SonoPath
Clinical Sonography & Telecytology
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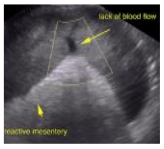
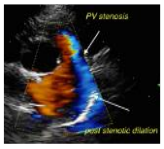
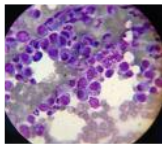
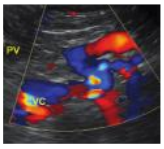





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Klaus Zalonis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

4 yrs

**WEIGHT**

9.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

16053

**DATE**

2/7/23

## PRESENTING CLINICAL SIGNS

wt loss. Abnormal PE/Chem/CBC/UA Results: 1/14/23: ALK: <5, WBC: 16.8, T4 and urine WNL. Gave convenia and repeat CBC on 2/3/23: WBC 11.8 and otherwise WNL

## 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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 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.

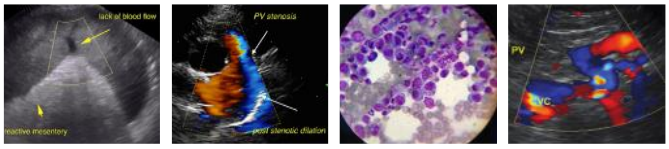
### *Liver/ Gallbladder*

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 containing anechoic content with potential minor cystic biliary and proximal common duct dilation, yet no evidence of post hepatic obstruction.

### *Gastrointestinal*

The stomach exhibited intact, sonographically unremarkable wall layering. The stomach was empty with mild luminal gas. No overt evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.27 cm.

Subjective mild thickened upper duodenum exhibiting mild decreased mural echogenicity and indistinct upper duodenal wall layering was present. The upper duodenal wall width subjectively measured 0.41 cm wall width. By comparison, normal appearing mid to distal duodenal measured 0.22 cm width. The

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jejunum and ileum exhibited intact sonographically unremarkable wall layering with a maintained 1:3 jejunal/ileal muscularis: mucosa ratio. The jejunal wall width measured up to 0.26 cm. The ileocolic wall width measured 0.34 cm.

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

### *Pancreas*

The pancreas was normal in size with minor asymmetrical pancreatic contour exhibiting heterogeneous, subtly hypoechoic pancreatic parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

A solitary, mildly prominent, uniform mild hypoechoic gastric or pancreaticoduodenal lymph node was present adjacent to the upper duodenum. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Minor surrounding hyperechoic omentum was noted. The lymph node size was 0.7 cm in diameter. No evidence of peritoneal effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

- Subjective mild thickened upper duodenum or possible gastroduodenal junction - overtly nonobstructive
- Empty stomach, intact jejunoileal wall layering
- Possible low-grade pancreatitis
- Focal mild subjective benign / reactive gastric or pancreaticoduodenal lymph node
- Minor cystic biliary and common bile duct dilation - not consistent with post hepatic obstruction

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective mild thickened upper duodenum or possible gastroduodenal junction is of unclear clinical significance, given the lack of reported inappetence or vomiting. Potential etiologies may include inflammatory emerging infiltrative neoplasia, granulomatous, etc.

Sonographic monitoring or potential biopsies for a definitive diagnosis may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as (if not done) three-view chest radiographs to rule out occult pathology as a contributing factor to the patient's weight loss, is suggested. Monitoring for evidence of cholestasis going forward, potentially associated with the subjective thickened upper duodenum, is recommended.

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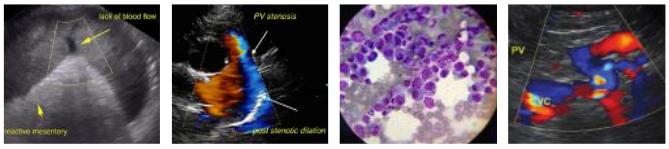


