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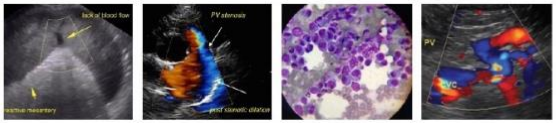


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tobi Shabbir

SPECIES

Feline

BREED

Scottish Fold

SEX

Intact Male

AGE

1.5 Years

WEIGHT

3.16 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Erin Folk AH

REFERRING VET

Dr. Soliman

INVOICE

20924

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Weight loss, +++ vomiting, second opinion. Has been eating liquid Rebound without any issue so has an appetite. Has passed a BM today. Was fasted for ultrasound today for over 12 hours. Has been on Fortiflora and Famotidine.

Abnormal PE/Chem/CBC/UA Results: Bloodwork all within normal limits. Rads inconclusive. Rad report from other clinic to telemed as follows: Gastrointestinal tract - stomach is nondistended. Small intestines contain mixture of fluid and gas. Gas and partially formed fecal matter in colon. Normal serosal detail.

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. Mild nondependent particulate sediment was present, which may indicate 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.

The left kidney was decreased in size compared to the right (left kidney 3.0 cm length, right kidney 3.7 cm length). A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle to indistinct hyperechoic corticomedullary band, consistent with a medullary rim sign, was present bilaterally. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.33 cm.

Spleen

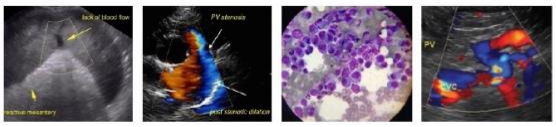
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.68 cm in width at the level of the hilus.

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 evidence of retained gastric ingesta, fluid or foreign material. The gastric body wall measured 0.24 cm.

The small intestine presented generalized intact wall layering with subjective propensity for subtly prominent generalized muscularis layer yet without evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.24 cm. The ileocolic wall measured 0.31 cm.

The colon presented intact, subjective mild prominent wall layering, containing nonshadowing, subjective semi-formed fecal matter.

Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral subtle nonspecific renal medullary rim sign
- Suspect low-grade to mild inflammatory enteropathy/enterocolonopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, with potential for patient variant, the small intestine exhibited subtle mural changes, which may suggest underlying low grade to mild inflammatory criteria. However, overall, no sonographic evidence of significant visceral, specifically gastroenterocolic structural pathology. Dietary intolerance/food allergy, low grade inflammatory enterocolic disease, infectious disease, occult parasitism, less likely early infiltrative neoplasia or dry form FIP are all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Empirically, hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotics (if evidence of soft to non-formed stool), cobalamin supplementation (pending assessment of cobalamin levels), empirical deworming (if clinically applicable) and as needed gastrointestinal support with assessment of gastrointestinal response and monitoring of body weight, going forward, would be reasonable. Enterocolic biopsies may be required for a definitive diagnosis.

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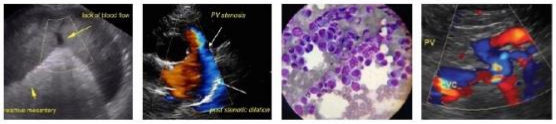

