

PATIENT PRESENTING CLINICAL SIGNS

Éclair Penyak 3# WEIGHT LOSS IN 6 MONTHS, picky eater, occasional blood in stool. Glob 5.6, otherwise CBC/Chem/T4 levels normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 were noted.

DSH

SEX 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 3.5 cm.

Spayed Female

AGE Adrenal Glands

2009 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm in width. No overt pathology in the area of the right adrenal gland.

WEIGHT Spleen

7.6 Pounds The spleen was normal in size with mild asymmetrical medial capsule contour, measuring 0.69 cm in width. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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IMAGING PERFORMED BY

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REFERRING VET

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DATE

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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

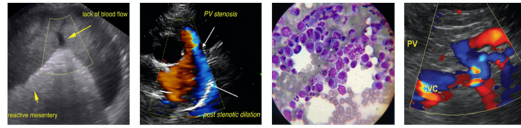
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.27 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

The colon exhibited intact yet segmental mildly prominent wall layering and contained formed to semiformed feces.

Pancreas

The left pancreatic limb exhibited normal size with mild asymmetrical contour and heterogeneous parenchyma compared to adjacent omentum.



PATIENT *Free Abdomen*

Éclair Penyak Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.5 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SPECIES

Feline No effusion.

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Enteropathy with altered yet intact wall layering
- Associated intermittent, subjectively benign/reactive jejunal lymphadenopathy
- Heterogeneous pancreas – age/patient variant, potential for concurrent chronic pancreatitis
- Mild chronic renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2009

The appearance of the small intestine is consistent with infiltrative enteropathy with primary consideration for inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis). Possibility of neoplastic infiltrative enteropathy with round cell such as lymphoma, which may present in similar sonographic matter, yet thought less likely given the small intestinal sonographic presentation and lack of significant concurrent lymphadenopathy.

WEIGHT

7.6 Pounds

Full thickness intestinal biopsies would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, or if biopsies are not elected, IBD protocol, which may include hydrolyzed diet, cobalamin supplementation, as-needed gastrointestinal support +/- Prednisolone trial at lowest effective does to control clinical signs and assessment of clinical response could be considered. Mild colitis suspected given the reported intermittent hematochezia.

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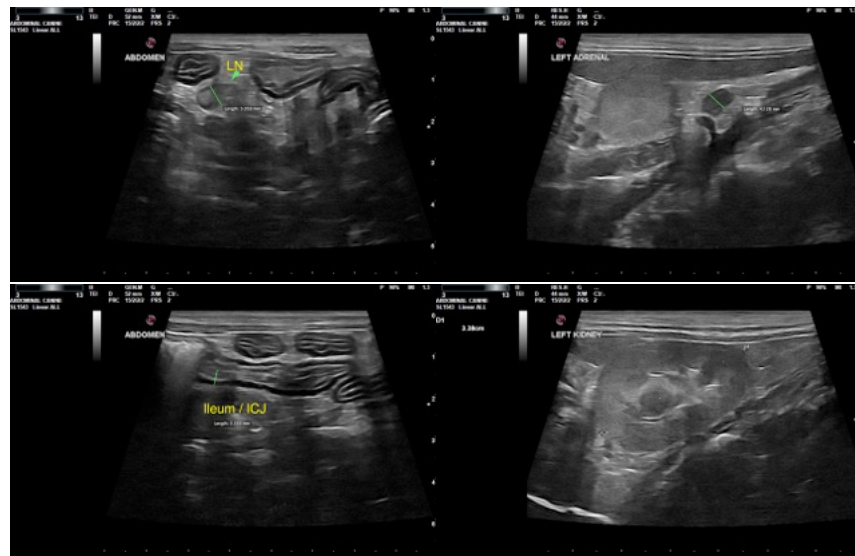
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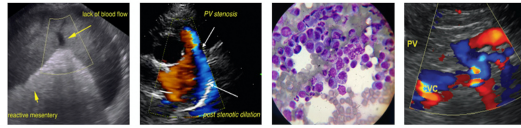


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PATIENT

Éclair Penyak

SPECIES

Feline

BREED

DSH

SEX

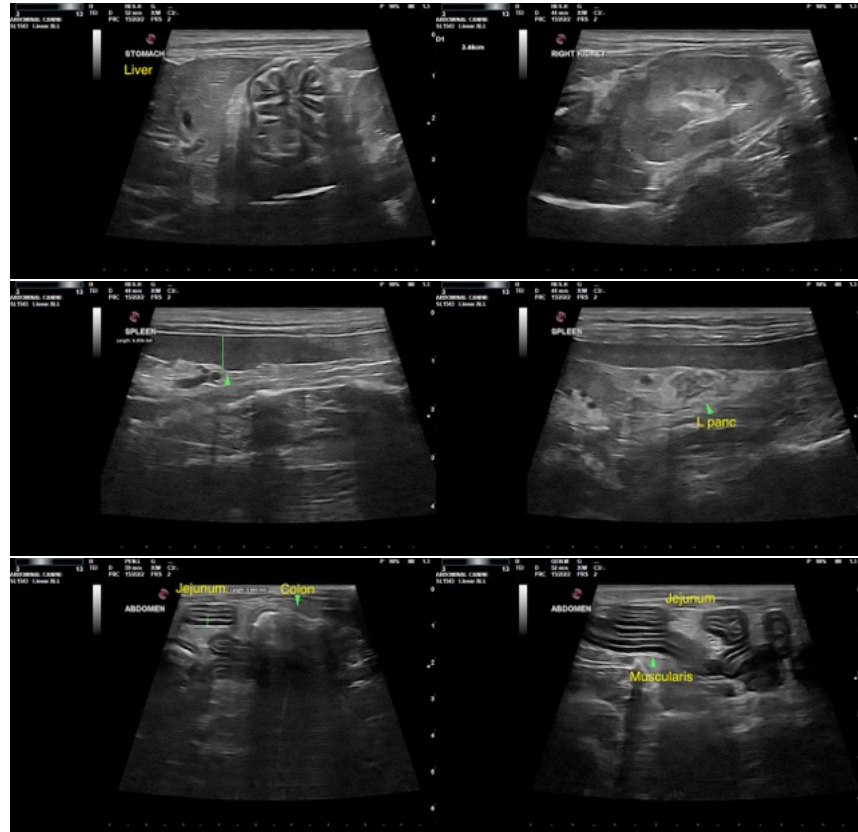
Spayed Female

AGE

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WEIGHT

7.6 Pounds



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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.

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