

PATIENT

Baker Gooding

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

14.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

13183ag

DATE

3/15/23

PRESENTING CLINICAL SIGNS

3 pound unintentional weight loss since 2021. intermittent diarrhea since December. On Cobalequin and fortiflora , eats K/D canned and metabolic dry

Abnormal PE/Chem/CBC/UA Results: Creatinine 1.8, SDMA 13 , USG 1.016 fecal negative, Fecal PCR negative Tried metronidazole- no change wouldn't eat tylan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 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. Bilateral non-specific subtle hyperechoic medullary striations were present. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 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 0.31 cm width. No overt pathology in the area of the right adrenal gland.

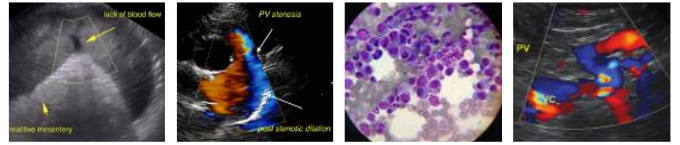
Spleen

The spleen exhibited normal size and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented mildly 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. The gallbladder was mildly distended in size with subtly prominent to hyperechoic walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.23 cm.

Gastrointestinal



PATIENT	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 0.25 cm in width.
Baker Gooding	
SPECIES	The small intestine presented intact variably thickened jejunal wall layering. The jejunum wall measured up to 0.36 cm width. The area of the ileocolic junction was not definitively visualized. The duodenum was sonographically normal. The duodenum wall measured 0.27 cm width.
Feline	
BREED	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
DLH	<i>Pancreas</i>
SEX	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 were evident.
MN	
AGE	<i>Free Abdomen</i>
12 years	Intermittent enlarged mid abdominal peri intestinal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to mild peri intestinal inflammation was evident. An example of lymph node size was 1.9 cm x 0.5 cm.
WEIGHT	No overt free fluid.
14.4 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Segmental thickened small bowel with associated mild mesenteric lymphadenopathy-may indicate chronic inflammatory enteropathy/IBD with associated mesenteric lymphoid hyperplasia or reactive lymphadenitis, potential for neoplastic enteropathy with round cells may present in a similar sonographic manner and cannot be definitely excluded. • Mild perilymphatic to peri intestinal hyperechoic omentum. • Subjective mild hepatomegaly. • Mild non-obstructive proximal common bile duct dilation-age related variant, potential for mild cholangitis. • Chronic renal changes with non-specific subtle hyperechoic medullary striations. • Mild urinary bladder sediment.
Dr. Brita Kiffney	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Northshore VH	Full thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
REFERRING VET	Empirical IBD protocol which may include hydrolyzed diet, high colony count probiotic, cobalamin supplementation pending assessment of cobalamin levels and prednisolone trial at lowest effective dose to control clinical signs with as needed GI support would be reasonable.
Dr. Brita Kiffney	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
INVOICE	
13183ag	
DATE	
3/15/23	



