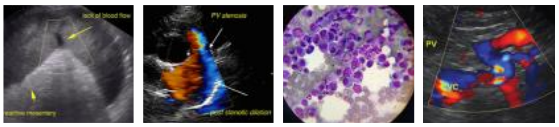

PATIENT

Stella Anderson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 yrs

WEIGHT

8.06 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

16676

DATE

4/20/23

PRESENTING CLINICAL SIGNS

chronic wt loss and vomiting

Current Medications solliquin, may have gabapentin on board

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. Primarily anechoic urine was present in the lumen. Minor, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 3.5 cm in length. The right kidney measured 3.8 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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

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/ 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. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

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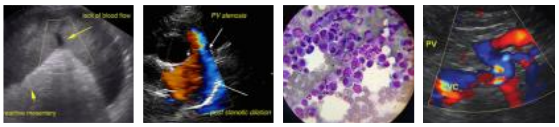

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
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Gastrointestinal

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 small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent muscularis layer, yet without evidence of overt or significant intestinal mural hypertrophy. The small intestinal wall width measured 0.27 cm. The ileocolic wall measured 0.24 cm width.

Normal visible colon wall layers were present with generalized soft fecal matter.

Pancreas

The left pancreatic limb was mildly prominent exhibiting symmetrical contour and mild nonhomogeneous hypoechoic pancreatic parenchyma compared to the adjacent omentum.

Free Abdomen

No omental masses, overt or significant lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Suspect chronic inflammatory enteropathy
- Mild chronic / chronic active pancreatitis pattern
- Nonobstructive proximal common bile duct dilation
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzyme elevations have been noted. No overt signs of post hepatic obstruction.

Although potential for patient variant, the intestine exhibited subtle mural changes, which are suggestive of chronic inflammation based on small intestinal presentation with concurrent mild chronic to chronic active pancreatitis pattern. IBD or other chronic inflammatory enteropathy and potential Triad Disease are considered most likely. Full-thickness surgical biopsies are required for a definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. As-needed gastrointestinal support and empirical therapy for chronic inflammatory enteropathy / Triad Disease would be reasonable.

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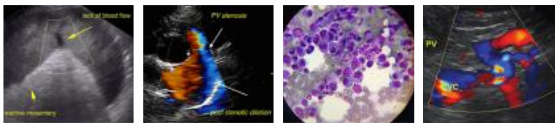

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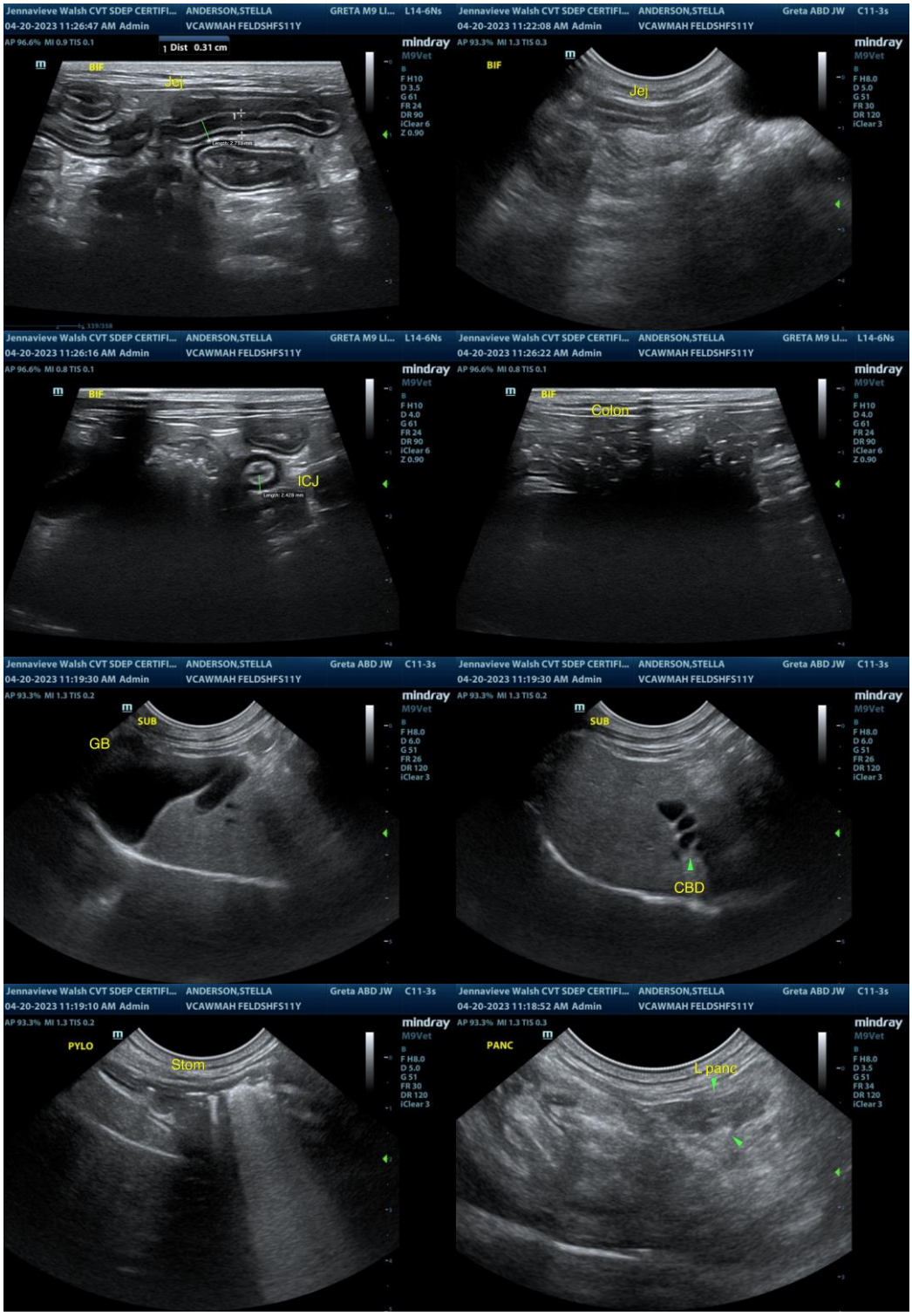

