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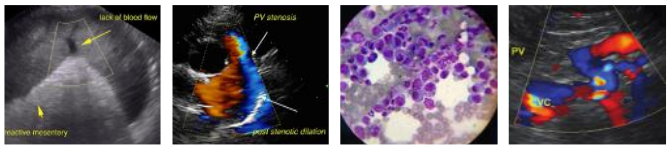
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stash DeBartolis

SPECIES
Feline

BREED
DLH

SEX
M

AGE
10yr

WEIGHT
7.8lb

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

IMAGING PERFORMED BY
Dr. Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Petrone

INVOICE
13501ag

DATE
04/17/2023

PRESENTING CLINICAL SIGNS

Hallitosis, Chronic Dental Disease, Hyperglobulinemia, Anorexia, Weight Loss

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 mild dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 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 was indistinctly visualized potentially owing to volume contraction. The spleen measured 0.48 cm in width at the level of the hilus. Overt acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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 with mild non-organized debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was present.

Gastrointestinal

The stomach presented intact wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with a mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.34 cm width. The ileocolic wall measured 0.41 cm 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.

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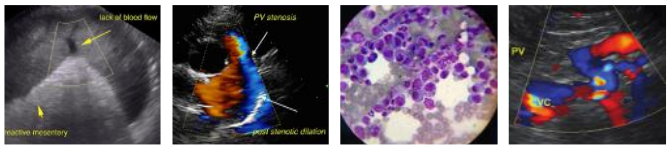

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Free Abdomen

No omental masses or peritoneal effusion was present.

Focally enlarged mid abdominal 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 measured 2.0 cm x 0.61 cm.

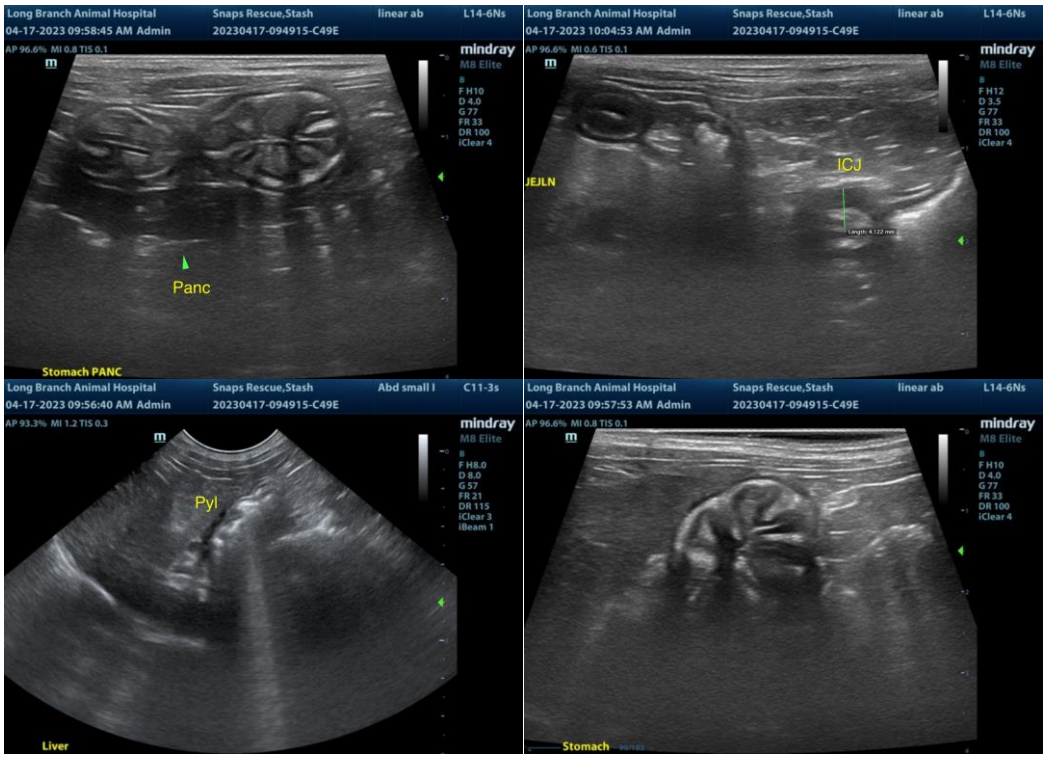
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes.
- Mild urinary bladder sediment.
- Chronic enteropathy pattern with associated benign/reactive mesenteric lymphadenopathy-suspect chronic IBD with secondary associated hyperplasia or lymphadenitis.
- Gallbladder debris (non-mucocele)-incidental if no evidence of cholestasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Minor potential for early or low grade neoplastic infiltrative enteropathy with round cells such as lymphoma which may present in a similar sonographic manner cannot be definitively excluded yet is thought less likely. Triad disease may be a consideration if previous or future hepatic enzyme elevations.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Depending on the degree of hyperglobulinemia, protein electrophoresis could be considered. Full thickness intestinal biopsies would be required for a definitive diagnosis.



