



PATIENT

Sebastian Baehr

PRESENTING CLINICAL SIGNS

FIV+, hyperthyroid, hypertension, weight loss, 1/6 murmur.

SPECIES

Feline

Medication: Amlodipine 1.25 BID, Benazepril 5mg am/2.5mg pm, Methimazole

BUN 43, SDMA 16, UPC 0.4, T4 3.5

BREED

DSH

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.

SEX

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The area of the aortic trifurcation was free of pathology.

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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. Suspect cortical microinfarcts were noted in both kidneys. The left kidney measured 3.2 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

8.3

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size yet maintained symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.60 cm width. The right adrenal gland measured 0.6 cm width. No evidence of adrenal neoplastic criteria. The prominent adrenal glands are likely incidental with potential for patient variant.

INTERPRETED BY

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

Spleen

The spleen exhibited minor caudolateral folding, which is not indicative of underlying pathology and a potential patient variant, with 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. The spleen measured 0.93 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Titcher

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 primarily anechoic content with minor, nonorganized, echogenic gallbladder debris. The gallbladder debris is likely incidental given the lack of cholestasis or hepatic enzyme elevations. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

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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 width measured 0.25 cm.

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The small intestine presented generalized intact thickened wall layering owing to generalized propensity for thickened muscularis layer. The small intestinal wall width measured up to 0.46 cm. No overt or visualized intestinal masses were noted.

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

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Pancreas

The pancreas was normal in size and contour heterogeneous to isoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent mesenteric 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). No evidence of lymphatic or omental masses was noted. No evidence of peritoneal free fluid was present.

WEIGHT

8.3

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern
- Associated mild subjective benign / reactive mesenteric lymphadenopathy
- Chronic renal changes with cortical microinfarction
- Mild gallbladder debris
- Mild heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine consistent with infiltrative enteropathy may include inflammatory infiltrative enteropathy, i.e., IBD/eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells, i.e., lymphoma, mast cell neoplasia, or less likely granulomatous enteropathy such as dry form FIP, all of which may present in a similar sonographic manner. Full-thickness intestinal biopsies would be required for a definitive diagnosis.

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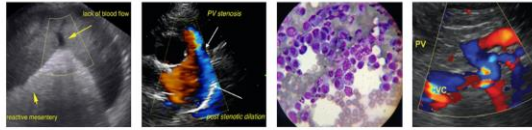
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A GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further assessment of the intestinal tract, as well as occult or low-grade pancreatic inflammation as a contributing factor. Empirically, IBD protocol with as-needed gastrointestinal support, monitoring of clinical response and weight loss going forward with possible sonographic reassessment of the intestinal tract, if clinically indicated, would be reasonable.



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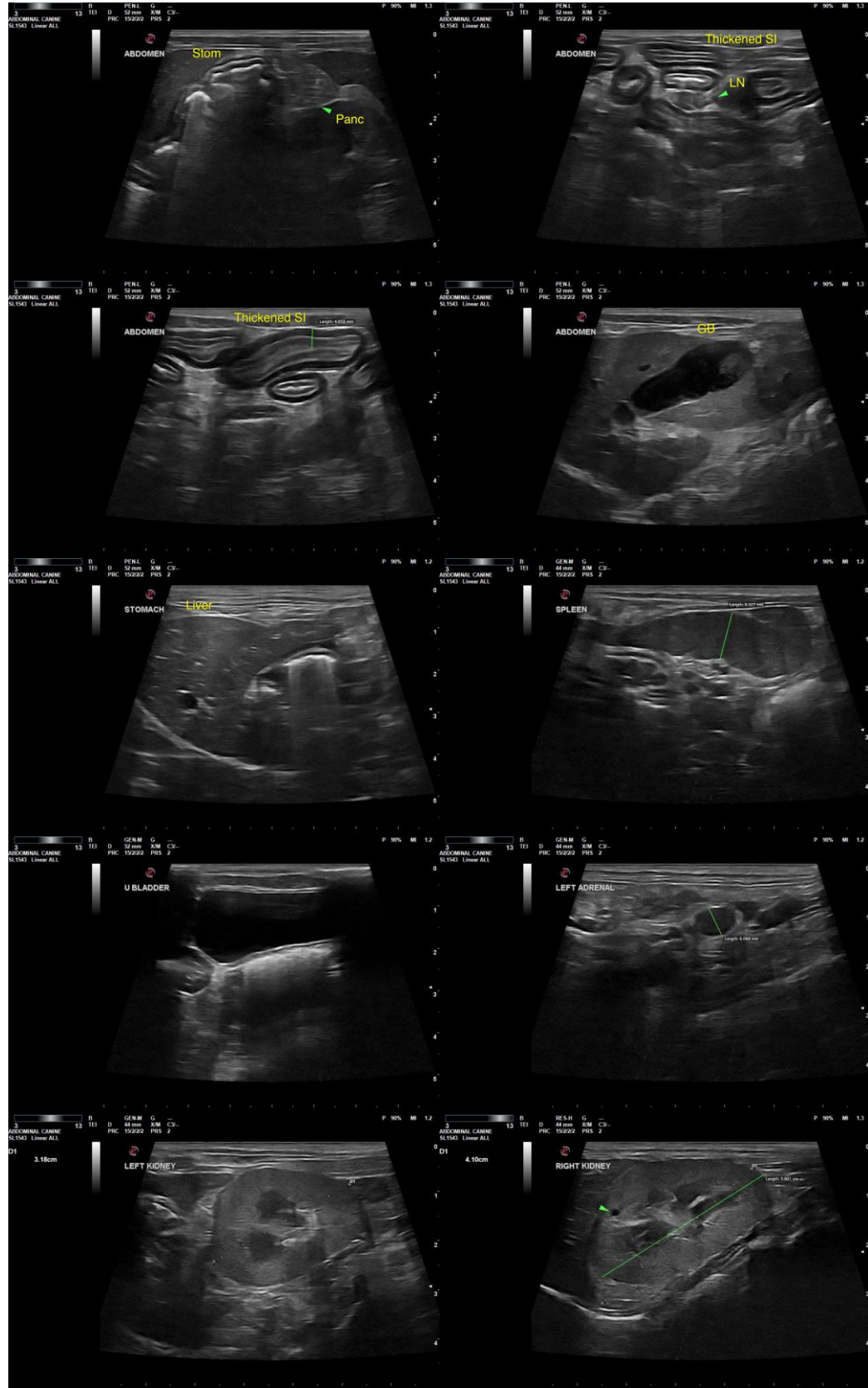
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

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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.

SEX

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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