PATIENT

Baker Gooding

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

14.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

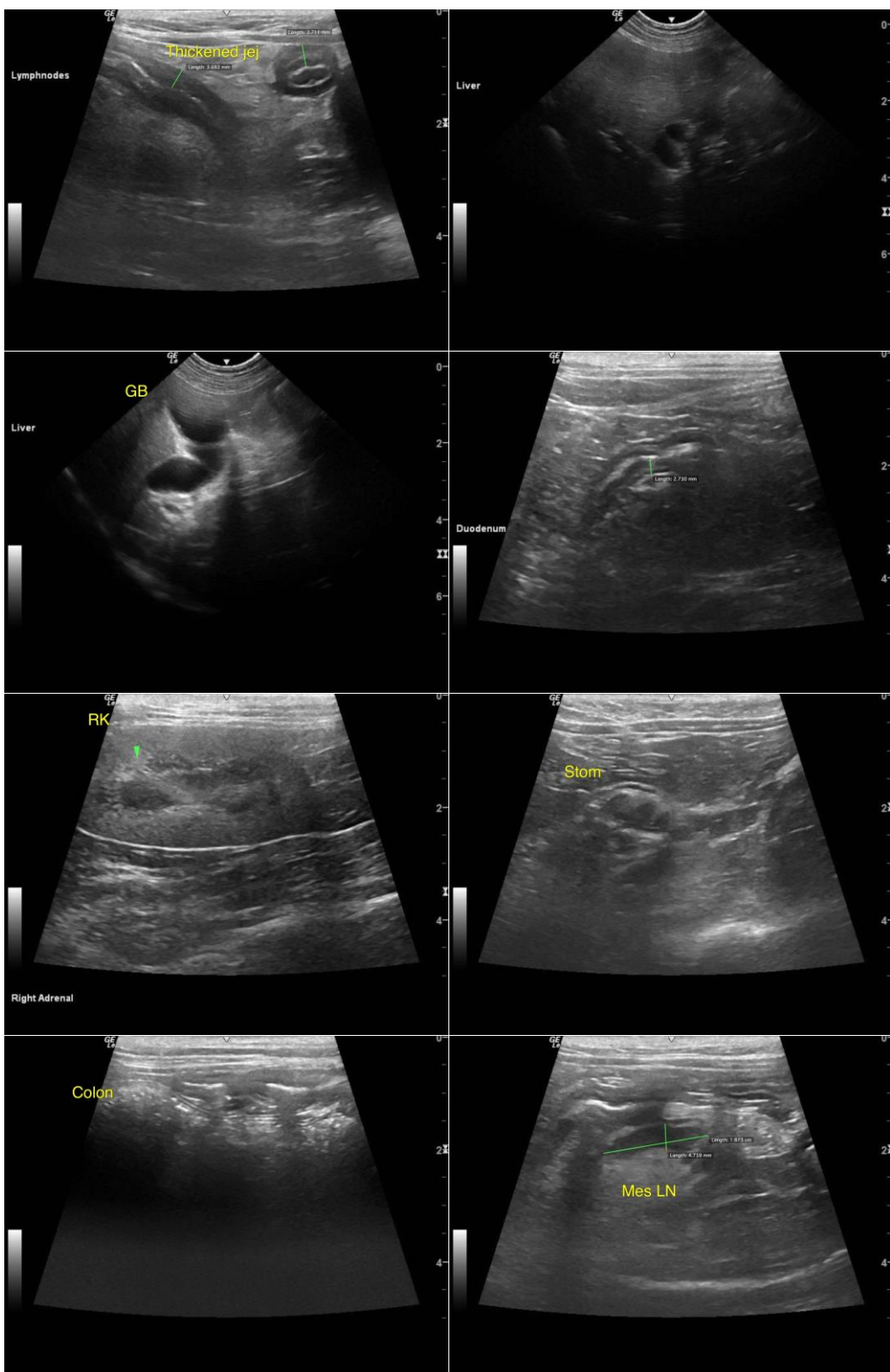
Dr. Brita Kiffney

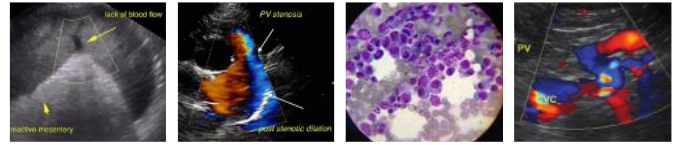
INVOICE

13183ag

DATE

3/15/23





PATIENT

Baker Gooding

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

14.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

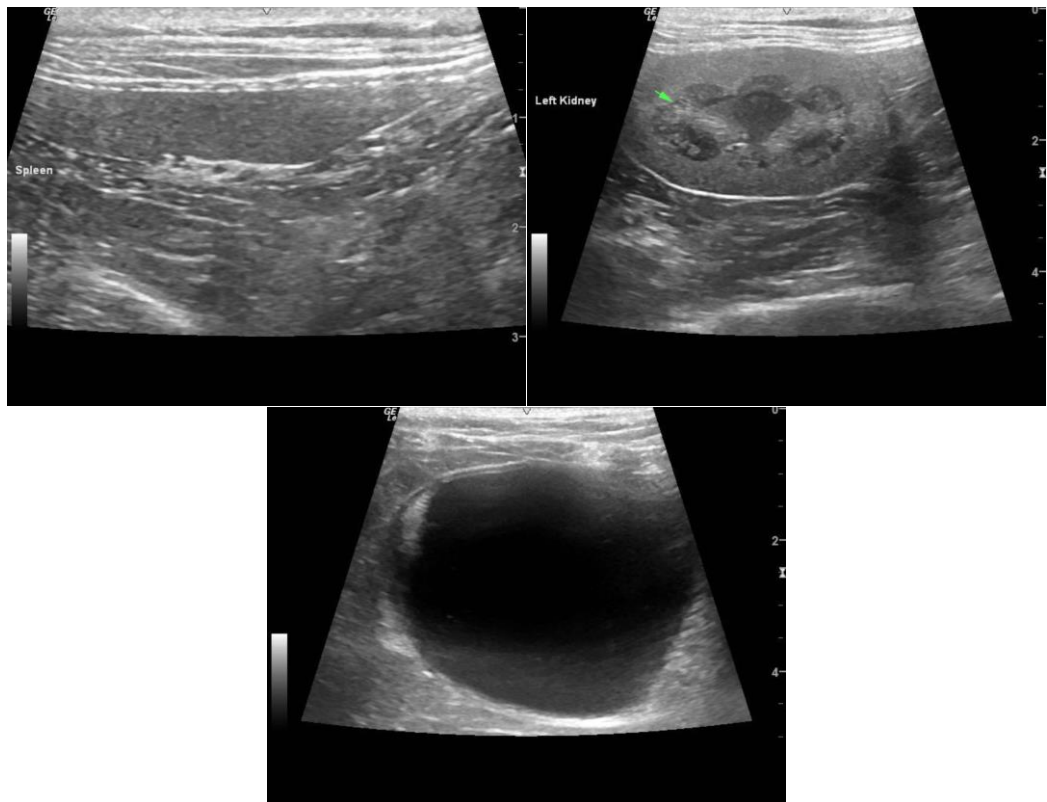
Dr. Brita Kiffney

INVOICE

13183ag

DATE

3/15/23



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