



PATIENT

Mika Harris

SPECIES

Feline

BREED

Devon Rex

SEX

Male Neuter

AGE

11

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

16207

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting over last 12 months

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, 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 was noted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

The spleen was borderline to mild enlarged secondary to sedation with no evidence of neoplastic criteria. 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 1.0 cm width at the level of the hilus.

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.



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Gastrointestinal

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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 0.24 cm.

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The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent muscularis layer, yet without evidence of significant mural hypertrophy, loss of intestinal wall layering, or intestinal masses. Possible although not definitive, indistinct potential for duodenal pseudo layering was noted. No evidence of a mechanical obstructive pattern was noted. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.23-0.25 cm width. The ileocolic wall measured 0.29 cm width.

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

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Pancreas

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

WEIGHT

Free Abdomen

3 kg

Minor colic lymph nodes (not consistent with inflammatory or neoplastic criteria) were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No omental masses, lymphadenopathy or peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Suspect inflammatory enteropathy with possible moderate duodenitis
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Calgary Family Vet

Although not definitive with potential for patient variant given the lack of additional gastrointestinal signs aside from vomiting or weight loss, the small intestine exhibited subtle mural changes which are suggestive of underlying inflammatory criteria. The possibility of emerging neoplastic intestinal disease which may present in a similar sonographic manner cannot be definitively excluded. However, given the chronicity of the patient's chronic intermittent vomiting, neoplastic intestinal criteria is thought less likely. Dietary intolerance / food allergy, occult parasitism, and low-grade to chronic pancreatitis are all potential contributing factors. Further assessment may include a Spec fPL or ideally a full GI panel to include PLI/TLI/Cobalamin/Folate.

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Empirically, a canned hydrolyzed diet with potential long-term dietary therapy and as-needed gastroprotectant protocol with an assessment of clinical response and potential recheck sonogram if progressive to persistent vomiting, progressive gastrointestinal signs, or evidence of weight loss is noted.



