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Clinical Sonography & Telecytology
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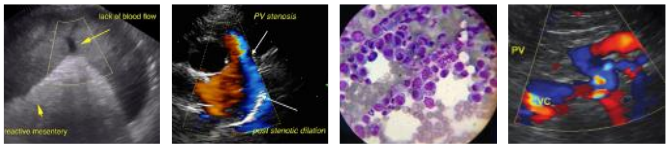

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sneakers Brown

SPECIES
Feline

BREED
DMH

SEX
FS

AGE
16 years

WEIGHT
11 lbs.

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

IMAGING PERFORMED BY
Dr. Callihan/Pacific Crest Mobile

HOSPITAL NAME
Pacific Crest Mobile

REFERRING VET
Dr. Galen Groff/Chuckanut Feline Center

INVOICE
13565

DATE
3/25/22

PRESENTING CLINICAL SIGNS

Diarrhea for past two years, intermittent, sometimes with blood, and not sure what incites it, has up to 2 week intervals with no diarrhea. She still eats and drinks Is diabetic, 3 units insulin q12h Attempted treatments have included: -hypoallergenic diet (but difficult due to picky eater) -B12 injections -fiber supplementation -metronidazole -Tylan powder -prednisolone -probiotic
Abnormal PE/Chem/CBC/UA Results: Labwork in past not revealing, and present lab work is pending Had unremarkable ultrasound little over a year ago PE: -BCS 7/9 -Mild pot-bellied appearance and muscle atrophy -nonpainful abdomen -generalized mild seborrhea sicca -mild tartar

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.

Several medial iliac lymph nodes were 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 lymph node measured 1.3 cm x 0.56 cm. These lymph nodes are not consistent with inflammatory or neoplastic criteria.

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 3.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen exhibited mild asymmetrical medial capsule contour. 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. The spleen measured 0.8 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

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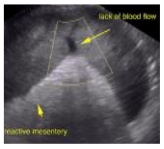

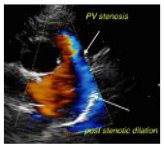

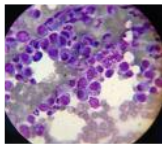
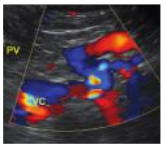

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained anechoic fluid and luminal gas without evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.21 cm. The ileocolic wall width measured 0.31 cm. The jejunum wall width measured 0.22 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen. The descending colon wall width at the level of the urinary bladder measured 0.2 cm.

Pancreas

The pancreas was normal in size and contour with heterogeneous to mild nonuniform echogenic pancreatic parenchyma with mild pancreatitis duct dilation. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile stomach
- Suspect chronic pancreatitis
- Overtly normal small intestine and colon
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of a significant gastrointestinal pathology or active pancreatitis was noted. In patients with chronic to intermittent gastrointestinal signs, low-grade to chronic pancreatitis, dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory bowel, with potential suppressed intestinal mural changes if recently administered Prednisolone, or less likely in this case, intestinal neoplasia could be possible. Suspected mild flair-ups of colitis are likely present, given the intermittent hematochezia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending lab work is recommended. Ideally, novel protein or hydrolyzed diet +/- as-needed fiber supplementation with potential long-term dietary therapy, as-needed cobalamin supplementation, and likely long-term high colony count probiotics such as Proviable is recommended.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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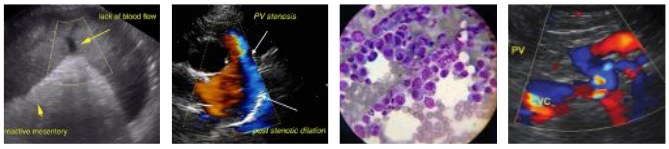

