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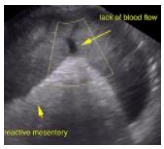
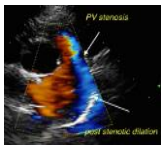
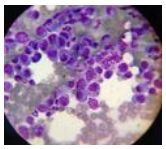
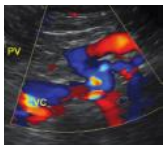




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rigby Weatherill

SPECIES

Feine

BREED

Bengal

SEX

Neutered Male

AGE

10 years

WEIGHT

9.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Tam Mengine

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr Tam Mengine

INVOICE

10126ag

DATE

03/04/2022

PRESENTING CLINICAL SIGNS

History: Presented today for 3 months of wt loss, initially with polyphagia, now for the last 1-2 weeks with inappetance and lethargy. Has lost 4 pounds in ~ 3-4 months. Patient historically was treated with fluoxetine for inappropriate urination. On monitoring labwork in 5/21, patient had ALT of 963. Stopped fluoxetine and ALT in 6/21 and 12/21 was normal. Patient has also had stable Stage 2 renal dz since at least 5/21 (BUN 41, Creat 2.4, Urine SpGr 1.016, no proteinuria). Otherwise, most recent CBC / Chem / T4 / U/A in 12/21 was normal. Patient has had no vomiting or diarrhea

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both cortices exhibited mild non uniform echogenicity with mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 1.0 cm width at the level of the hilus.

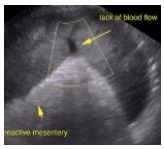
Liver

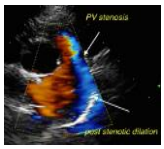
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

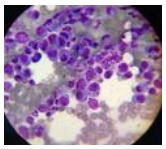
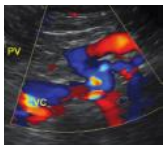
Gastrointestinal

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 small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio. Overt evidence of mural hypertrophy, loss of intestinal wall layering, or obvious intestinal masses were not noted. Generalized nonshadowing ingesta/chyme was present with no signs of ileus, mechanical obstructive pattern or foreign material. The duodenum wall measured 0.25 cm. The jejunum





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wall measured 0.25 cm. No overt pathology was noted at the level of the ileocolic junction. Generalized mild hyperechoic mesentery and scant peritoneal free fluid was noted with no overt lymphadenopathy.

Sonographically normal visible colon wall layers were present with subjective generalized colon distension with apparent semi formed to non-formed feces in lumen.

Pancreas

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

Free Abdomen

Generalized mild hyperechoic mesentery and scant peritoneal free fluid was noted with no overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes with mild bilateral pyelectasia.
- Enteropathy with possible inefficient peristalsis pattern.
- Subjective mild distended colon with semi to non formed feces.
- Overtly normal stomach/pancreas.
- Generalized mild hyperechoic mesentery and scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall appearance of the bilateral kidneys is consistent with IRIS stage 2 CRD, the bilateral pyelectasia is not specific and may be owing to chronic renal changes or potential pelvic scarring.

Subjective gastrointestinal mild digestive pattern with potential inefficient peristalsis given the presence of generalized small intestinal digesta/chyme. Although no evidence of significant gastrointestinal mural pathology, minor evidence of chronic inflammatory small intestinal mural changes are suspected. Based on this presentation IBD or other chronic inflammatory enteropathy with potential for triaditis are considered most likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require full thickness intestinal biopsies for histopathology.

Neoplastic infiltrative enteropathy with round cell such as lymphoma cannot be definitively excluded yet thought less likely.

Monitoring for potential impending diarrhea is suggested. If noted, given the breed, diarrhea PCR panel including tritrichomonas could be considered.

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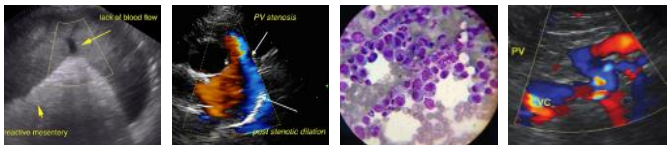

