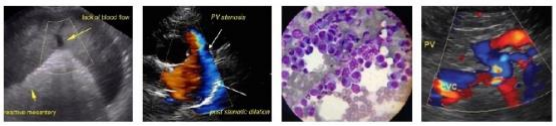


PATIENT

Ash Norton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Murdoch

INVOICE

13840

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Pe: QAR, grumbly, BCS 5/9 - muscle wasting over lumbar spine, T=37.8, hr - 174/min, no murmurs, rr - 36/min, lungs - clear, e/e/n - nsf, oe - mild-moderate calculus, gingivitis, mm=light pink, crt=2s, gums tacky, no obvious mass in mouth, ln - nsf, abd - small bladder, no feces palpated, kidneys feel enlarged to me, did not feel an obvious mass, skin/coat - periocular alopecia, alopecia on ears and couple scabs on dorsal aspect of pinna, peach fuzz ventral abdomen. m/s - loss of muscle mass over lumbar spine. Cerenia.

Labs: WBC 23.3 with mild monocytosis and significant eosinophilia. Chemistry Panel: SDMA 22, Otherwise unremarkable. Urine Spec Grav 1.036, 2+ proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present, likely consistent with mild cellular or crystalline debris or possible mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Both kidneys were borderline enlarged in size with maintained 1:3 cortex/medulla ratio. Mildly enhanced corticomedullary border demarcation present, owing to uniform increased cortex echogenicity. Subtle peripheral hypoechoic halo noted around both kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

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

Spleen

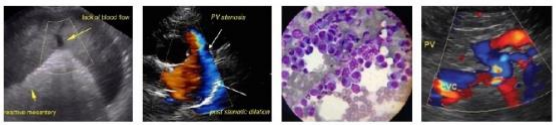
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

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 mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



PATIENT

Ash Norton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Murdoch

INVOICE

13840

DATE

2/7/22

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of moderate to marked muscularis hypertrophy throughout the small intestine.

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

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.

Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic lymph nodes was 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 lymph node size measured 0.47 cm width.

Mild periintestinal to perilymphatic reactive mesentery was present, along with small pockets of scant free fuid.

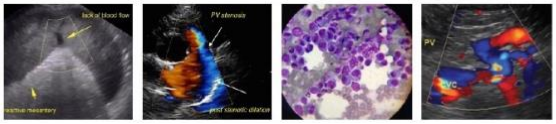
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral borderline renomegaly, exhibiting uniform increased cortex echogenicity and subtle peripheral hypoechoic halo
- Infiltrative enteropathy
- Suspect concurrent mild to chronic active pancreatitis
- Associated, mild periintestinal reactive mesentery, small pockets of scant peritoneal free fluid and mild jejunocolic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine was consistent with infiltrative enteropathy. Considerations include inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis) with warranted concern for neoplastic infiltrative enteropathy with round cells (lymphoma, mast cell neoplasia or other). The kidneys may indicate concurrent nonspecific nephritis, however, given the peripheral hypoechoic halo associated with both kidneys, potential for multicentric round cell neoplasia, such as gastrointestinal and renal lymphoma is of concern.

Assuming normal clotting status, ultrasound guided FNA of the renal cortex could be considered for screening cytology. Full thickness gastrointestinal biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



