



PATIENT PRESENTING CLINICAL SIGNS

Lexie Bilinsky

History: Presented for intermittent vomiting that usually resolves with a dose of Cerenia but continued this time for four days. Currently on Hills D/D diet. Bilateral nasal discharge and sneezing. BCS 5/9, rest of exam NSF. Will be given Gabapentin for ultrasound. Has also been on Depomedrol given Jan 20/23.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Elevated Eosinophils and Basophils which have both been elevated for the past two to three years. Has been dewormed multiple times.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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. Mild nondependent particulate sediment was present, which may indicate mild cellular debris/protein, crystalline debris, lipid or mucus, 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. Aortic trifurcation was normal.

AGE

13 Years

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

WEIGHT

4.15 kg

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm.

The right adrenal gland was indistinctly visualized, subjectively measuring 0.36 cm.

IMAGING

PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Queensway AH

Liver

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.

REFERRING VET

Dr. Bilinsky

The gallbladder was subnormal in size owing to the presence of gastric ingesta. No evidence of posthepatic obstructive criteria. The cystic and common bile ducts were normal.

INVOICE

20925

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, mildly shadowing ingesta without overt evidence of

DATE

2/2/23



PATIENT

mechanical pyloric outflow obstruction. Minor potential for intermixed hairball density possible, although not definitive.

Lexie Bilinsky

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.3 cm wall width. The ileocolic wall measured 0.35 cm.

SPECIES

Feline

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

BREED

Pancreas

DLH

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern
- Mild chronic renal changes
- Mild urinary bladder sediment

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is suggested if evidence of inflammatory sediment on urinalysis. The appearance of the small intestine is consistent with potential chronic inflammatory criteria with possible suppression of intestinal mural changes secondary to recent steroid administration. A possibility of neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or other, which may present in similar sonographic manner, cannot be definitively excluded. Full thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Some degree of nonobstructive delayed gastric emptying could be possible if documented NPO yet overall the gastric ingesta is likely consistent with food.

WEIGHT

4.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Bilinsky

INVOICE

20925

DATE

2/2/23





PATIENT

Lexie Bilinsky

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.15 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

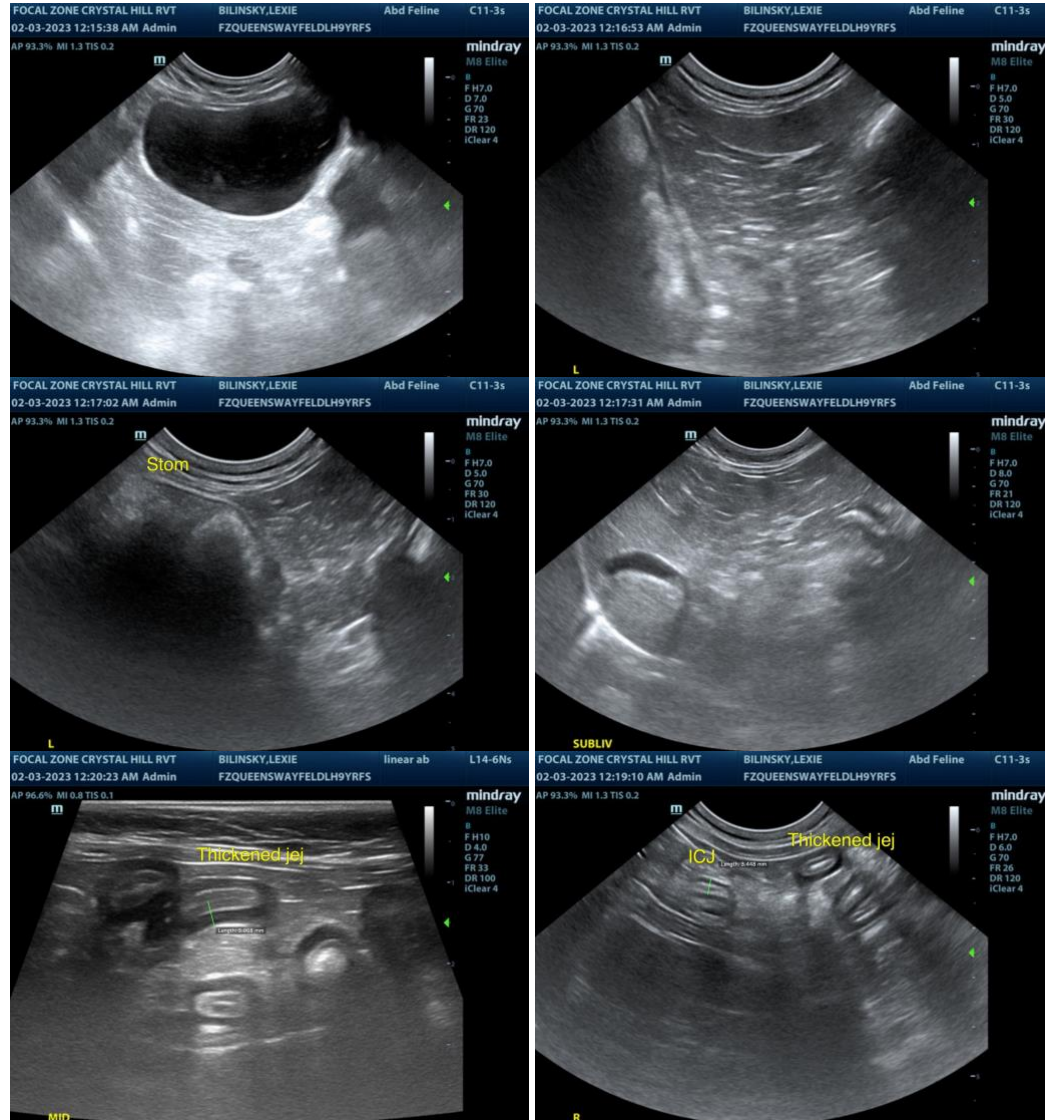
Dr. Bilinsky

INVOICE

20925

DATE

2/2/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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