



PATIENT

Morgan Maher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

6.74 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

14229

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: History of cardiac disease, presented for weight loss and intermittent vomiting. Exam unremarkable except for 2# weight loss since December. Senior screen at Idexx unremarkable. Current Medications Atenolol, Plavix (does not get consistently)

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 were noted. Aortic trifurcation was normal.

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. Potential for pinpoint medullary mineral, which is not considered clinically significant. The left kidney measured 3.3 cm in length. The right kidney measured 3.66 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 0.25 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

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

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 mildly subnormal in size, likely owing to the presence of gastric ingesta. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter. Mildly prominent yet isoechoic common bile duct walls were present.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing gastric ingesta without signs of obstruction or foreign material. The stomach was otherwise sonographically normal.
Morgan Maher	
SPECIES	The small intestine exhibited segmental prominent, intact to indistinct wall layering, including increased mucosa echogenicity and prominent to mildly echogenic submucosa layer. The duodenum wall measured 0.29 cm. The jejunum wall measured up to 0.33 cm – 0.34 cm in wall width. By comparison, jejunum exhibiting intact wall layering with maintained 1:3 muscularis to mucosa ratio measured 0.18 cm in wall width.
Feline	
BREED	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Spayed Female	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
AGE	<i>Free Abdomen</i>
