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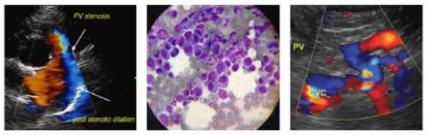
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Arlo Peterson

SPECIES

Feline

BREED

Feline

SEX

Neutered male

AGE

5 years 5 months

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Lathrop
Janesville Veterinary Clinic

INVOICE

10283ag

DATE

04/02/2022

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea and 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 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 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 3.8 cm in length. The right kidney measured 4.0 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width at the caudal pole.

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.

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 0.20 cm in width.

The small intestine presented intact wall layering with segmental maintained 1:3 muscularis/mucosa ratio yet concurrent segmental propensity for mildly prominent muscular layer to the level of the ileum. The jejunum measured 0.26 cm wall width; the ileocolic wall measured 0.35 width.

The colon presented with intact yet prominent wall layering containing mild amount of semi formed to soft feces consisted with reported chronic diarrhea. The colon wall measured 0.28 cm in width.

Pancreas

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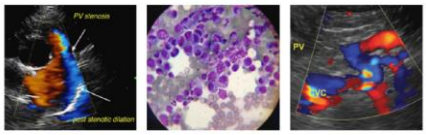

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The pancreas presented normal in size and contour with subtle uniform hypoechoic parenchyma noted in the right pancreatic compared to the adjacent omental fat. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

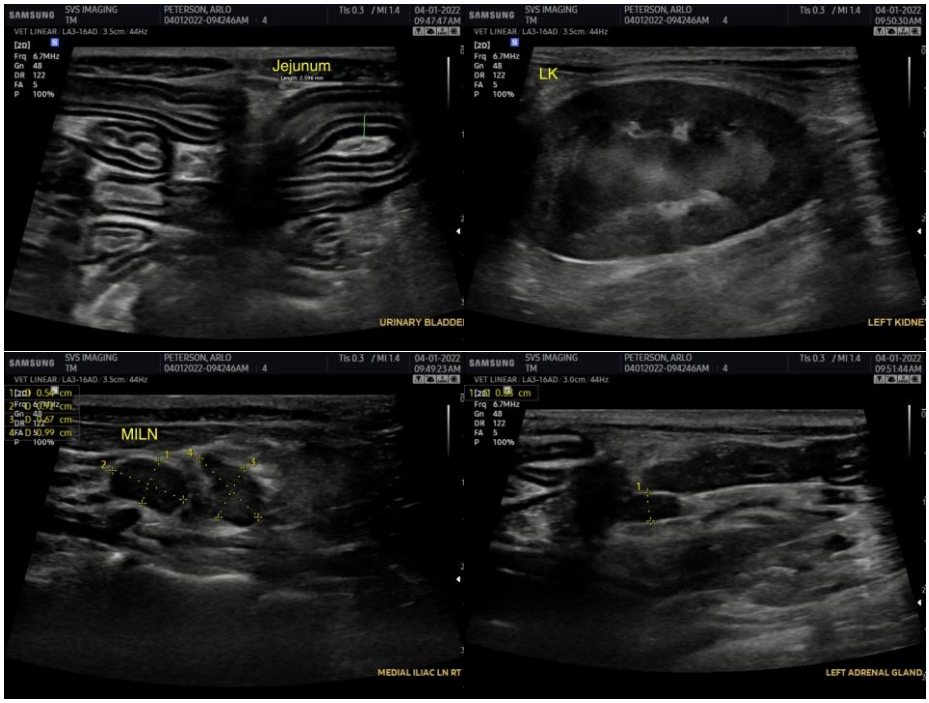
Focally enlarged intermittent jejunocolic and medial ileac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.2 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Chronic subjectively mild colitis pattern with suspect inflammatory enteropathy.
- Jejunocolic and medial ileac lymphadenopathy-nonspecific, hyperplasia, reactive lymphadenitis owing to inflammatory enterocolopathy, neoplastic criteria is considered less likely.
- Possible low-grade pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, a diarrhea PCR panel as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Broad spectrum deworming is suggested even if previous fecal testing has been negative. Panacur SID x 5-7 days with potential repeat protocol in 3 weeks is suggested. Empirically, cobalamin supplementation, dietary therapy with hydrolyzed or higher fiber diet is recommended. Full thickness small intestinal as well colon biopsies would be required for definitive diagnosis, if not possible Prednisolone 5 mg/Metronidazole 62.5 mg/Sulfasalazine 62.5 mg compounded BID x 14 days then SID pending clinical response could be considered.



