SonoPath
Clinical Sonography & Telecytology
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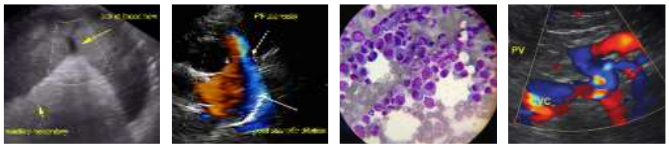


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blackie Wilson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

8.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP Certified

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Nova Price-Kelly

INVOICE

13368

DATE

2/16/22

PRESENTING CLINICAL SIGNS

P has weight loss over past few months. Appetite is down but still eating. BW overall WNL, see below. In a multi-cat house hold, unsure of V or D but none suspected.
Abnormal PE/Chem/CBC/UA Results: BW done 1/26/2022 CBC, Chem, T4 and U/A done: CBC: WNL Chem: mildly low albumin at 2.5, T4 1.9, U/A has 1+ protein and trace ketones but no glucose and normal glucose on Chem, USG 1.041. 6. Current Medications: none, P was dewormed with profender on 1/26/2022.

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, nondependent, particulate sediment 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 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 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

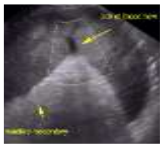
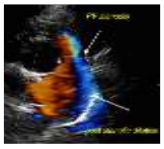
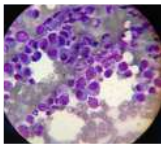
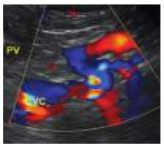
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width. No overt pathology was noted in the area of the right adrenal gland.

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. The spleen measured 0.78 cm 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. 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 0.26 cm.

The small intestine presented intact yet generalized altered 1:3 muscularis/mucosa ratio owing to generalized prominent muscularis and segmental prominent mucosa layer. The jejunum wall width measured 0.39 cm. The duodenum wall width measured 0.36 cm.

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

Pancreas

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

Free Abdomen

Mid abdominal jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 1.1 cm diameter. Reactive peri intestinal and mild perilymphatic mesentery were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

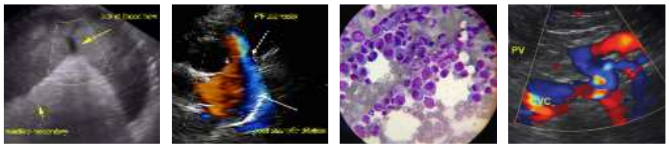
- Enteropathy exhibiting altered muscularis / mucosa ratio
- Associated mid abdominal jejunal lymphadenopathy
- Mild gallbladder debris
- Mild chronic renal changes
- Minor urinary bladder sediment
- Heterogeneous pancreas - nonspecific, potential for concurrent low-grade to chronic inflammation

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 gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Potential for cholangitis is possible as previous history of hepatic enzyme elevations.

The small Intestine is consistent with Infiltrative enteropathy. Considerations may include inflammatory infiltrative enteropathy i.e., IBD or eosinophilic enteritis vs. neoplastic infiltrative enteropathy with round cells such as lymphoma, both of which may present in a similar sonographic manner. Definitive