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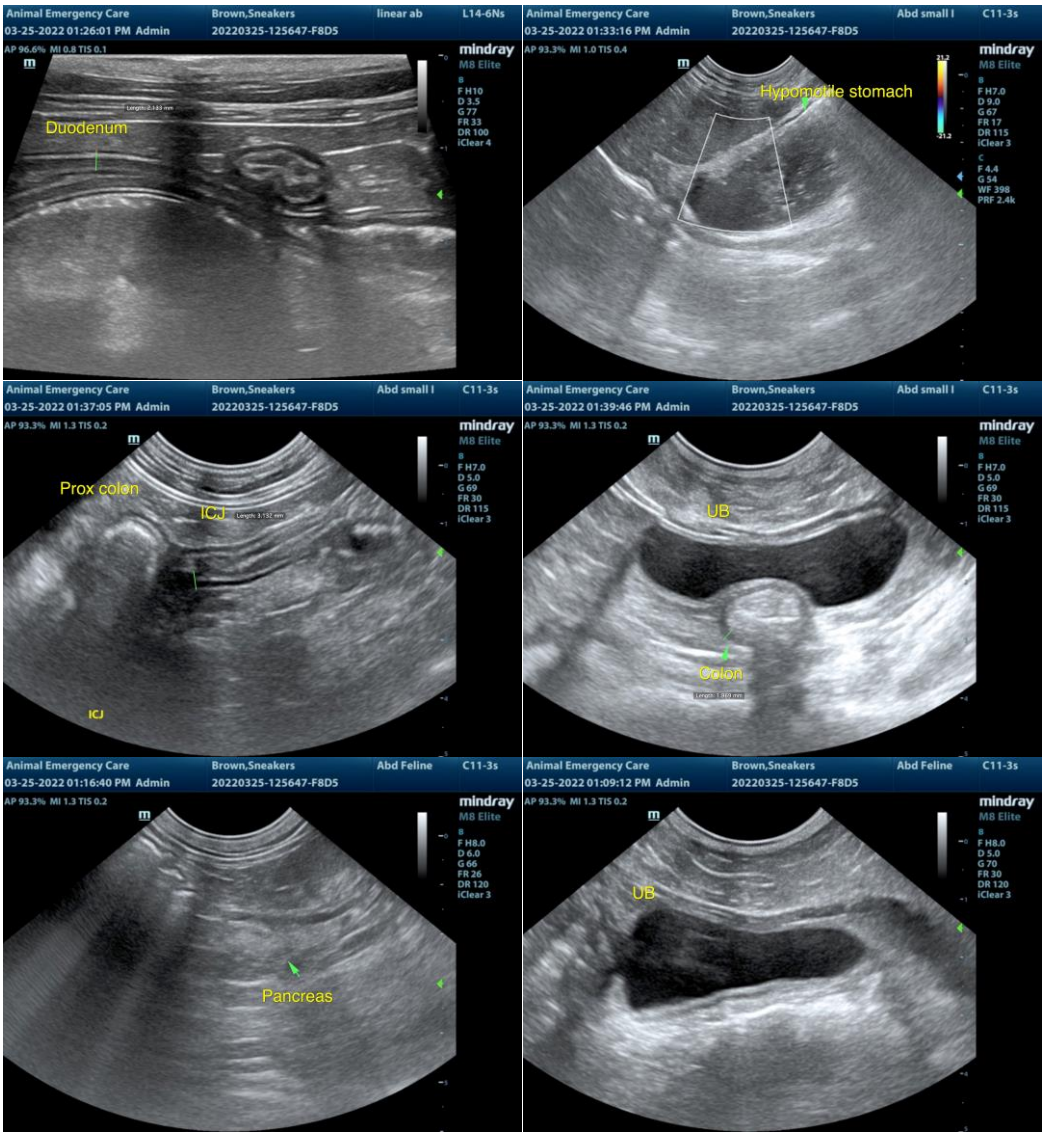
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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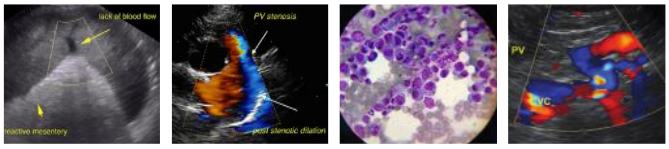

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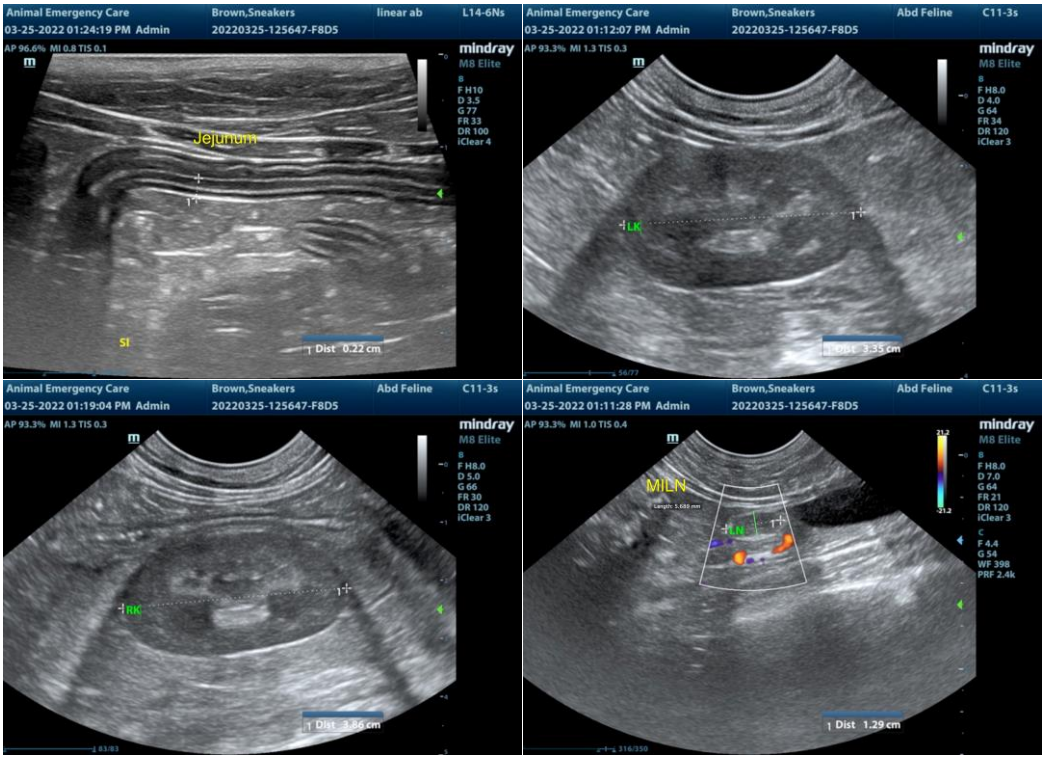

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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