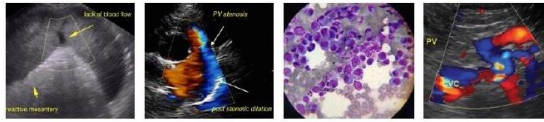




PATIENT	PRESENTING CLINICAL SIGNS
A176309 Brampton Animal Services	Admitted to shelter mid-February. Heavy worm burden on presentation, has been de-wormed several times. History of waxing/waning diarrhea, cranial abdominal discomfort, vomiting. Pica (eating clay litter). No response to intestinal diet.
SPECIES	Abnormal PE/Chem/CBC/UA Results: RBC 5.1 (7.1-11.5), Hg 89 (103-162), Retic 71 (3-50). Chemistries unremarkable. FeLV/FIV negative. FF NPS.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
MI	
AGE	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 4.1 cm in length. The right kidney measured 4.4 cm in length.
3yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
4.2 kg	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited mild enlargement with subtle parenchyma heterogeneity. The capsule was smooth and regular without apparent expansion. No masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.4 cm in width at the level of the hilus.
Kelly Reschny	Liver/Gallbladder
HOSPITAL NAME	The liver was subjectively mildly 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 in size with thin walls and primarily anechoic luminal content. The gallbladder appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat. The cystic and common bile ducts were normal.
Snelgrove VS	Gastrointestinal
REFERRING VET	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 pylorus wall measured 0.23 cm in width.
Dr. Gunsinger	The small intestine presented generalized intact mildly prominent wall layering with subtle to mildly prominent muscularis layer. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering
INVOICE	
13431ag	
DATE	
04/10/2023	



PATIENT	or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
A176309 Brampton Animal Services	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	The pancreas exhibited subtle prominent size with mild hypoechoic parenchyma compared to adjacent omentum.
BREED	<i>Free Abdomen</i>
DSH	No omental masses or peritoneal effusion was present.
SEX	Intermittent mildly prominent to enlarged mesenteric 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).
MI	
AGE	<ul style="list-style-type: none"> • Intact mildly prominent small bowel walls. • Intermittent mild benign/reactive mesenteric lymph nodes. • Non-specific mild hepatosplenomegaly. • Subtly hypoechoic to prominent pancreas.
3yr	
WEIGHT	Secondary
4.2 kg	<ul style="list-style-type: none"> • Bilobed gallbladder-normal variant in a cat.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY	Sonographically the small intestine exhibited subtle mural changes which is suggestive of mild inflammatory criteria. The potential for concurrent low grade pancreatitis may be suspected if cranial abdominal discomfort is primarily within the area of the pancreas. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Assuming the patient was not sedated for the US, a screening FNA cytology using a 25g needle and assuming normal clotting status is warranted especially if evidence of weight loss. Continued monitoring for persistent splenomegaly and/or hepatic enzyme elevations is suggested, Full thickness intestinal biopsies would be required for a definitive diagnosis. No overt neoplastic criteria which is considered less likely.
Kelly Reschny	
HOSPITAL NAME	Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Provable or Visbiome) during periods of diarrhea, cobalamin supplementation pending assessment of cobalamin levels +/- prednisolone trial at lowest effective dose to control symptoms with assessment of clinical response may prove beneficial.
Snelgrove VS	
REFERRING VET	
Dr. Gunsinger	

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PATIENT
A176309 Brampton
Animal Services