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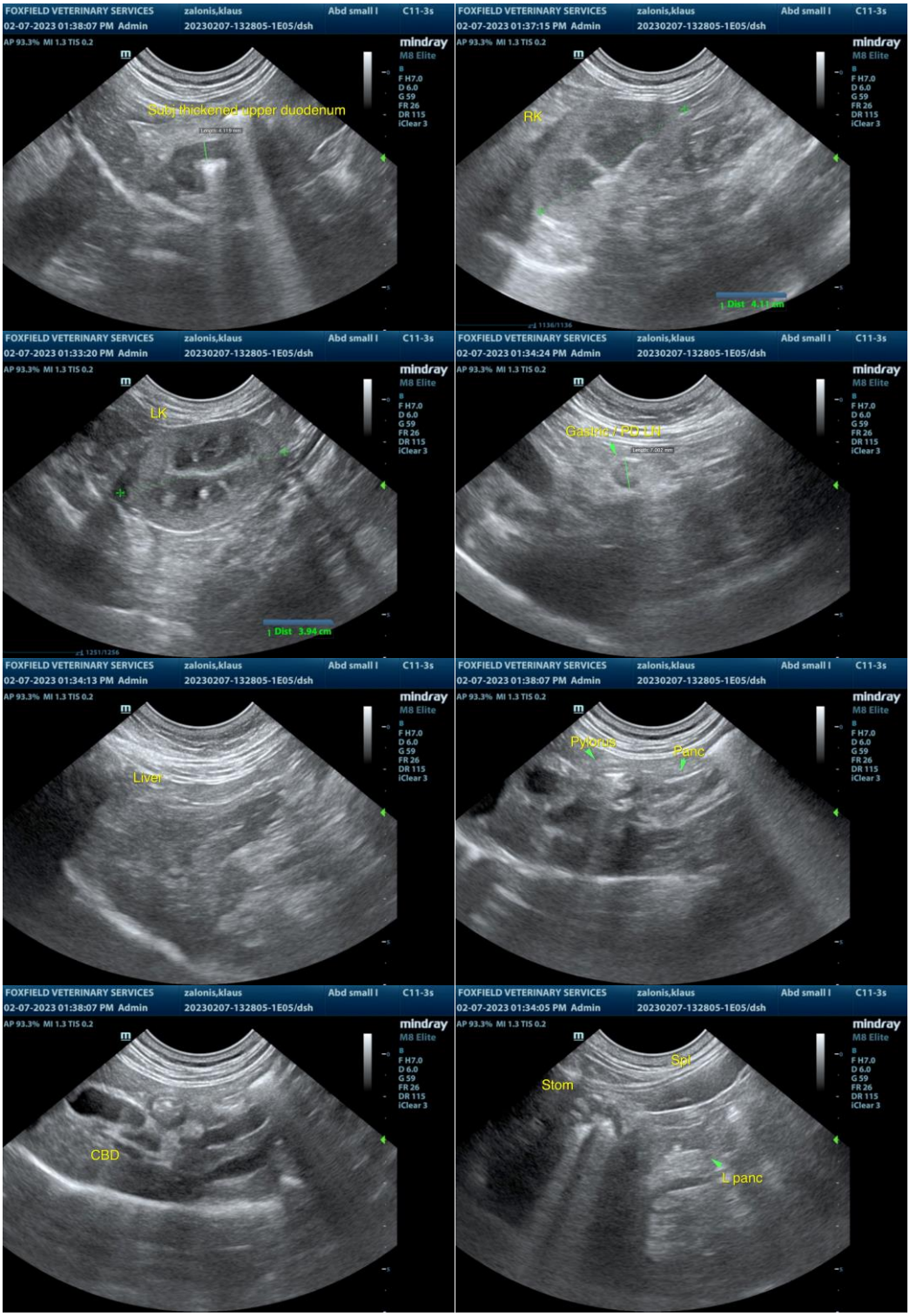

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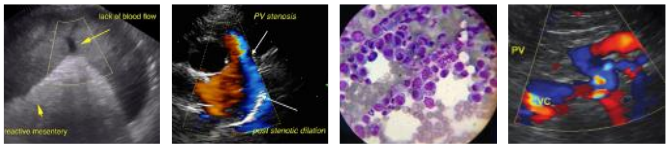


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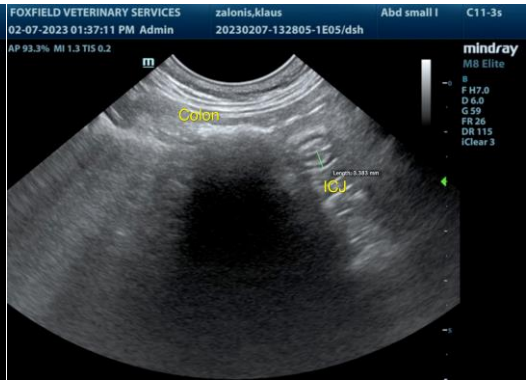


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**