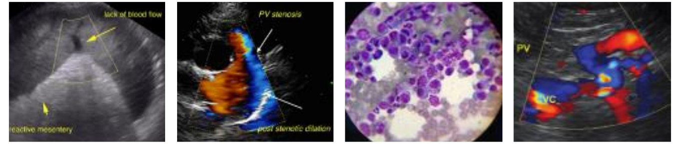


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Olive Gingras

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

21956

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History of chronic intermittent vomiting and weight loss.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, with muscle wasting. 3/23/23: GGT 7, ProBNP 106 (0-100), rest WNL.

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.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.4 cm in length. The right kidney measured 3.1 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 0.50 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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 0.94 cm in width at the level of the hilus.

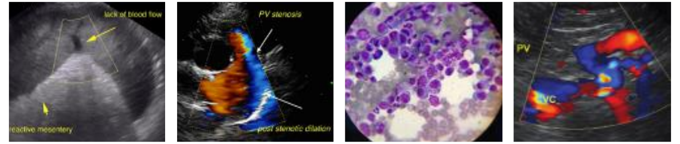
Liver

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 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 overtly normal wall layering with subjective minor intact yet prominent wall layering in the area of the pylorus. The pylorus wall measured 0.33 cm. The stomach was empty without evidence of retained ingesta, fluid or foreign material. No evidence of mechanical pyloric outflow obstruction.



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

PATIENT

Olive Gingras

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

21956

DATE

4/12/23

The small intestine presented generalized intact wall layering with segmental maintained 1:3 muscularis/mucosa ratio with concurrent segmental propensity for mildly prominent muscularis layer yet without evidence of significant intestinal mural hypertrophy. No evidence of loss of intestinal wall layering or intestinal masses.

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 omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subjective chronic enteropathy
- Intact mildly prominent pyloric wall
- Sonographically unremarkable pancreas
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant, the small intestine exhibited subtle mural changes, which is suggestive of chronic, likely inflammatory enteropathy in conjunction with patients chronic vomiting and evidence of weight loss. No overt evidence of intraabdominal neoplastic criteria. Potential low grade/chronic pancreatitis could be present yet sonographically normal.

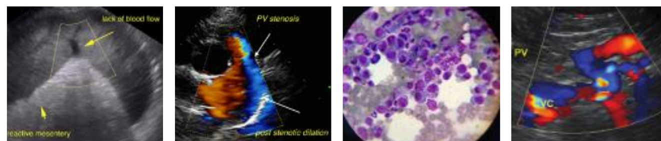
Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.

Empirically, canned hydrolyzed diet trial, gastroprotectants, and empirical therapy for potential chronic inflammatory enteropathy with assessment of clinical response, pending additional diagnostics, would be reasonable.

SonoPath

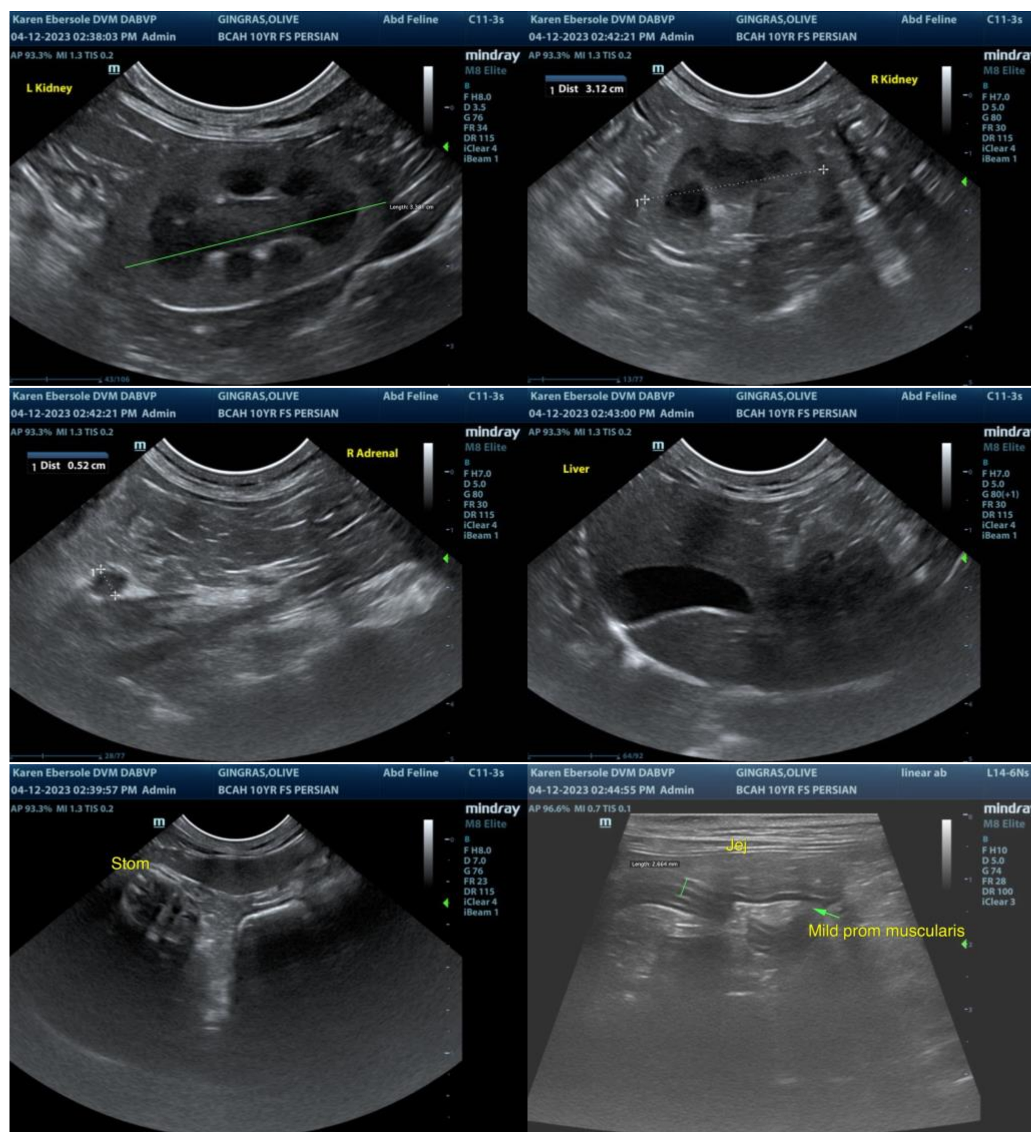
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