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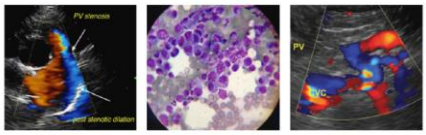

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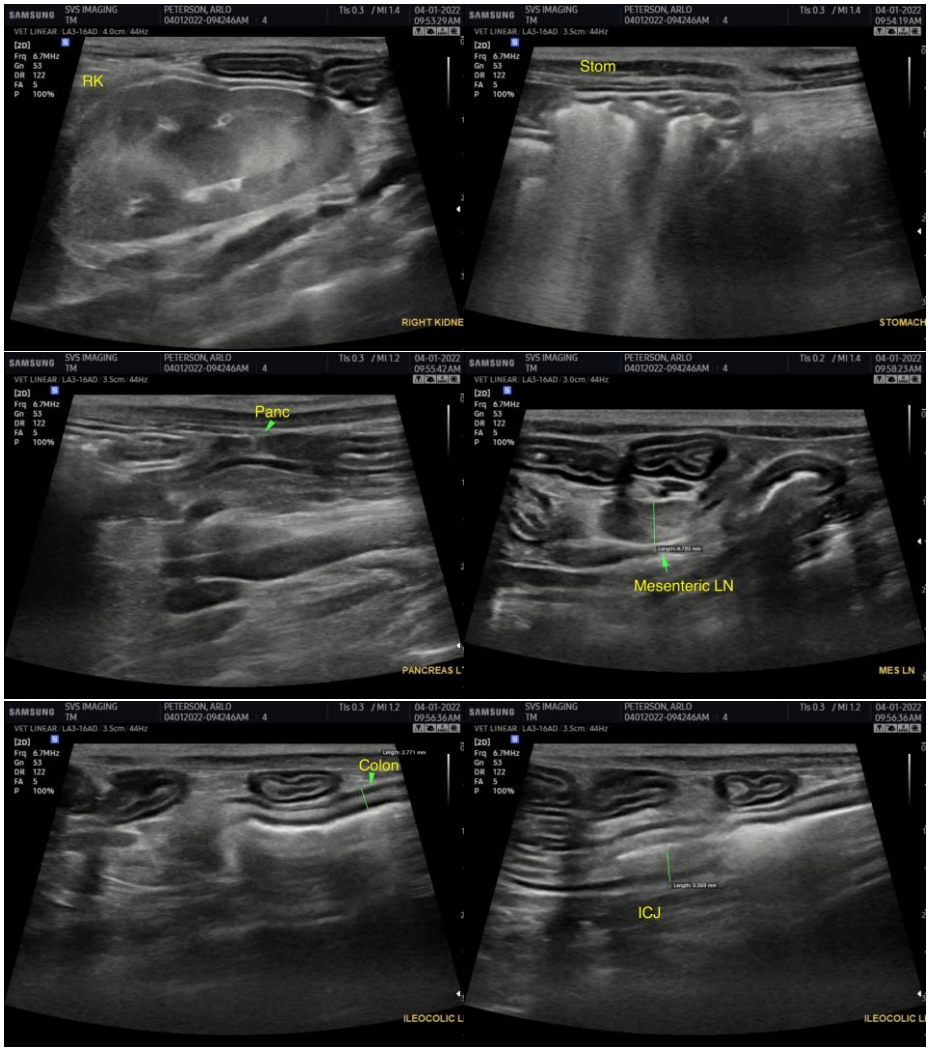

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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