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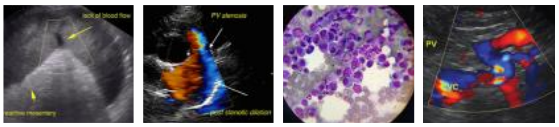

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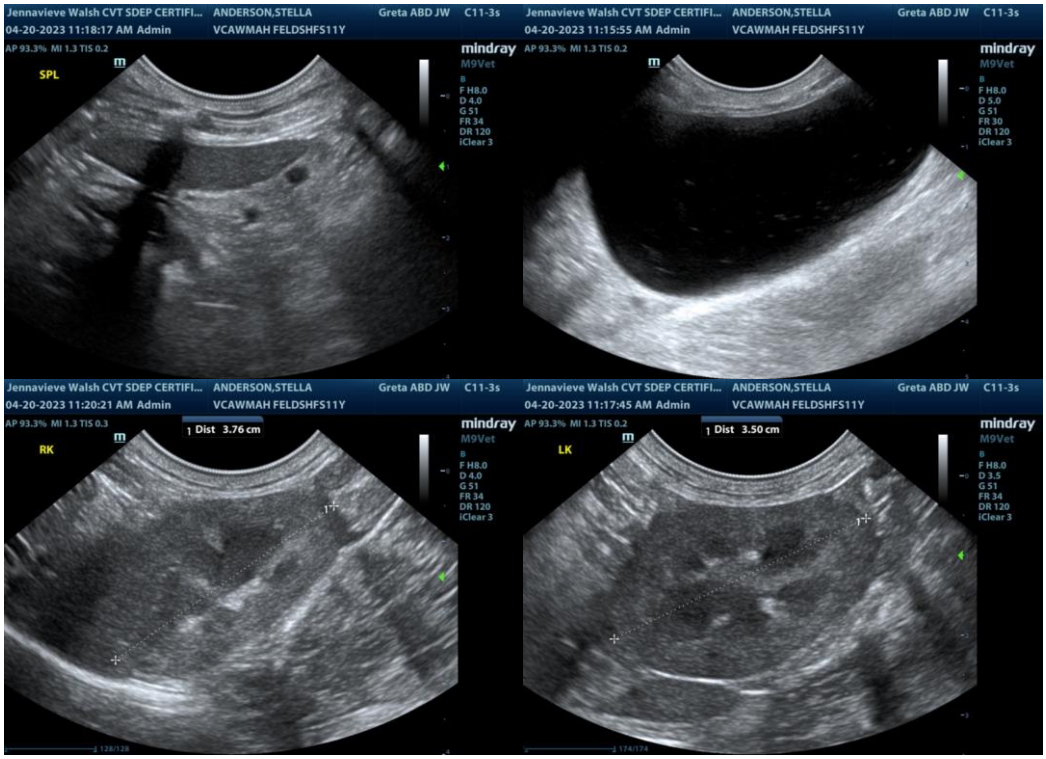

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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