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



PATIENT

Olive Gingras

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

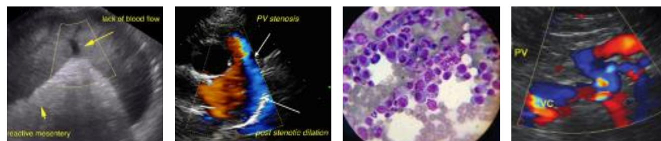
Dr. Fortin

INVOICE

21956

DATE

4/12/23



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

PATIENT

Olive Gingras

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

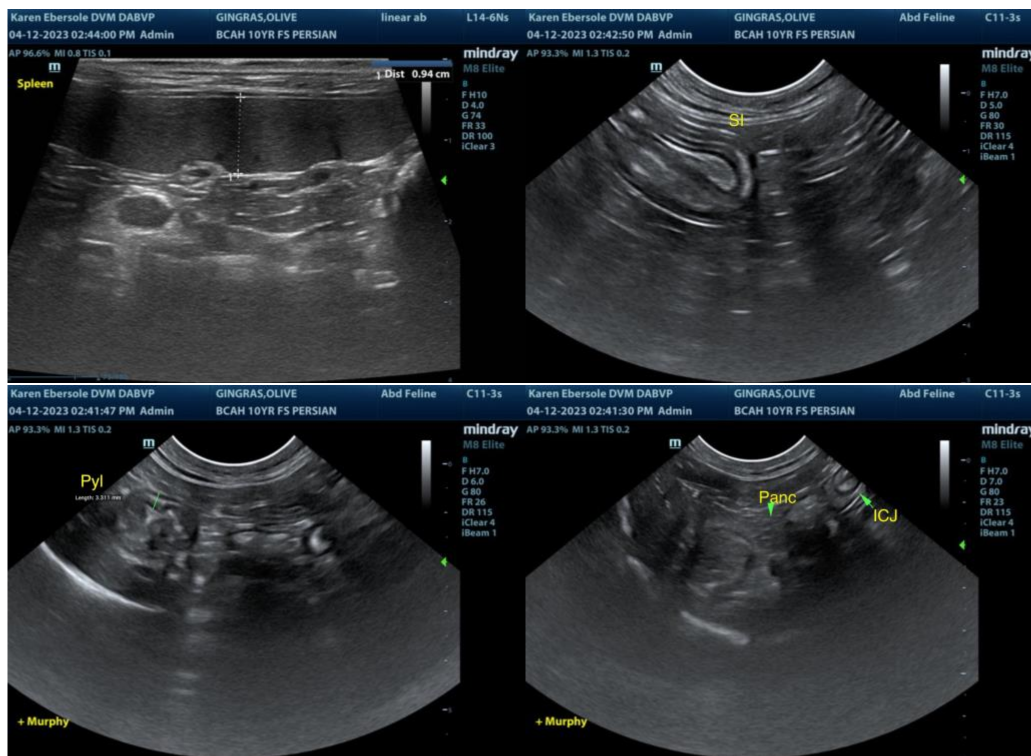
Dr. Fortin

INVOICE

21956

DATE

4/12/23



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