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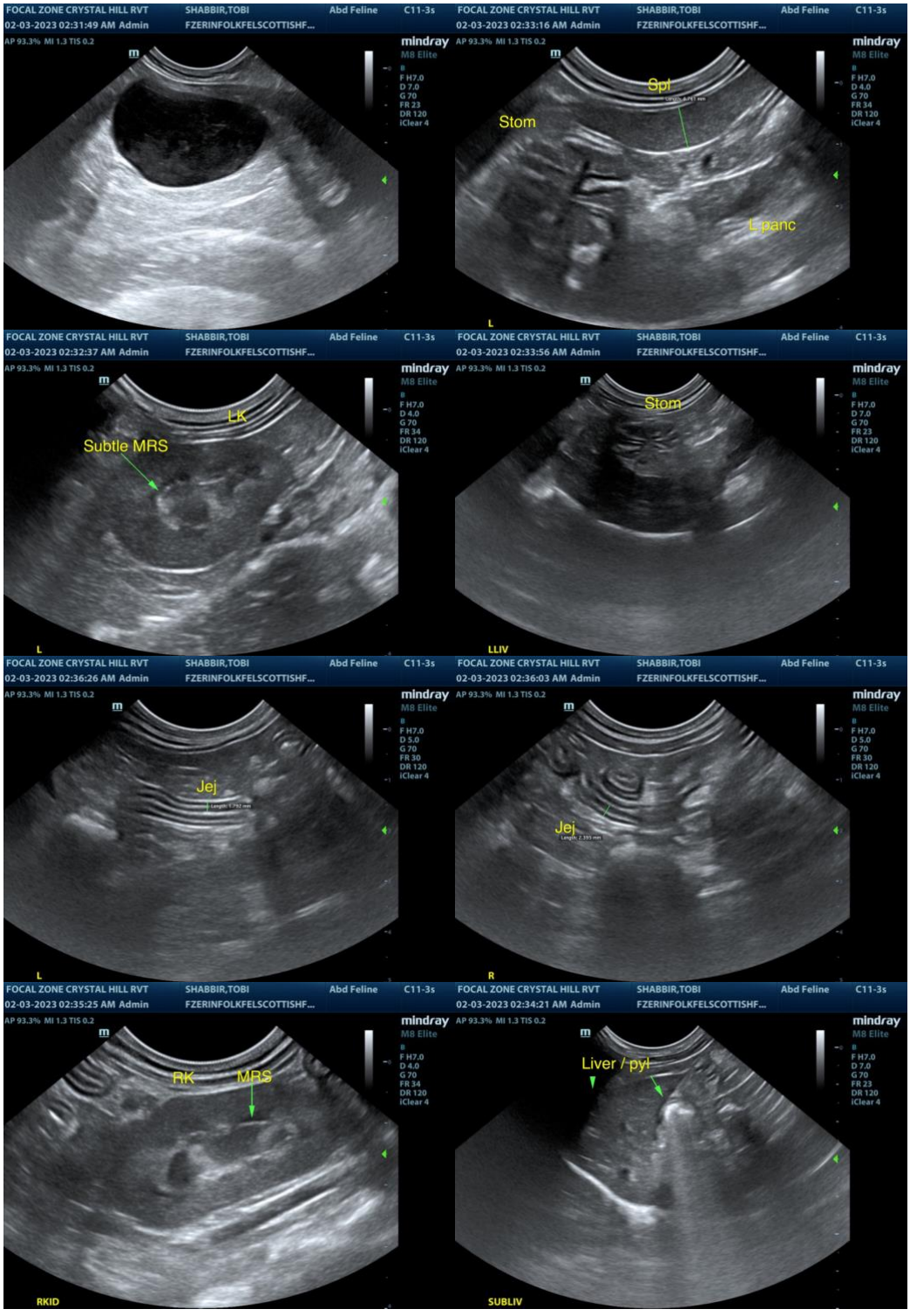

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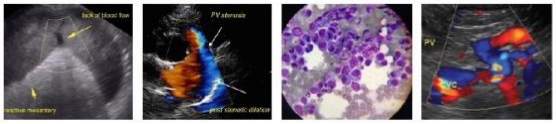

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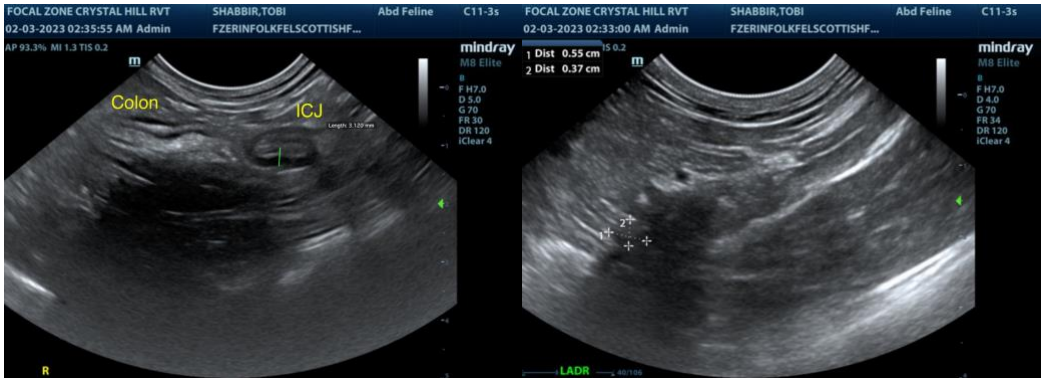

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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