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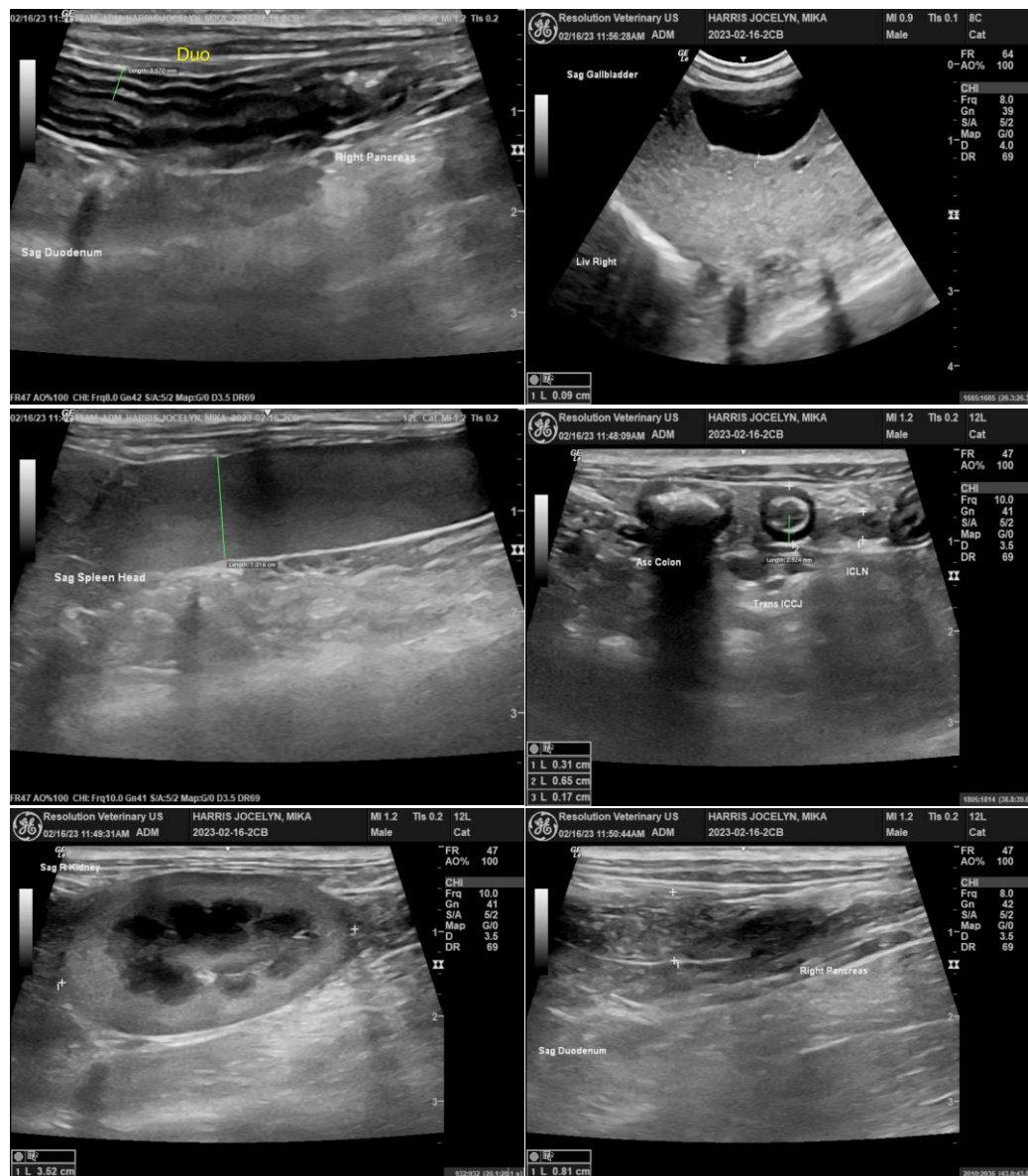
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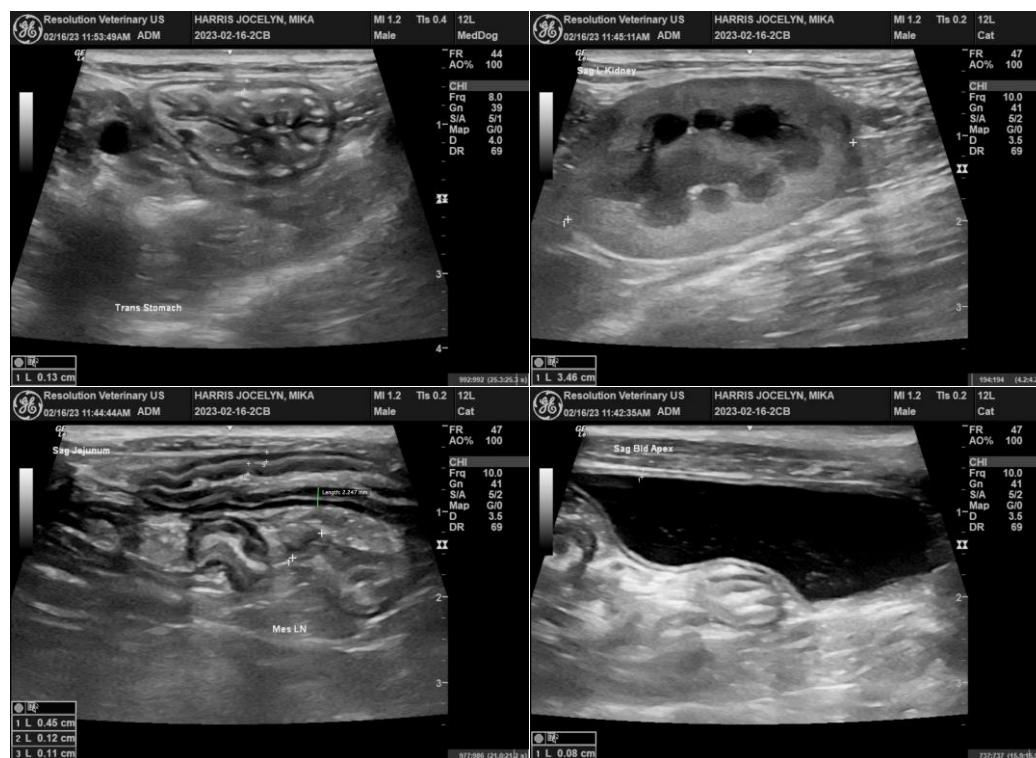
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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