



PATIENT PRESENTING CLINICAL SIGNS

Baby Girl Gibbs Intermittent vomiting; CKD; thickening of intestines noted on physical exam. BUN 31; creat 2.9; Ca 12.3. Sedated with isoflurane.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 No evidence of pathology in the area of the aortic trifurcation.

FS Normal size and margination was 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.2 cm in length.

AGE 17 Years *Adrenal Glands*

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

7.8lbs

Spleen

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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. A solitary well demarcated uniformly hyperechoic intraparenchymal nodule was present measuring 0.55 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

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 Hospital

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

REFERRING VET

Hasan Syed, DVM

Gastrointestinal

INVOICE

50103

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 width.

DATE

2-6-22

The small intestine exhibited intact wall layering with segmental to generalized propensity for prominent jejunoileal muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.28 cm width. The duodenum wall measured 0.23 cm width. The ileocolic wall measured 0.40 cm width.

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



PATIENT

Pancreas

Baby Girl Gibbs

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Free Abdomen

Feline

Small intermittent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 0.22 cm in diameter.

BREED

DSH

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

FS

- Mild to moderate chronic renal changes.
- Probable chronic inflammatory enteropathy with minor benign colic lymphadenopathy.
- Mild heterogeneous to hypoechoic pancreas.
- Solitary likely benign liver nodule - consistent with probable nodular hyperplasia or small lipogranuloma.

AGE

17 Years

WEIGHT

7.8lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited segmental to generalized mild mural changes which are suggestive of underlying likely chronic inflammatory enteropathy. Potential for intestinal neoplastic disease is considered a less likely differential diagnosis.

INTERPRETED BY

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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

Potential for low grade concurrent pancreatitis, often seen with underlying intestinal disease in cats, cannot be excluded.

IMAGING PERFORMED BY

Empirically, hydrolyzed diet trial, cobalamin supplementation, as needed gastrointestinal support, +/- prednisolone trial at lowest effective dose to control clinical signs could be considered with assessment of clinical response. Full thickness intestinal biopsies would be required for a definitive diagnosis.

