



PATIENT

Penelope Knobel

PRESENTING CLINICAL SIGNS

History: Chronic vomiting x 3 months, has become anorexic with continued chronic vomiting last two weeks, owner providing some syringe feeding.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 236 ALP 1037 Tbili 4.0 BUN 12 PSL 251 3+ bilirubinuria, ACT 199 (< 190 ref range).

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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 were noted. Aortic trifurcation was normal.

AGE

12 Years

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 mild 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 3.9 cm in length.

WEIGHT

13.43 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

Spleen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

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.

HOSPITAL NAME

VCA Feline AH

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Vincent Fleming

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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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.

DATE

3/1/22



PATIENT

Penelope Knobel The intestinal walls demonstrated diffusely thickened walls with segmental to generalized mildly prominent muscularis layer. No overt evidence of loss of intestinal wall layering or intestinal masses.

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

Feline **Pancreas**

The pancreas exhibited generalized prominent size and asymmetrical contour with hypochoic parenchyma compared to regional peripancreatic reactive mesentery.

BREED

DSH **Free Abdomen**

Enlarged, hypochoic mid abdominal jejunal lymph nodes as well as focal pancreaticoduodenal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of lymph node size measured 1.6 cm x 1.1 cm.

SEX

Spayed Female

AGE

12 Years

Small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy, exhibiting intact yet altered wall layering. Suspect inflammatory infiltrative enteropathy/IBD, potential for neoplastic infiltrative enteropathy with round cells such as lymphoma possible.

WEIGHT

13.43 Pounds

- Active pancreatitis

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DABVP (Canine and
Feline)

- Hepatopathy- cholangiohepatitis, vacuolar hepatopathy, emerging lipidosis likely. Neoplasia is considered a less likely differential diagnosis.

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- Mild gallbladder debris- nonspecific, potentially owing to fasting or cholestasis
- Hypochoic to swollen mid abdominal jejunal and focal pancreaticoduodenal lymph node- secondary reactive lymphadenitis, potential for emerging lymphadenopathy possible.

HOSPITAL NAME

VCA Feline AH

- Perilymphatic to periintestinal reactive mesentery with small pockets of scant peritoneal free fluid

REFERRING VET

Dr. Vincent Fleming

Secondary Findings

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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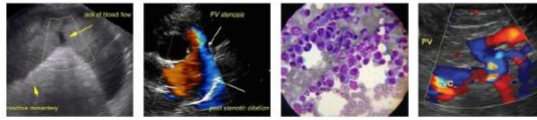
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Triad disease flare-up may be a consideration in this patient given the elevated liver enzymes, hepatic presentation, altered intestinal wall layering and evidence of active pancreatitis.

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If clotting status is appropriate or normalizes, ultrasound guided FNA of the liver and accessible lymph node, using a 25-gauge needle for screening cytology. GI panel, to include PLI, TLI, cobalamin



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and folate could be considered. Full thickness intestinal pancreatic and hepatic biopsies likely required for a definitive diagnosis. Monitoring for evidence of hypothermia or hypocalcemia associated with the pancreatitis which may be negative prognostic indicator recommended.

SPECIES

Feline

Empirically, triad disease protocol would be reasonable. Recheck sonogram to assess for progressive inflammatory hepatopancreatic or gastrointestinal changes as well as progressive lymphadenopathy could be considered, if persistent clinical signs.