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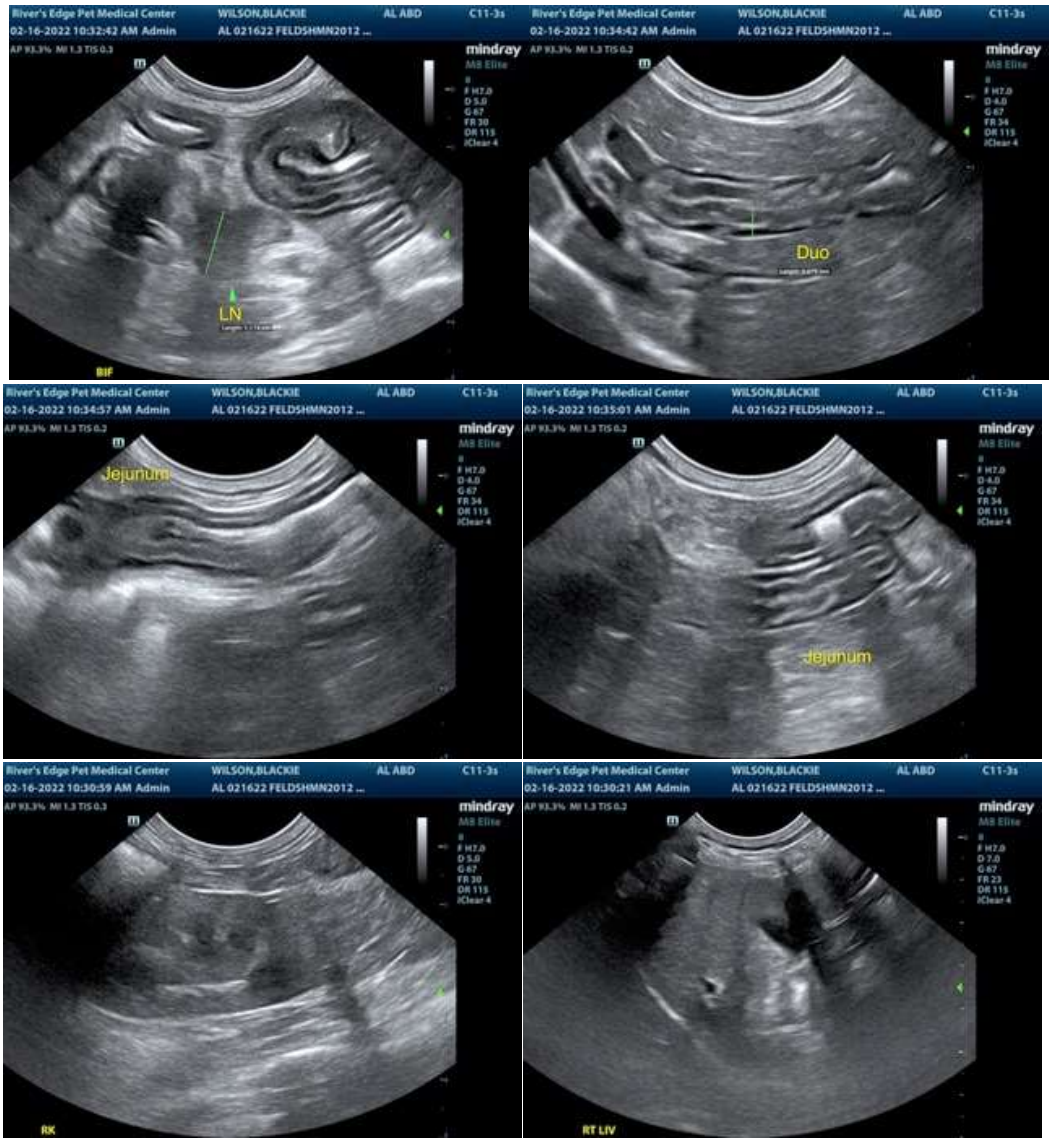
diagnosis would require full-thickness intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical therapy for IBD such as canned hydrolyzed diet, cobalamin supplementation, high colony count probiotic, antibiotic therapy If clinically indicated, and Prednisolone at the lowest effective dose to control clinical signs with an assessment of clinical response could be considered if biopsies are not possible or elected.