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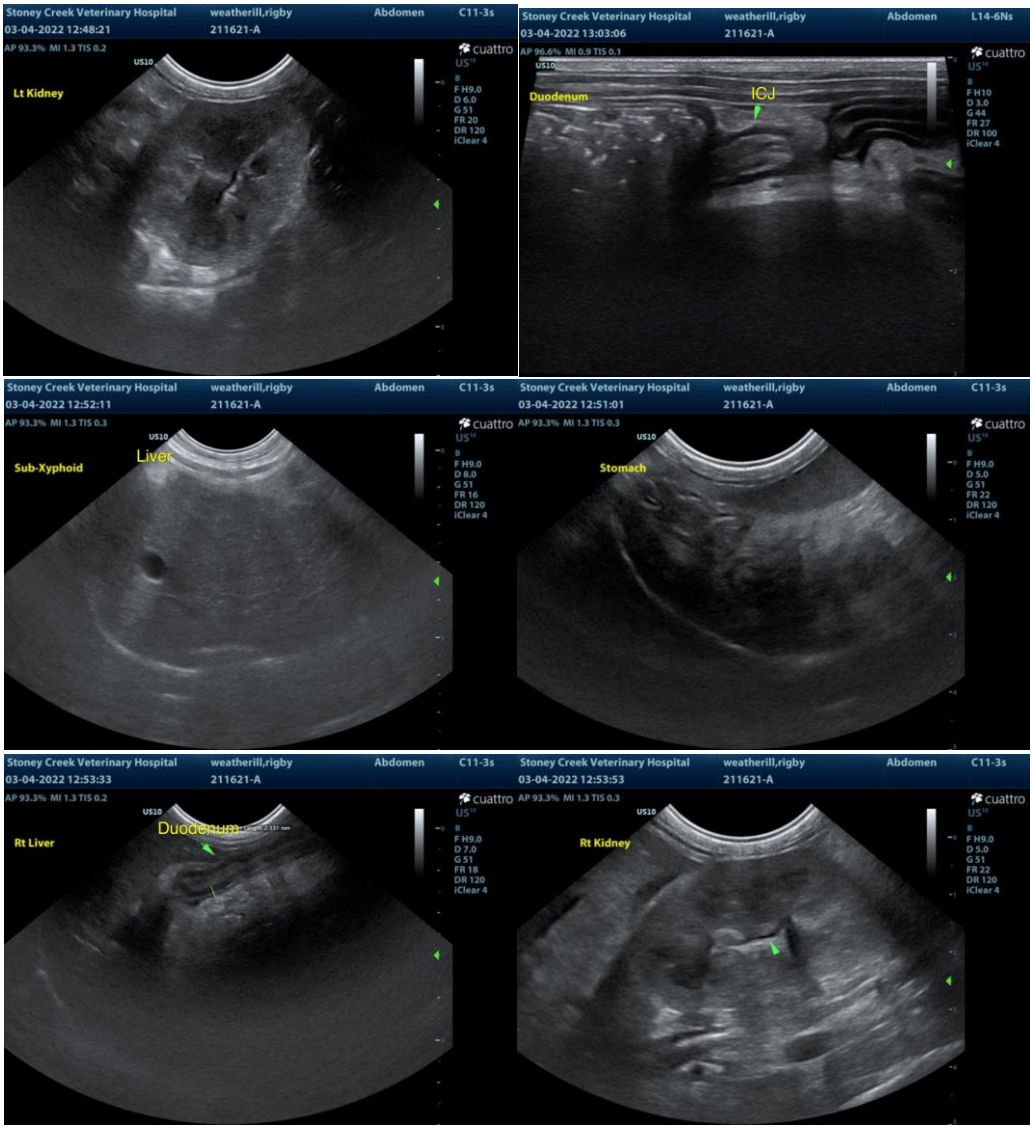

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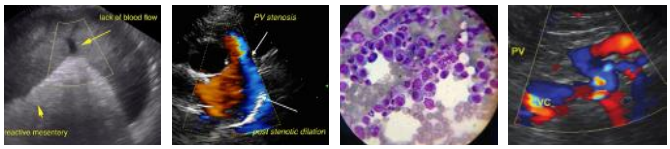

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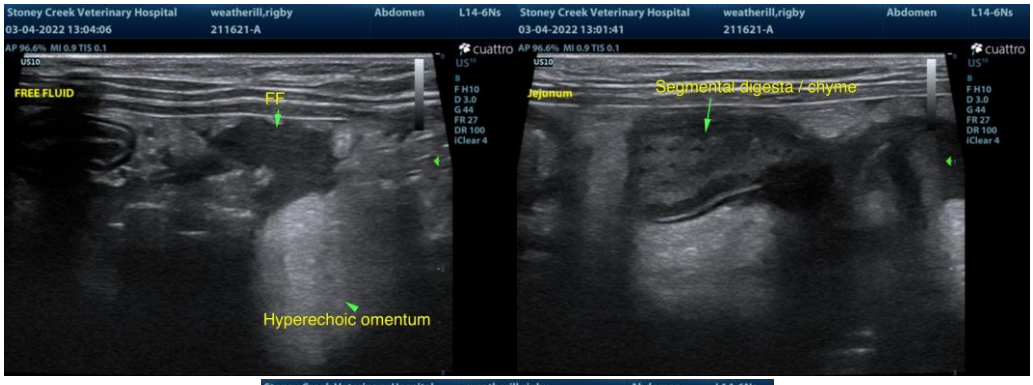

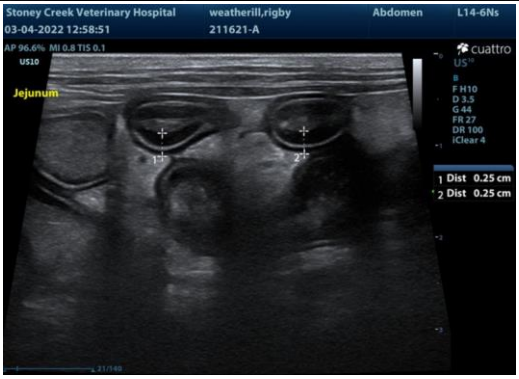

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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