



PATIENT

Felson Amundson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate VC

REFERRING VET

Emma Herdener

INVOICE

14314

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History: ~1-2 week history of vomiting, almost completely resolved after Cerenia treatment. Heart murmur 3/6 sternal (>1 year duration per owner, unable to get previous records) and >1 year duration of increased respiratory sounds/wheezing that improved on Pred (unable to get previous records). Chronic diarrhea, currently unresponsive to Metronidazole. Energy/appetite wnl for patient
Abnormal PE/Chem/CBC/UA Results: Mild eosinophilia, moderate neutrophilia. Chem/T4/UA 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. Primarily anechoic urine was present in the lumen with mild dependent mineral. 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length. Mild pyelectasia was present in the right kidney.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and contour with primarily finely textured homogeneous parenchyma, exhibiting normal overall parenchyma echogenicity. Intermittent, non-expansive, subtle hypoechoic parenchymal nodules were present. The spleen measured 1.0 cm in width.

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 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 0.26 cm.

The intestinal walls demonstrated segmental to generalized intact yet altered 1:3 muscularis / mucosa ratio owing to segmental to generalized prominent muscularis layer. No overt evidence of loss of intestinal wall layering or intestinal masses noted. Jejunum wall measured 0.33 cm. The ileocolic wall measured 0.52 cm.

Normal visible colon wall layers were present with generalized semi- formed to soft feces in lumen, consistent with diarrhea.



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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.

SPECIES

Free Abdomen

Feline

Intermittent, enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Enteropathy, exhibiting segmental to generalized intact yet altered wall layering- consistent with infiltrative enteropathy, i.e., inflammatory infiltrative enteropathy (IBD, eosinophilic enteritis) with potential for neoplastic infiltrative enteropathy with round cells, such as lymphoma or other.

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- Associated, subjectively benign/reactive jejunocolic lymph nodes- hyperplasia with potential for mild reactive lymphadenitis

14 Years

- Nonspecific splenic nodules- areas of lymphoid hyperplasia, hematopoiesis, splenitis or other suspected, while the possibility of emerging neoplastic nodules, although thought less likely, cannot be excluded.

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- Bilateral, chronic interstitial nephrosis renal pattern with mild right kidney pyelectasia

- Mild dependent urinary bladder mineral

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Full urinary work up, including urinalysis +/- culture and sensitivity, if evidence of inflammatory cells, and/or baseline UPC recommended. Full thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended, +/- diarrhea PCR to rule out contributing factors to the diarrhea, could be considered.

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Empirically, IBD protocol, which may include hydrolyzed diet, empirical cobalamin supplementation, high colony count probiotics (such as Provable) and prednisolone to control clinical signs with as needed gastrointestinal support would be reasonable.

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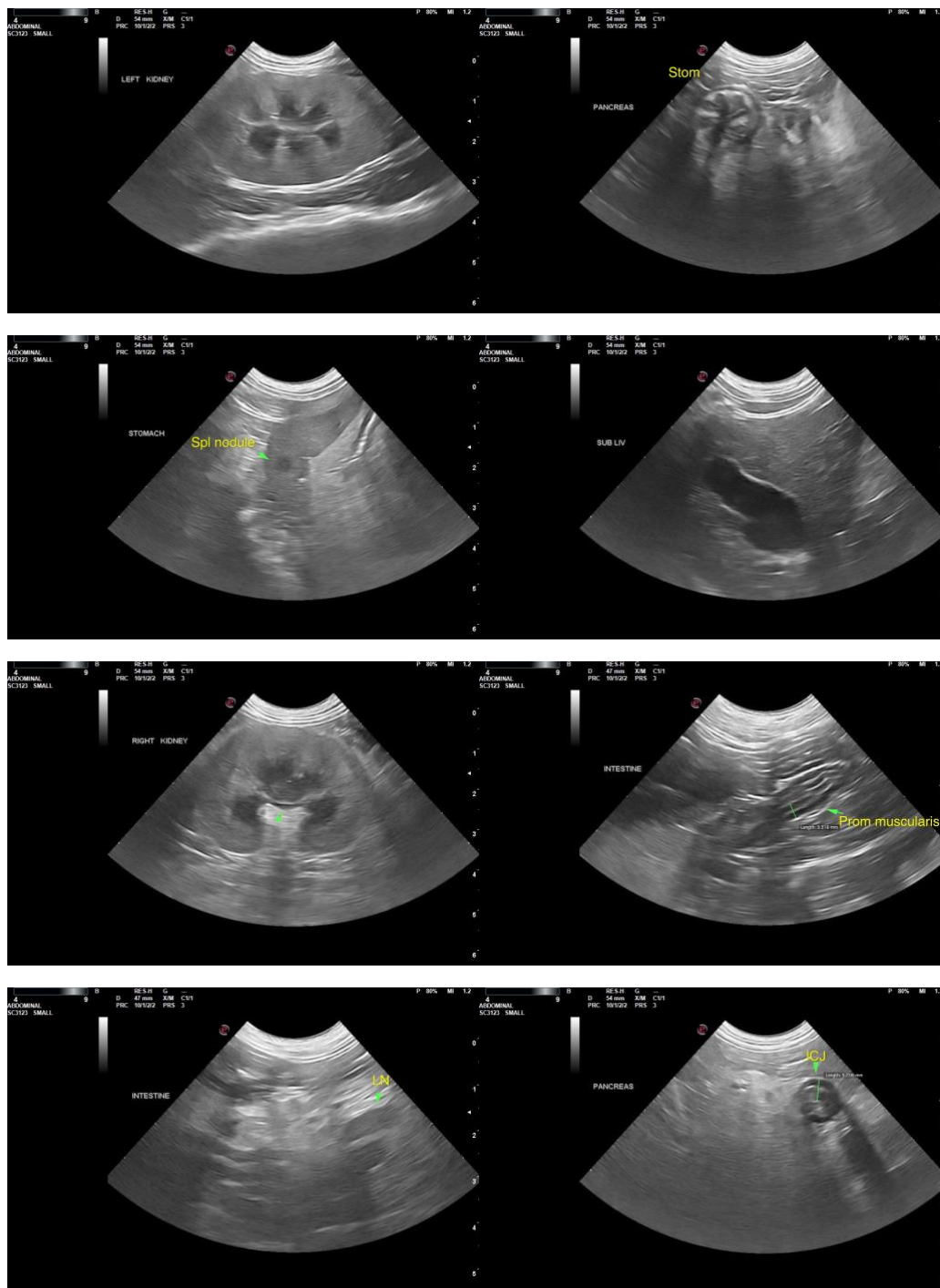
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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