Pamela Harrigan, RDCS

HOSPITAL NAME

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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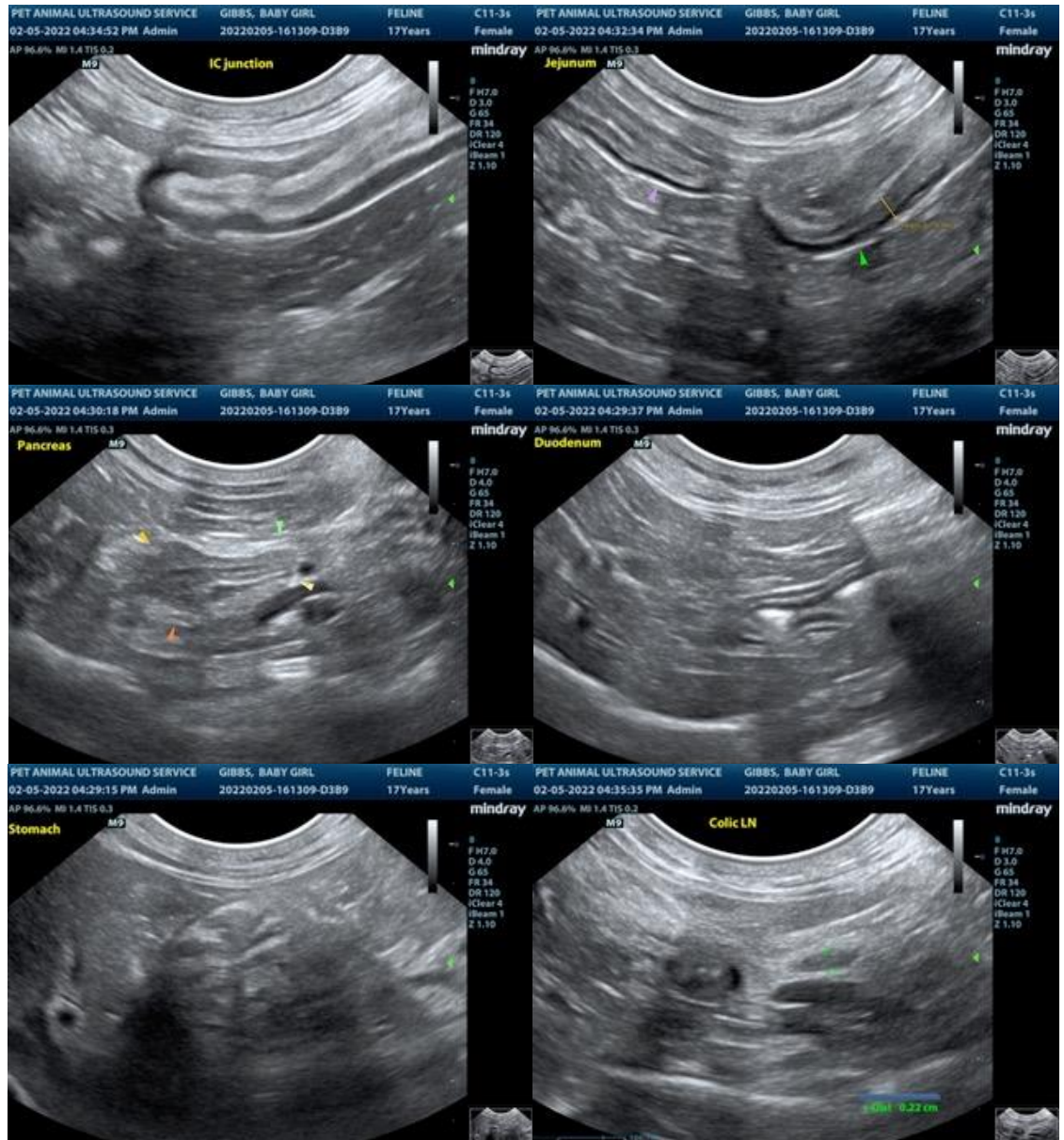
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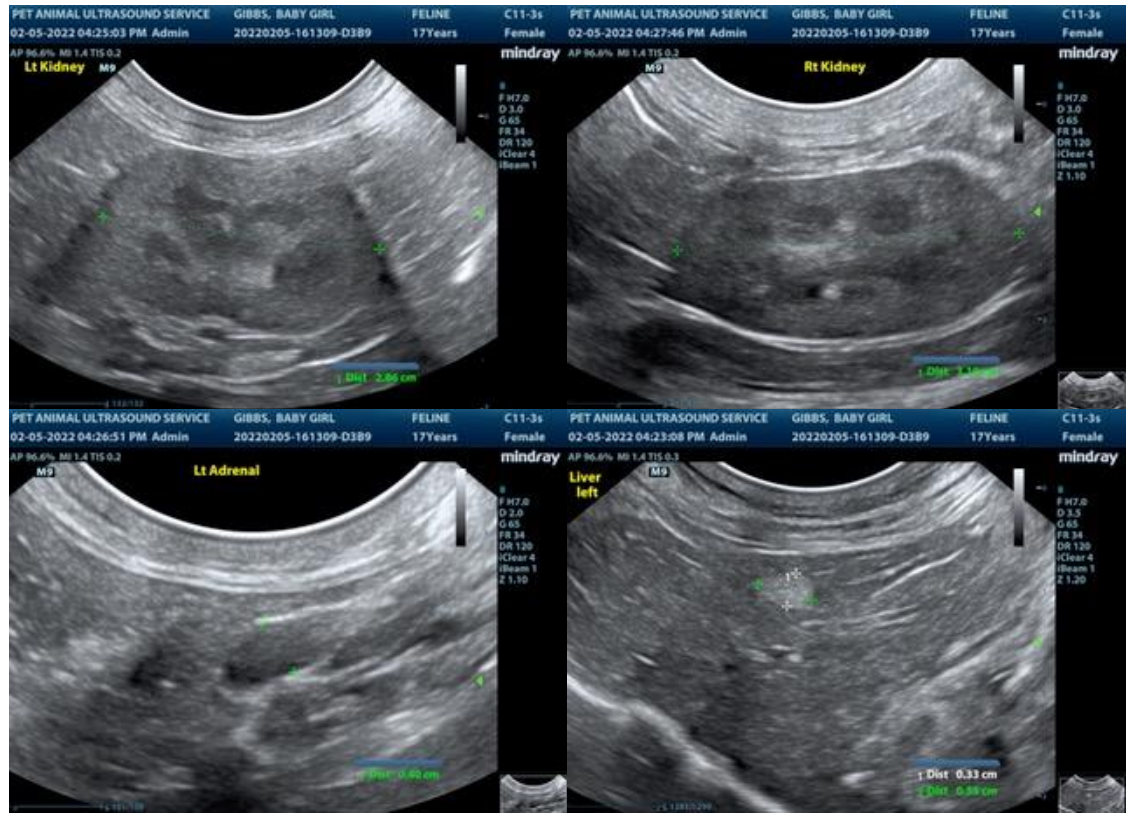
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 Feline

BREED
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AGE
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WEIGHT
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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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