



PATIENT

Mashaka Tanchenko

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

9.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bray

HOSPITAL NAME

Taylorville
Veterinary Clinic

REFERRING VET

Dr. Bray

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DATE

02/22/2023

PRESENTING CLINICAL SIGNS

Not eating x 3-4 days. Hiding, started vomiting last night and has vomited multiple times. Now has some hematemesis. Occasional sneezing. History of mild URI years ago and is indoor/outdoor. Only vaccinated for rabies and FVRCP.

Abnormal PE/Chem/CBC/UA Results: P is very painful on abdominal palpation, unable to do deep exam. Small scab where tick was reported to be removed. Rest of exam is unremarkable. No fever, vitals normal besides mild tachycardia. Chem 15 WNL, CBC (severe eosinophilia 8.77K/uL and Basophilia 3.05K/uL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent discrete hyperechoic splenic nodules were present, an example measuring 0.41 cm in diameter. 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.

Liver/Gallbladder

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. The gastric body wall measured 0.25 cm in width.



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The small intestine presented intact segmentally thickened jejunal walls with prominent muscularis layer. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The thickened intestinal wall measured up to 0.32 cm in width.

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

Pancreas

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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

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No omental masses or peritoneal effusion was present.

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Probable mid abdominal enlarged to non-homogenous mesenteric to mesenteric root lymph nodes with mild peripheral hyperechoic perilymphatic omentum were present. An example of an enlarged lymph node measured 4.3 cm x 2.5 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Urinary bladder sediment
- Mild chronic renal changes
- Segmental intact yet thickened jejunum with mild prominent muscularis layer
- Probable enlarged mid abdominal mesenteric lymphadenopathy with mild peripheral lymphatic inflammation
- Discrete hyperechoic benign splenic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The sonographic appearance of the segmental jejunum is suggestive of infiltrative enteropathy with considerations including inflammatory enteropathy i.e., IBD/eosinophilic enteritis or neoplastic infiltrative enteropathy possible. The probable mesenteric lymphadenopathy may indicate associated significant hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. Non-obvious granulomatous lymphadenopathy, omental lesion or mass or dry form FIP considered less likely differentials. Assuming normal clotting status, an enlarged mesenteric lymph node FNA for screening cytology +/- C/S is warranted for further assessment. Full thickness intestinal and lymphatic biopsies are likely required for a definitive diagnosis.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for generalized intestinal disease and/or evidence of low-grade pancreatitis as contributing factors. 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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Assessment of retroviral status is recommended.

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Empirically GI support, IBD protocol and assessment of GI response would be reasonable if additional diagnostics are not elected.

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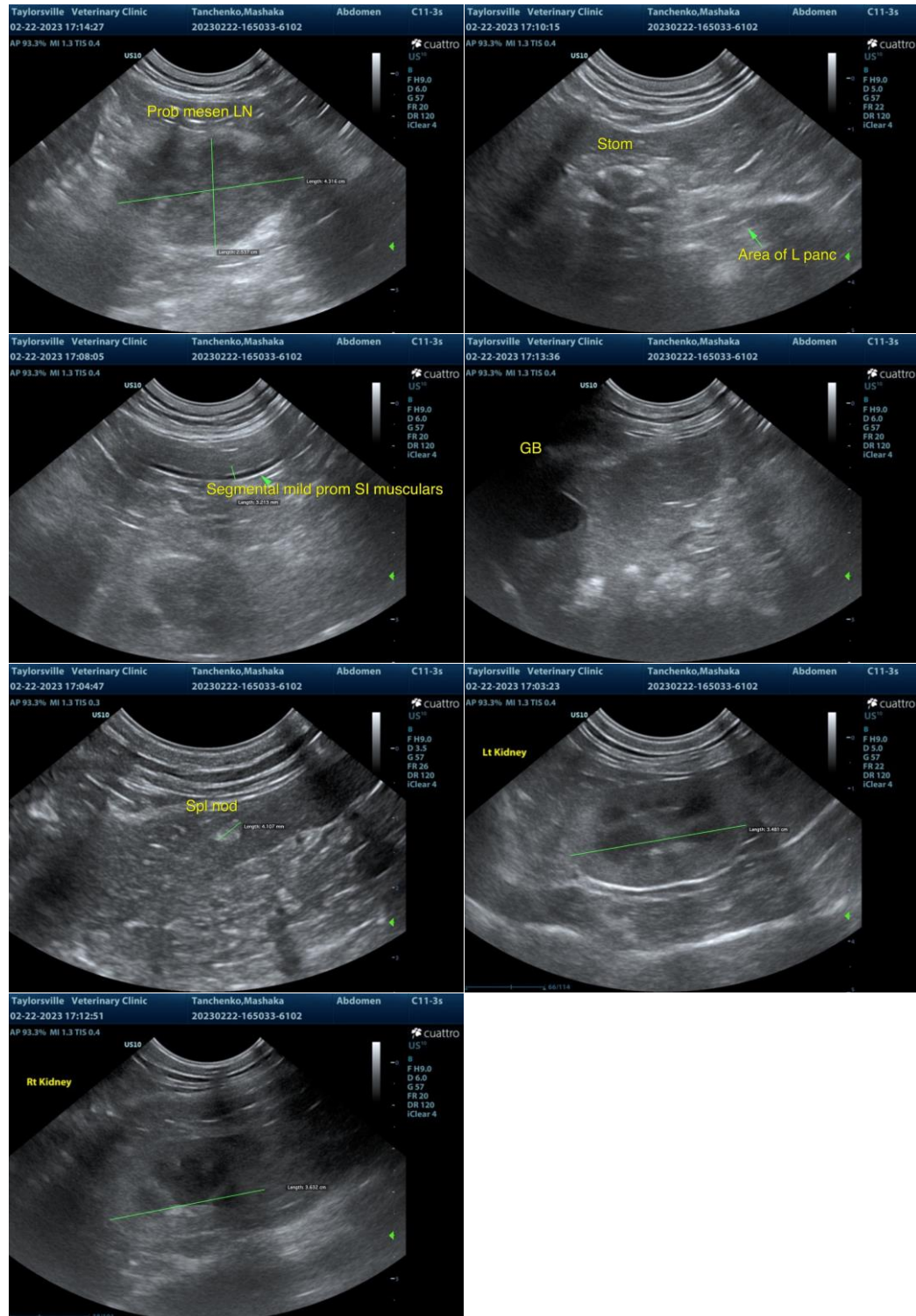
Dr. Bray

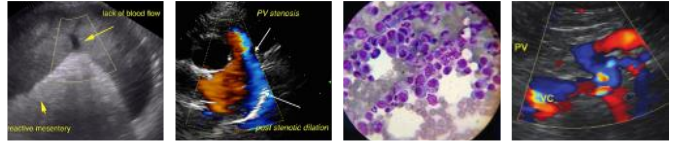
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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mac.daniel@sonopath.com

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