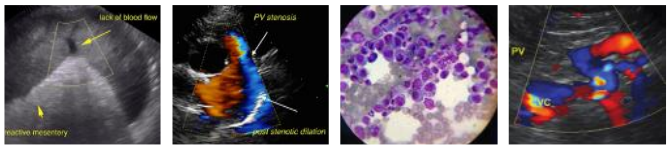
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bolin Parks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1yr

WEIGHT

4.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary Hospital

REFERRING VET

Mack

INVOICE

13333ag

DATE

03/30/2023

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting that has gradually increased

Abnormal PE/Chem/CBC/UA Results: 33,0000 Leukocytosis with 25,000 neutrophilia. Emaciated

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 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

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. The spleen measured 0.67 cm in width at the level of the hilus.

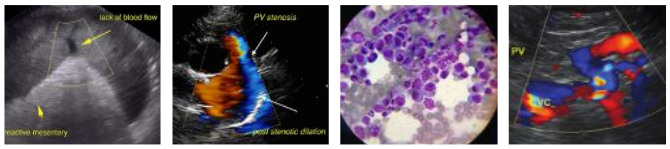
Liver/Gallbladder

The liver was borderline enlarged in size with normal 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 to subnormal in size with thin walls and primarily anechoic luminal content. Subnormal gallbladder likely secondary to the presence of gastric ingesta. 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 contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.21 cm in width.

The small intestine presented segmental variable thickened wall layering exhibiting intact indistinct altered wall layer ratio involving the segmental jejunal into the level of the ileum and ileocolic junction. A segment of mid abdominal intestine exhibited mild to moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering measuring ~ 1.5 cm in diameter with wall width up to 0.5 cm. By comparison intact overtly normal intestine wall measured 0.18 cm in width. Empty small



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

PATIENT

Bolin Parks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1yr

WEIGHT

4.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary Hospital

REFERRING VET

Mack

INVOICE

13333ag

DATE

03/30/2023

intestine was present distal to the mural lesion with potential for proximal intestinal dilation with retained ingesta and gas. The ileocolic wall measured 0.41 cm in width.

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

Pancreas

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.

Free Abdomen

No peritoneal effusion was present.

Intermittent to multiple enlarged mesenteric 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. An example of lymph node size was 1.9 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

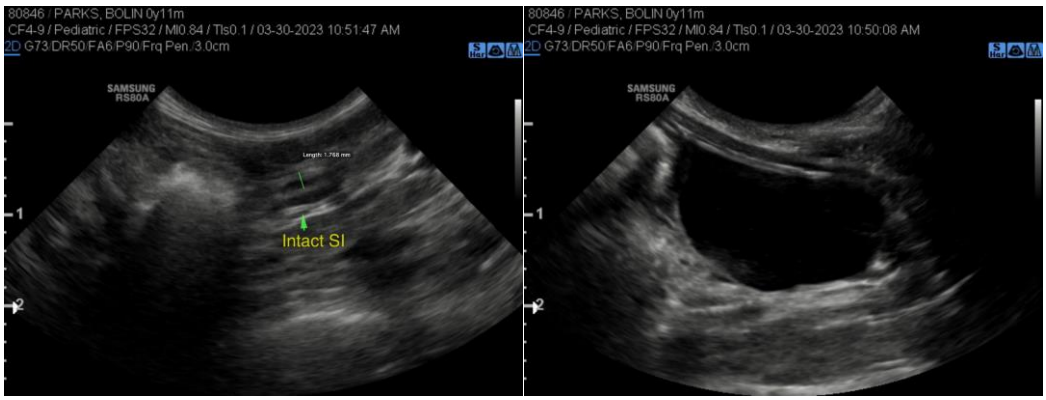
- Segmental infiltrative enteropathy pattern with emerging mid abdominal intestinal mural mass.
- Associated non-homogenous to swollen mesenteric lymphadenopathy.
- Moderate gastric and potential segmental intestinal retained ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

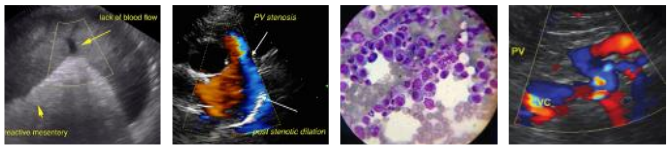
Considerations for the intestine and lymph nodes may include inflammatory (IBD/eosinophilic) enteritis, neoplasia, granulomatous (dry FIP) enteropathy with mesenteric lymphatic hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. Potential for at least partial intestinal obstruction owing to emerging mural mass is possible. Assuming normal clotting status a lymph node FNA for screening cytology could be considered for further assessment. Full thickness intestinal and lymphatic biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Recheck retroviral status if not recently done is suggested. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

An extremely guarded prognosis is indicated.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bolin Parks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1yr