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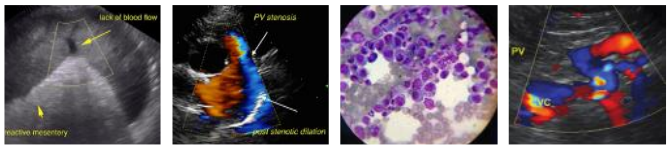

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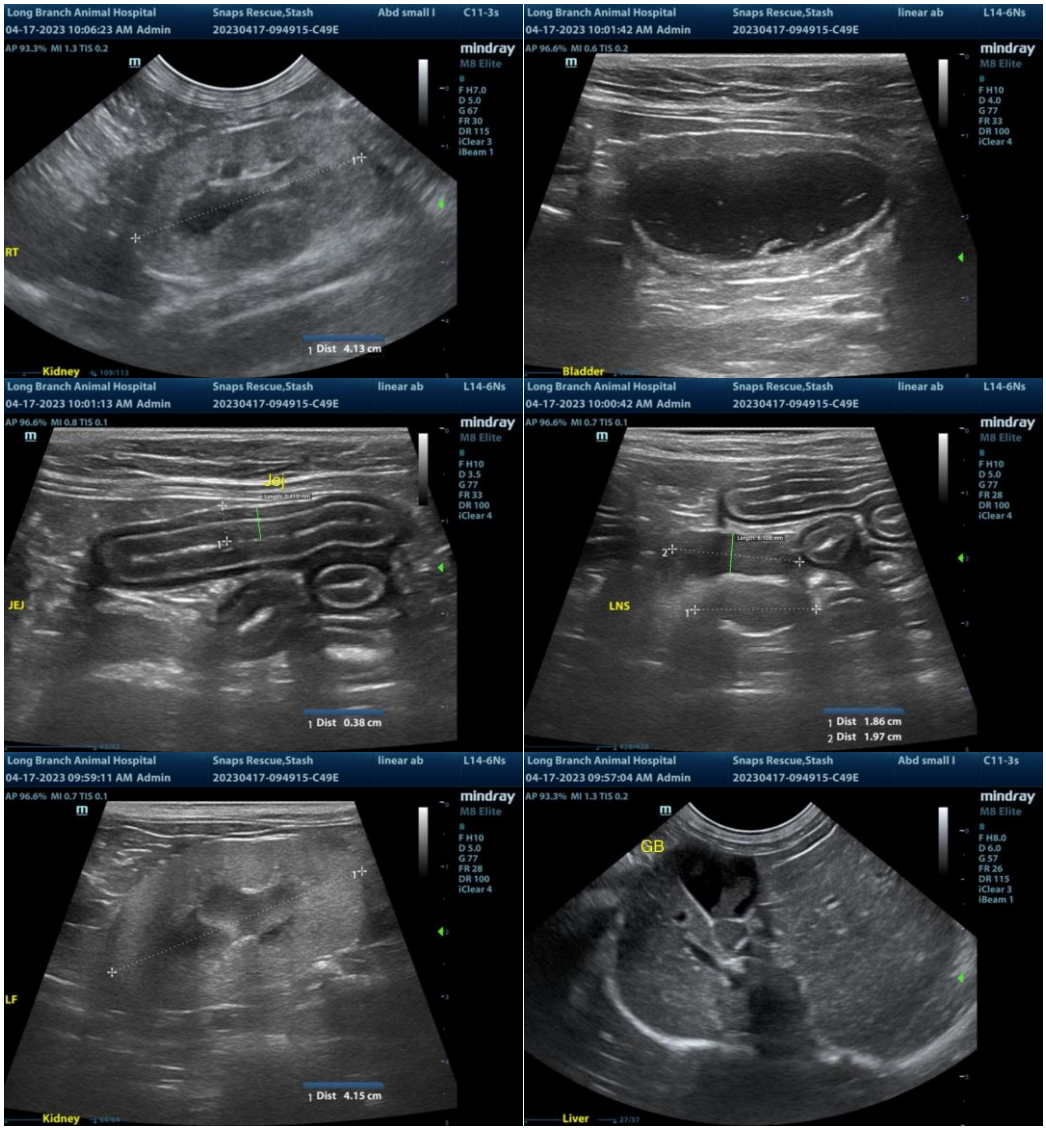

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com