8 Years	Multiple, enlarged, mid abdominal jejunal to jejunocolic 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 regional perilymphatic reactive mesentery was evident. An example of jejunocolic lymph node size was 2.0 cm x 0.5 cm yet the lymph nodes exhibited variable enlargement to thickness. No free fluid noted.
WEIGHT	
6.74 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Gastric ingesta • Segmental to potential diffuse enteropathy, exhibiting segmental prominent intact to indistinct wall layering and variable mural echogenicity • Concurrent, prominent to hypoechoic jejunocolic lymph nodes with perilymphatic to periintestinal reactive mesentery • Probable, mild, concurrent chronic active pancreatitis • Nonspecific, nonobstructive proximal to mid common bile duct dilation
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REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Damewood	Considerations for the segmental to generalized small intestine may include chronic inflammatory versus potential neoplastic infiltrative enteropathy. Associated jejunocolic lymphoid hyperplasia, lymphadenitis or potential early neoplastic lymphadenopathy possible. Further assessment may include GI panel to include PLI/TLI/Cobalamin/Folate as well as, assuming normal clotting status, lymph node FNA for screening cytology +/- culture and sensitivity. If documented NPO, the presence of gastric ingesta may suggest some degree of concurrent inefficient or delayed gastric emptying. Full thickness intestinal and lymphatic biopsies are likely required for a definitive diagnosis. Three-view chest radiographs are suggested to rule out occult thoracic pathology.
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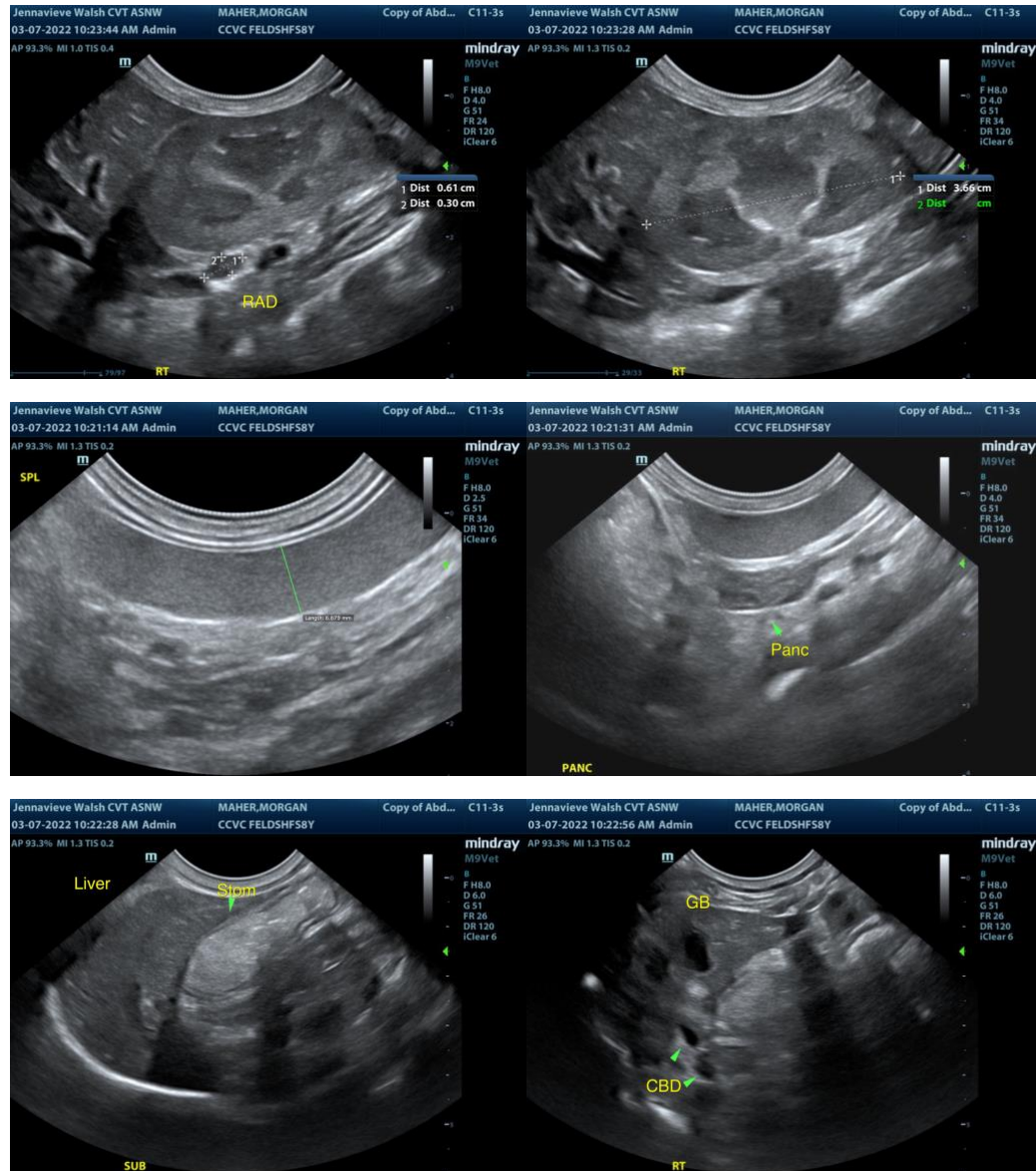
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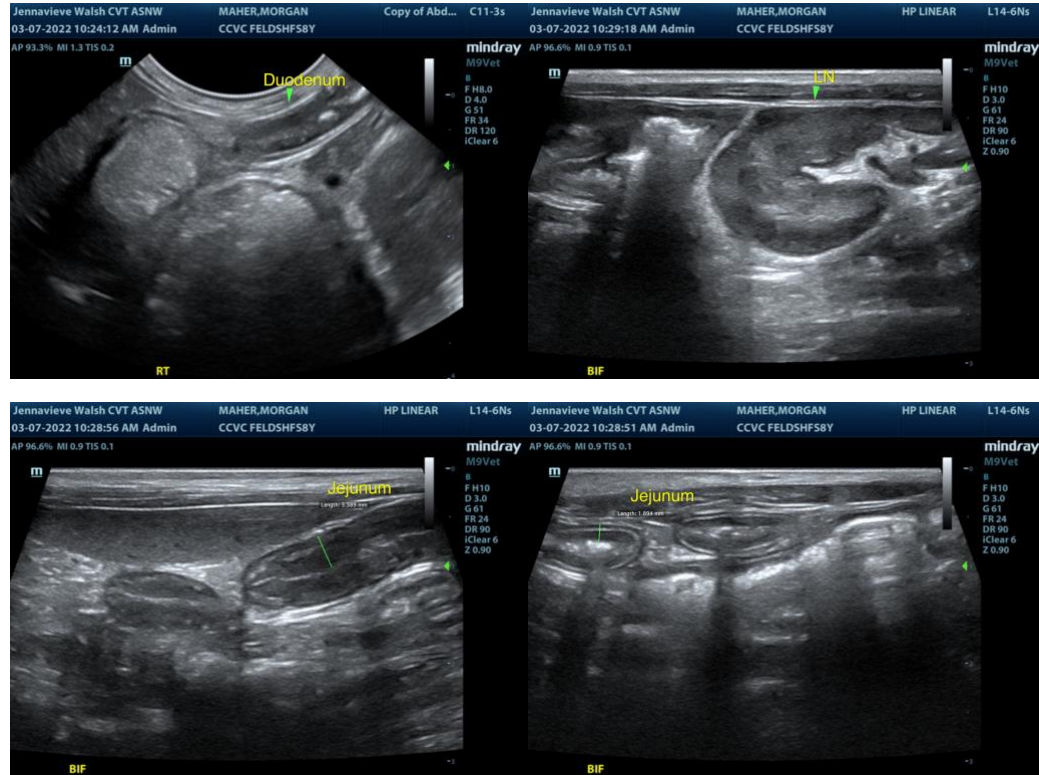
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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