WEIGHT

4.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary Hospital

REFERRING VET

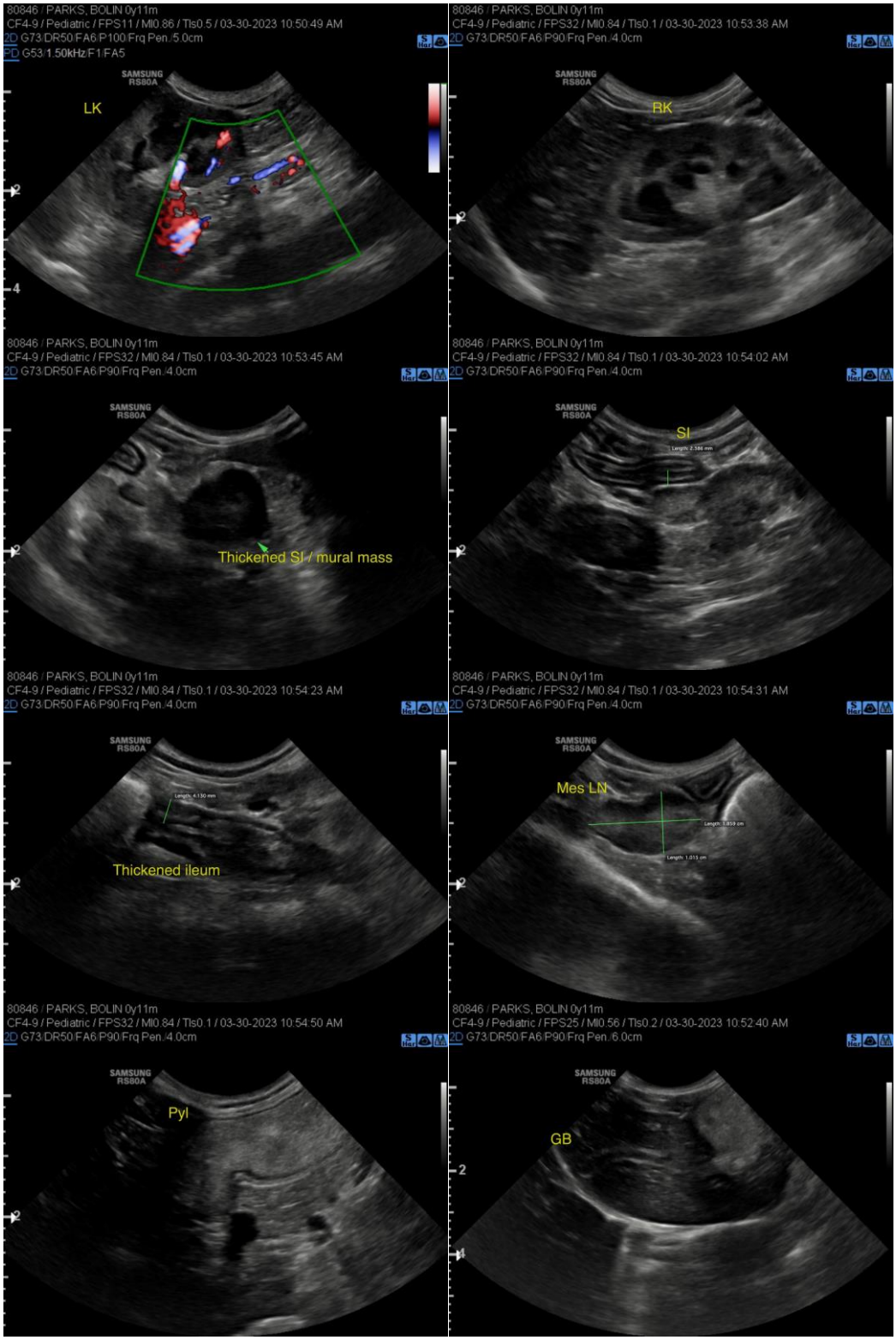
Mack

INVOICE

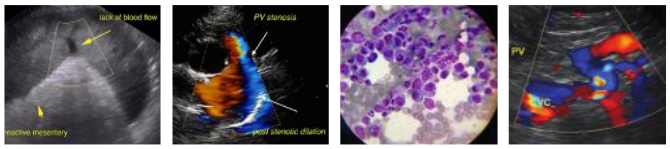
13333ag

DATE

03/30/2023



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bolin Parks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1yr

WEIGHT

4.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary Hospital

REFERRING VET

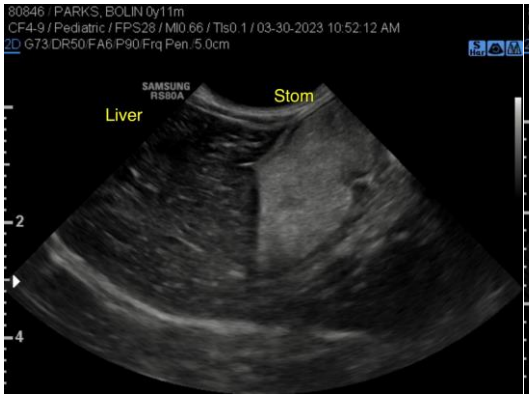
Mack

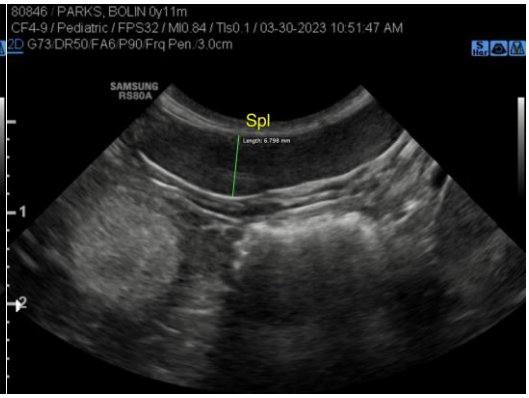
INVOICE

13333ag

DATE

03/30/2023





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)
mac.daniel@sonopath.com