SPECIES
Feline

BREED
DSH

SEX
MI

AGE
3yr

WEIGHT
4.2 kg

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

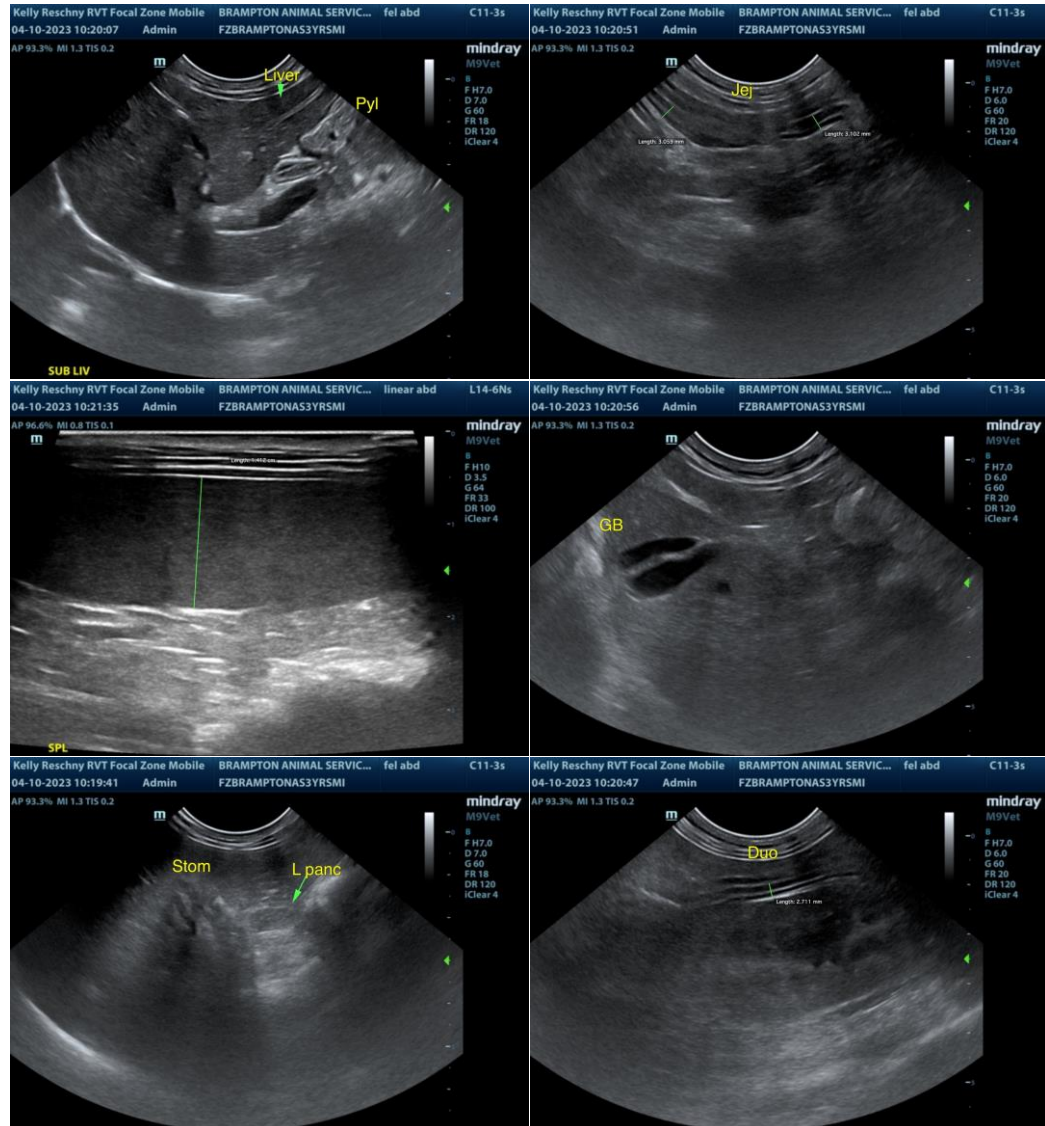
IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Snelgrove VS

REFERRING VET
Dr. Gunsinger

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PATIENT

A176309 Brampton
Animal Services

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

3yr

WEIGHT

4.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

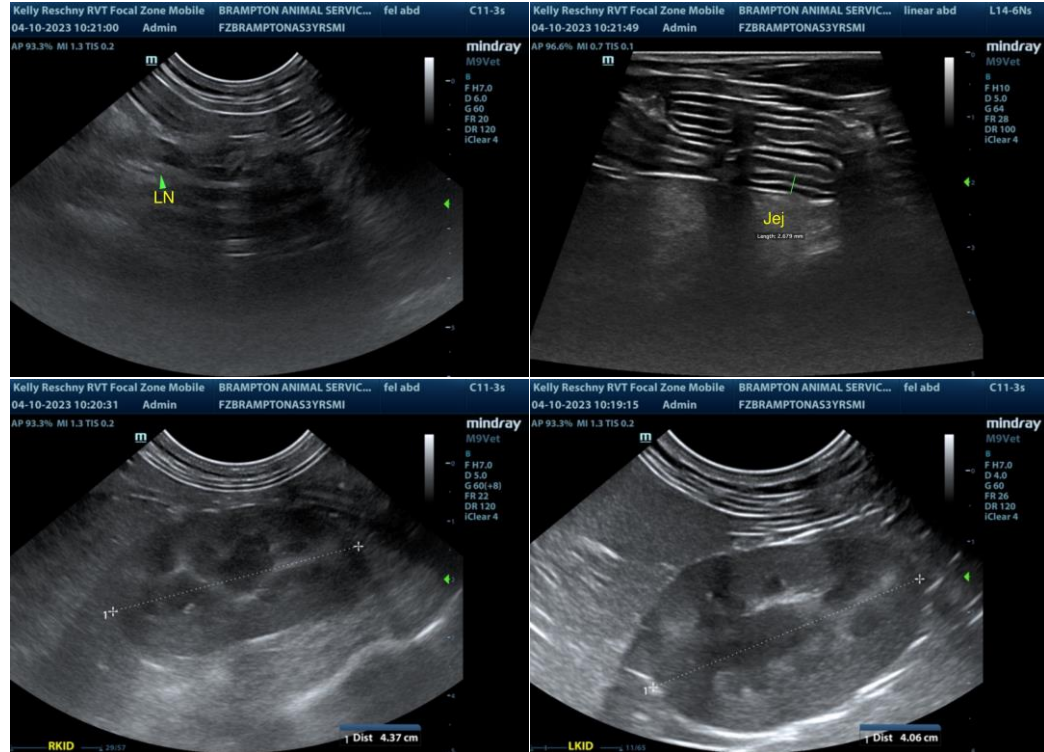
Dr. Gunsinger

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DATE

04/10/2023



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)

info@SonoPath.com