PATIENT

Ash Norton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Murdoch

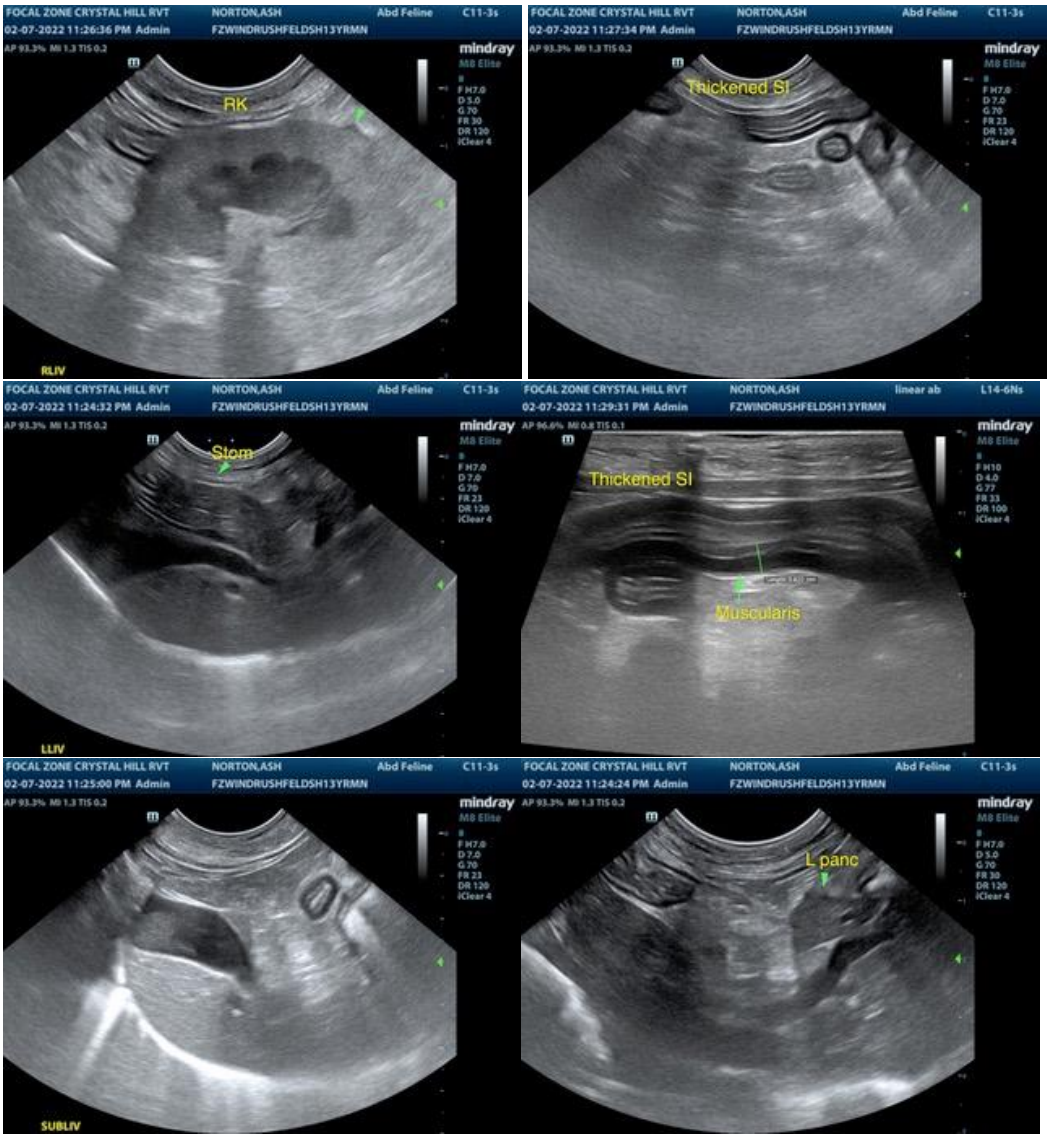
INVOICE

13840

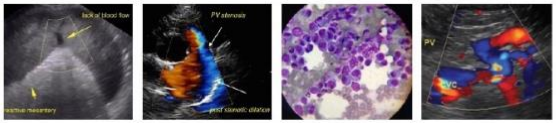
DATE

2/7/22

Pending additional diagnostics, empirical IBD/chronic active pancreatitis therapy protocol with continued monitoring of body condition, weight and ideally, sonographic monitoring of the small intestine and bilateral kidneys for evidence of progressive changes.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Ash Norton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Windrush VS

REFERRING VET

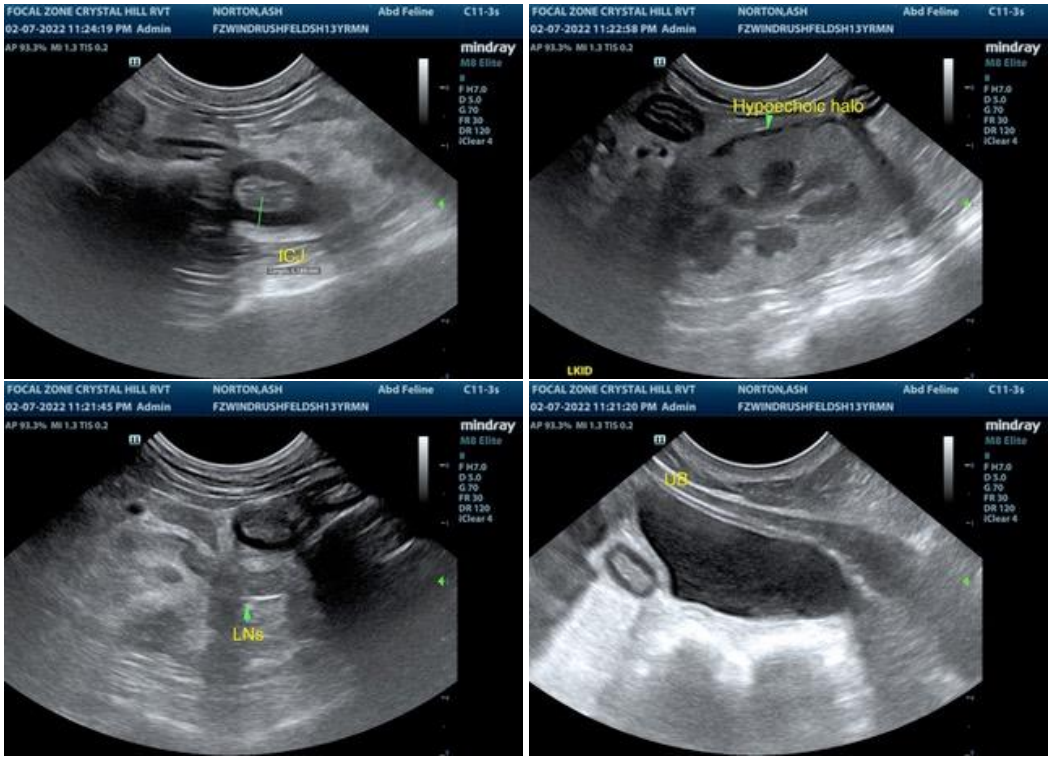
Dr. Murdoch

INVOICE

13840

DATE

2/7/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com