**PATIENT**

Lilyanna Rentmeester

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

12 years

WEIGHT

5.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

21237

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Poor appetite and wt loss. We hadn't seen the P for a few years and she was down about 3.5 lbs but unsure how acutely or chronically that occurred. Some diarrhea but O has been trying a variety of foods. No V.

Abnormal PE/Chem/CBC/UA Results: Aggressive cat so full PE difficult, however unremarkable PE BW/rads unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor particulate sediment was present, which may indicate cellular debris/protein, crystalline debris, lipid or mucus, without evidence of calculus formation. Correlation with urinalysis +/- culture and sensitivity, if evidence of inflammatory sediment, is suggested. 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.

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 in length. The right kidney measured 3.6 cm in length. Pinpoint discrete medullary mineral was present bilaterally.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

Spleen

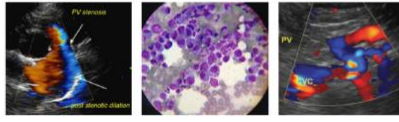
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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. The gastric body wall measured 0.24 cm.

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The small intestine presented generalized intact prominent wall layering, primarily owing to subtly prominent mucosa with prominent submucosa layer. No evidence of loss of intestinal wall layering or intestinal masses to the level of the ileocolic junction.

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Normal visible colon wall layers were present with semi formed fecal matter consistent with patient history.

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Intermittent, enlarged mesenteric 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.

WEIGHT

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A small pocket of scant perihepatic free fluid was noted. No evidence of significant free fluid or omental masses.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

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

- Chronic enteropathy pattern with associated mesenteric lymphadenopathy
- Chronic active pancreatitis
- Nondistended gallbladder with minor nonobstructive proximal common bile duct dilation-patient variant, potential for low grade chronic cholangitis
- Mild chronic renal changes

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

SVS Imaging QC

The intestinal presentation is suggestive of chronic inflammatory enteropathy, i.e., chronic IBD/eosinophilic enteritis. The possibility of neoplastic infiltrative enteropathy is considered less likely yet may present in similar sonographic manner. Concurrent mesenteric hyperplasia or reactive lymphadenitis is suspected with less likely potential for early neoplastic mesenteric lymphadenopathy. Triad disease may be a consideration in this patient if previous or future hepatic enzyme elevations are noted in light of short half-life of hepatic enzymes in cats. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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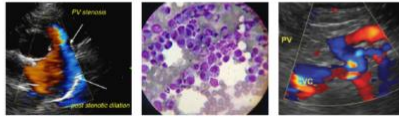
Empirical IBD/triaditis protocol with assessment of clinical response and as needed gastrointestinal support is recommended, however, definitive diagnosis would require full thickness intestinal +/- hepatopancreatic biopsies.

