

PATIENT PRESENTING CLINICAL SIGNS

Rowdy Calton 1 YEAR DURATION FREQUENT VOMITING, SOME WEIGHT LOSS

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Overall, the urinary bladder walls were unremarkable with suspect focal area of ventroapical cystitis with wall width measuring 0.46 cm. Potential for minor cystic changes were noted within the mildly thickened ventroapical wall. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment 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 were noted.

MN No evidence of pathology in the area of the aortic trifurcation.

AGE Normal size and margination were present in the kidneys. 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 hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. 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. The left kidney measured 3.8 cm length. The right kidney measured 4.8 cm length.

WEIGHT

12.5

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) No overt pathology was noted In the area of the left or right adrenal glands.

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 subjectively normal in size, 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple, variably sized parenchymal cysts to cystic nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

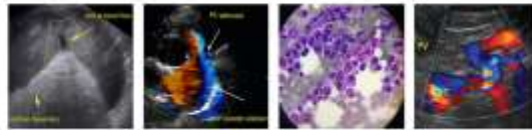
Dr. Coyle

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2/22/22



PATIENT

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.

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

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

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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 were evident.

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Free Abdomen

AGE

2010

Intermittent jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.55 - 0.61 cm width. No effusion was noted.

WEIGHT

12.5

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy exhibiting intact yet altered wall layer ratio - consistent with infiltrative enteropathy
- Associated jejunal lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis likely
- Mild urinary bladder sediment with suspect focal ventroapical cystitis
- Bilateral nonspecific medullary rim sign
- Multiple hepatic cysts to cystic nodules, potential for multiple benign cystic biliary adenomas

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 (Canine and Feline)

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Secondary Findings

- Mild nonobstructive proximal common bile duct dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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Considerations for the small intestine may include inflammatory Infiltrative enteropathy i.e., IBD / eosinophilic enteritis or neoplastic infiltrative enteropathy with round cells such as lymphoma, both of



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which may present in a similar sonographic manner. Dry form FIP may be considered a less likely differential diagnosis. Full-thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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If accessible, ultrasound-guided FNA of a jejunal lymph node could be considered for screening cytology. Empirically or if biopsies are not possible, conservative IBD protocol which may include hydrolyzed diet, cobalamin supplementation, as-needed gastrointestinal support, +/- Prednisolone therapy at the lowest effective dose to control clinical signs with an assessment of clinical response and monitoring of body weight would be reasonable.

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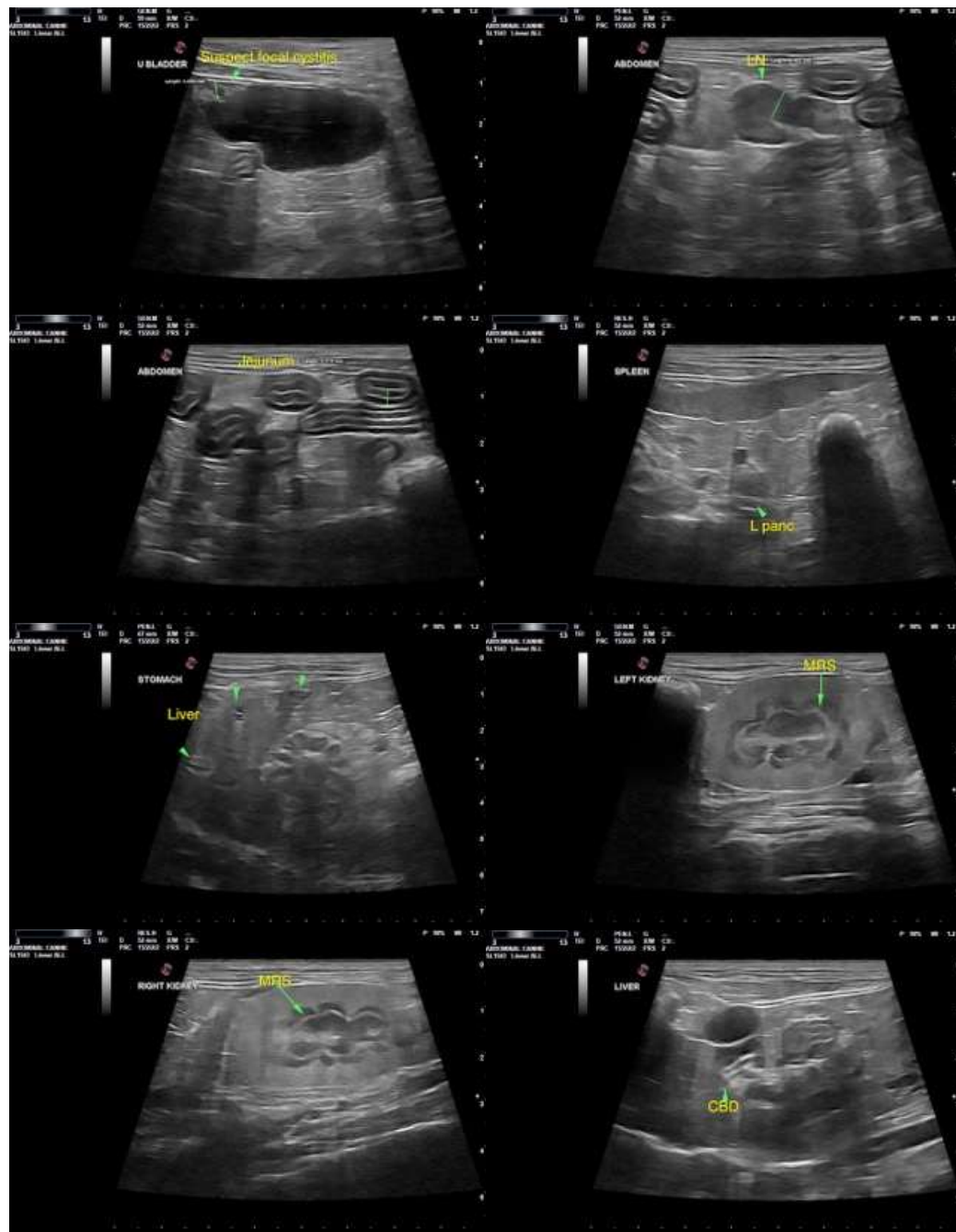
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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