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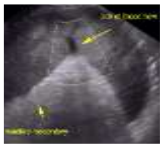
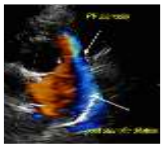
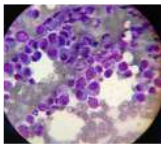
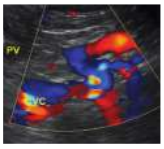

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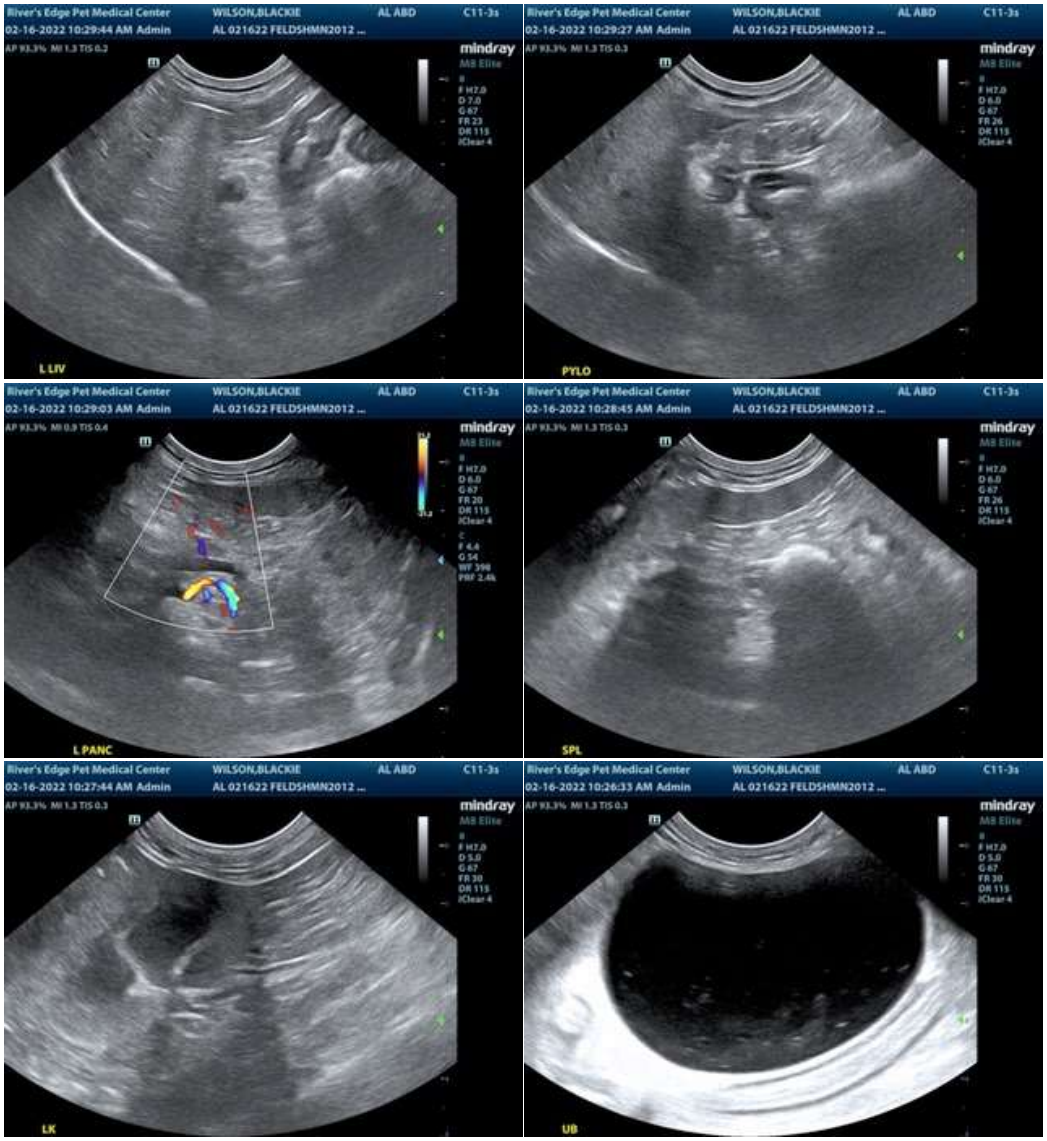

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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