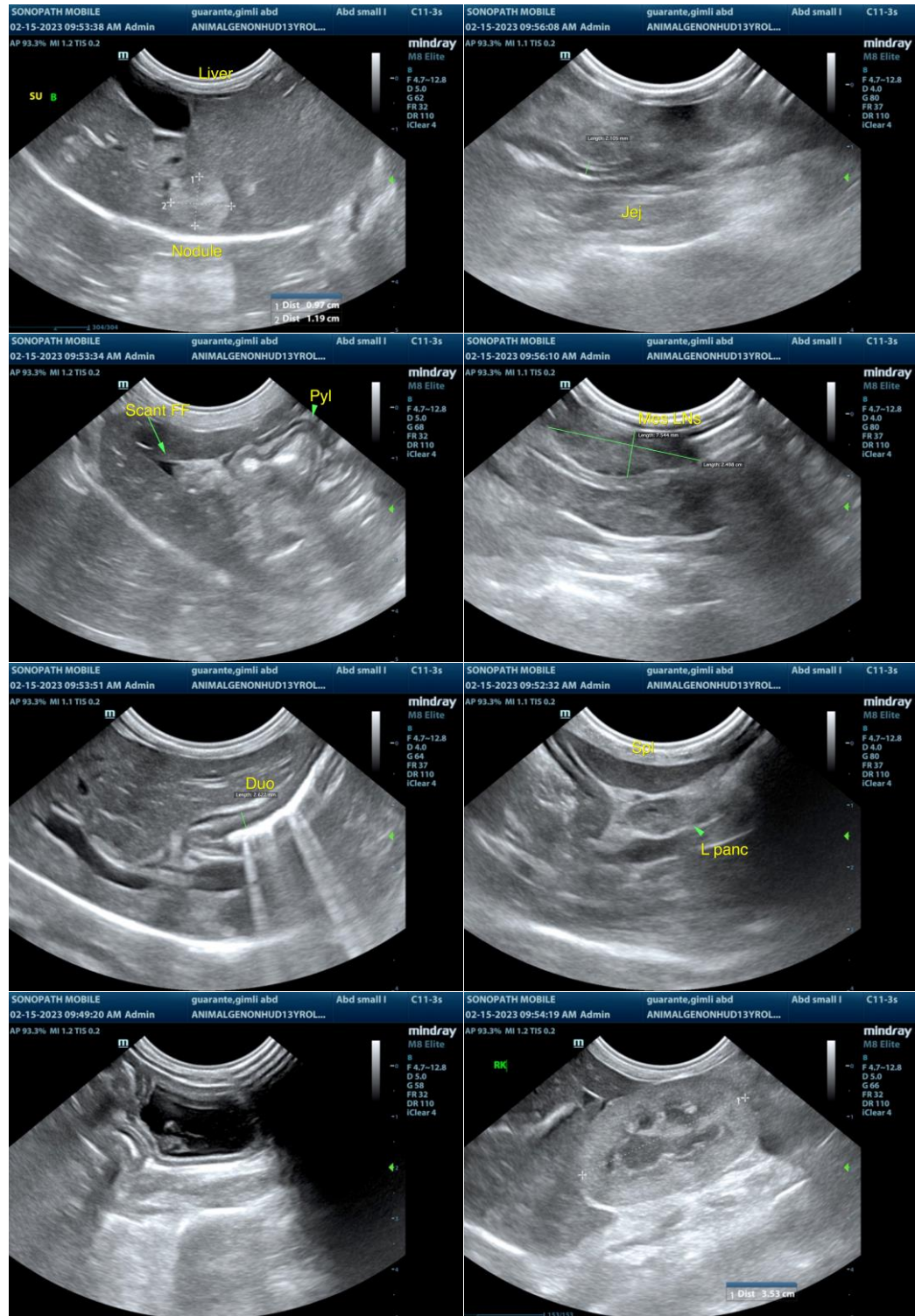
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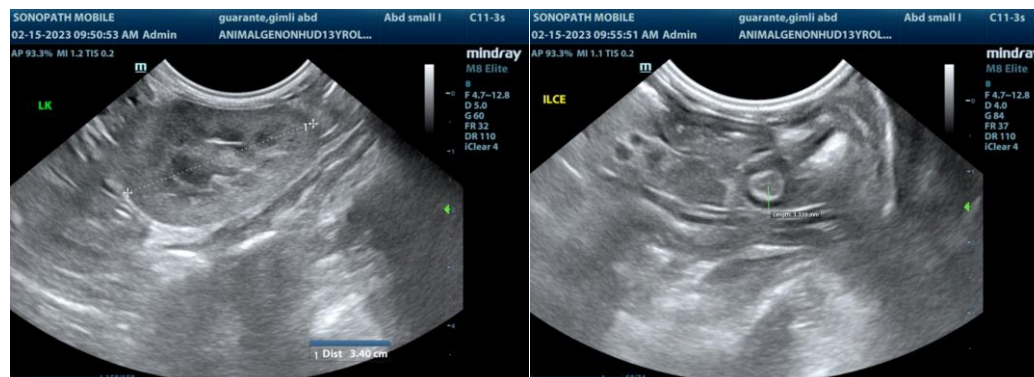
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com