

PATIENT

Nigel Kuykendall

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

11 y

WEIGHT

10.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Kairis

INVOICE

13145

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Chronic history of intermittent vomiting of ~1 year duration. Gradually increased frequency. 1 month history of diarrhea/loose stool Gradual weight loss

Abnormal PE/Chem/CBC/UA Results: Elevated iCa, low PTH

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. 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 3.9 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

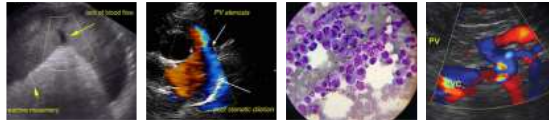
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width.

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 mildly enlarged with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, primarily ventral, well-demarcated, uniformly hyperechoic intraparenchymal nodules were present. 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

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 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.41 cm.

Regional reactive mesentery and minor colic lymphadenopathy were noted around the ileocolic junction. The colic lymph nodes were not overtly consistent with inflammatory or neoplastic criteria. An example of a colic lymph node measured 0.5 cm in diameter.

Normal visible colon wall layers were present with semi-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.

Free Abdomen

No peritoneal effusion was present.

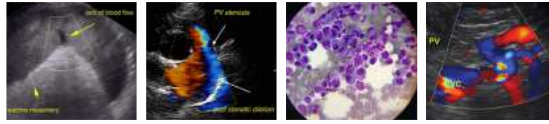
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic renal changes
- Mild hepatomegaly exhibiting parenchymal remodeling with intermittent nonspecific yet likely benign intraparenchymal nodules - nodules likely consistent with benign small lipogranulomas or nodular hyperplasia
- Overtly normal gastrointestinal tract
- Mild regional peri ileoceocolic reactive mesentery and subjectively benign to reactive colic lymph nodes
- Mildly heterogeneous pancreas - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant structural gastrointestinal pathology was evident. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor / outdoor, with possible structurally insignificant inflammatory bowel disease, given the gastrointestinal signs, gradual weight loss, and presence of subjectively benign to reactive colic lymphadenopathy.



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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested to rule out occult thoracic pathology as a potential contributor to the patient's vomiting and weight loss, given the elevated Ionized calcium.

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Empirically, hydrolyzed diet trial and conservative therapy for Inflammatory gastroenteropathy with an assessment of clinical response could be considered. Sonographic monitoring of the gastrointestinal tract and colic lymph nodes for evidence of progressive mural changes or lymphadenopathy is recommended if continued weight loss is noted.

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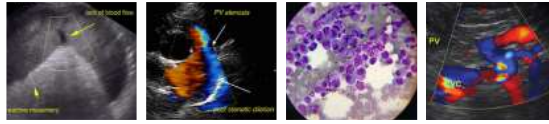
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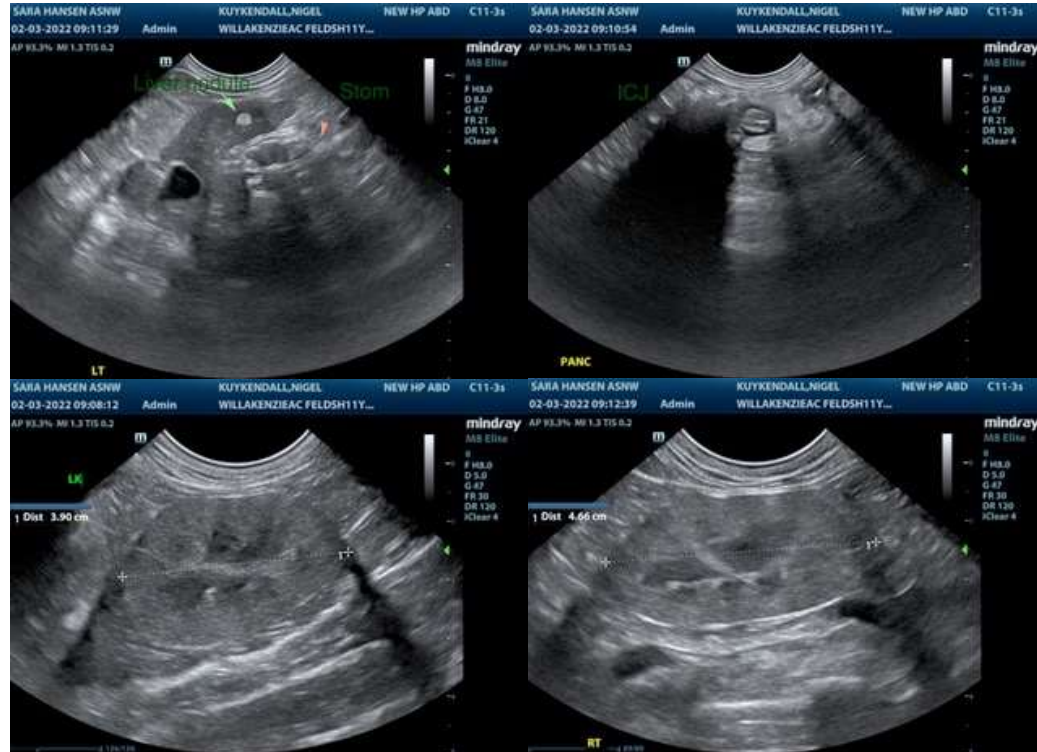
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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