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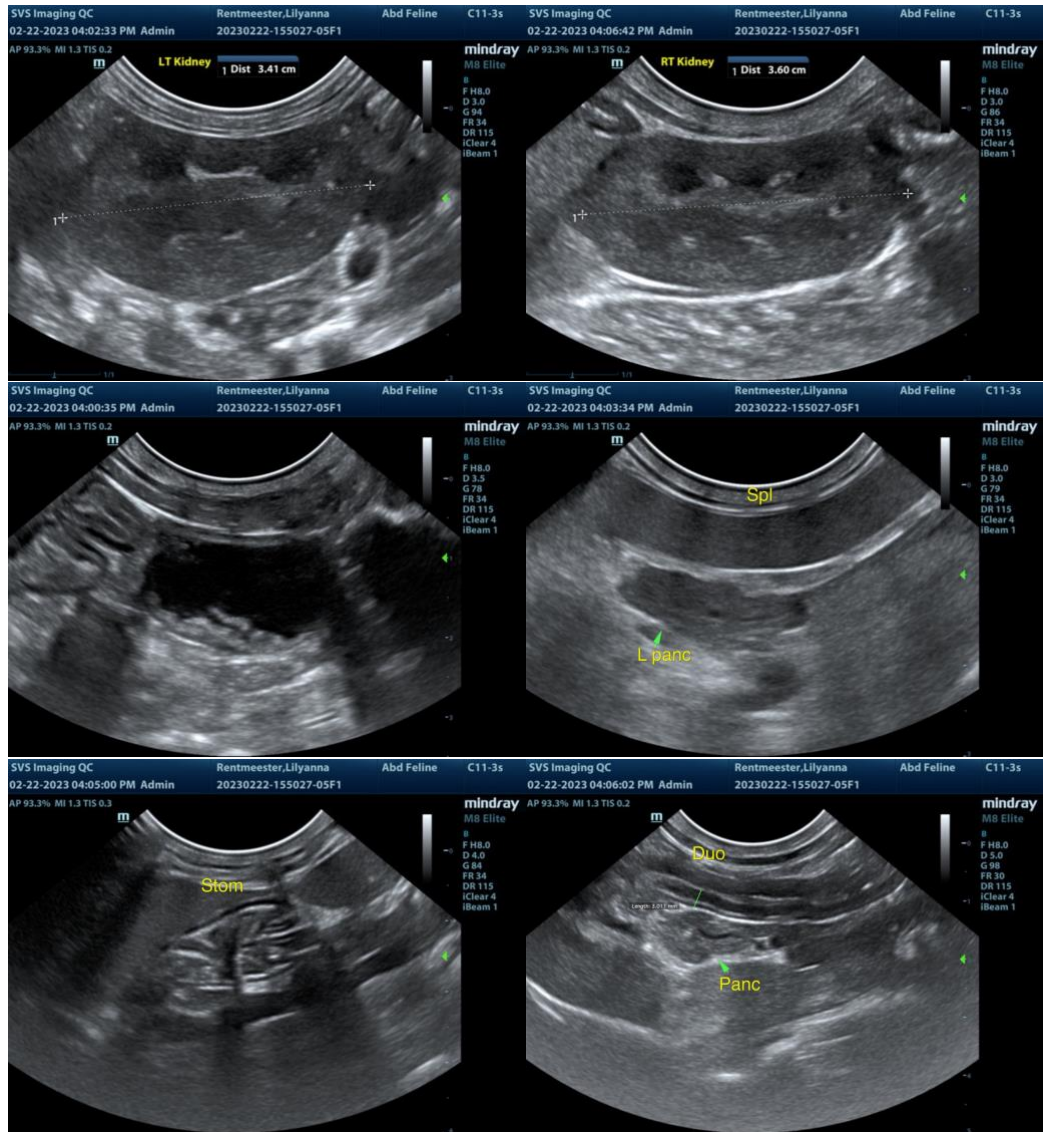
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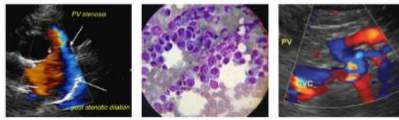
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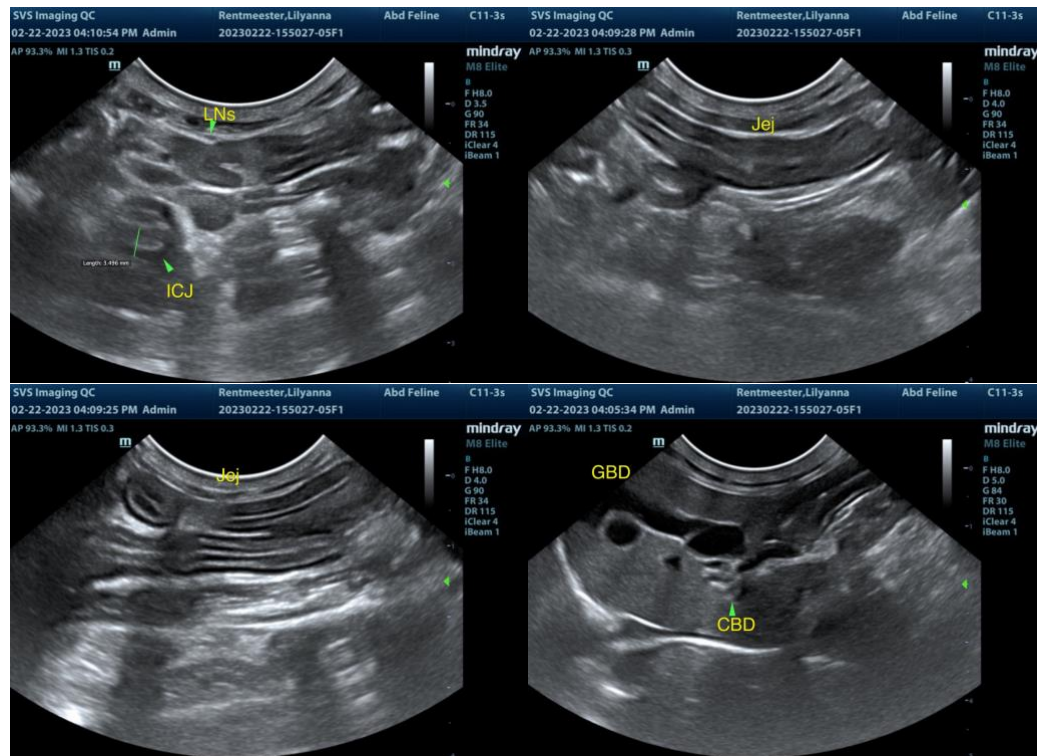
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

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