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VCA Feline AH

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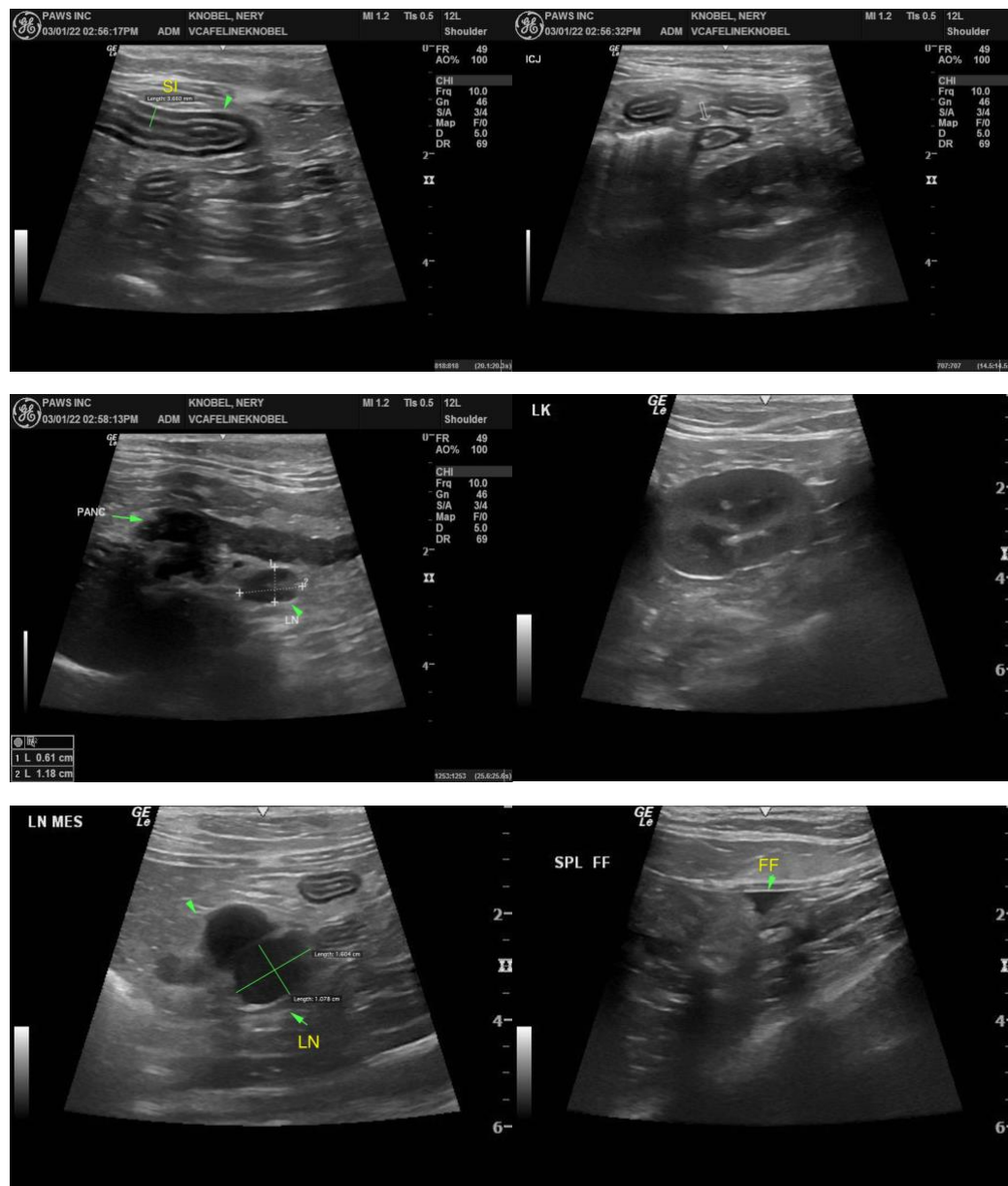
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SPECIES

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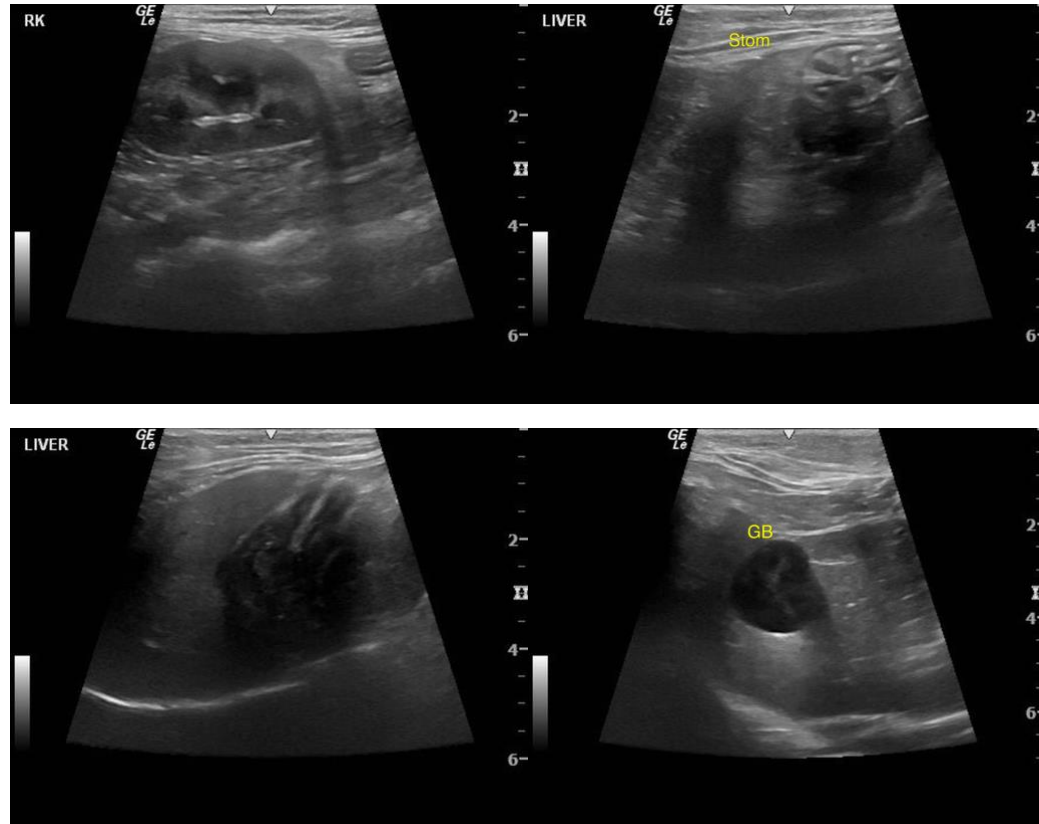
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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