

**PATIENT**

Eva Fluke

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 years

WEIGHT

6.7 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Deb Glaum

INVOICE

13728

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Vomiting food and losing weight. Changed food to Hills ZD with no change.

Abnormal PE/Chem/CBC/UA Results: Abdomen soft, intestines feel rope like. Labs all normal.

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 was 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 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 3.7 cm in length. The right kidney measured 3.9 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen was mildly subnormal in size potentially owing to volume contraction, measuring 0.56 cm. 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

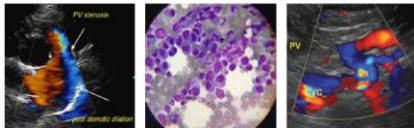
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The 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 width measured 0.26 cm.

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The intestinal walls demonstrated intact wall layers yet altered 1:3 muscularis / mucosa ratio owing to generalized prominent muscularis layer. No evidence of loss of Intestinal wall layering or intestinal masses was noted. The duodenum wall width measured 0.30 cm. The jejunum wall width measured up to 0.38 cm. The ileocolic wall width measured 0.35 cm.

Normal visible colon wall layers were present with semi-formed feces in lumen.

Pancreas

The left limb of the pancreas was normal in size and contour exhibiting mild nonhomogeneous to hypochoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

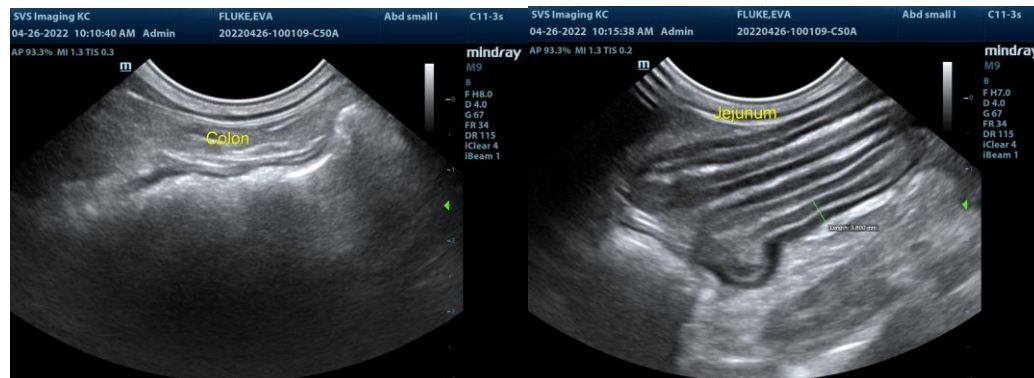
ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting intact yet altered wall layering
- Suspect concurrent mild pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the small intestine was consistent with infiltrative enteropathy. Considerations may include suspected inflammatory infiltrative enteropathy, i.e., IBD / eosinophilic enteritis with potential for neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or other, which may present in a similar sonographic manner. Neoplastic infiltrative enteropathy is considered a less likely differential diagnosis, given the lack of concurrent or significant lymphadenopathy. Full-thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

Empirically, IBD protocol which may include dietary therapy, empirical cobalamin supplementation pending GI panel results, as-needed gastrointestinal support, and Prednisolone trial at the lowest effective dose to control clinical signs would be reasonable. Pending clinical response to therapy and additional diagnostics, sonographic monitoring of the gastrointestinal tract for evidence of progressive mural changes is suggested, especially if persistent weight loss.





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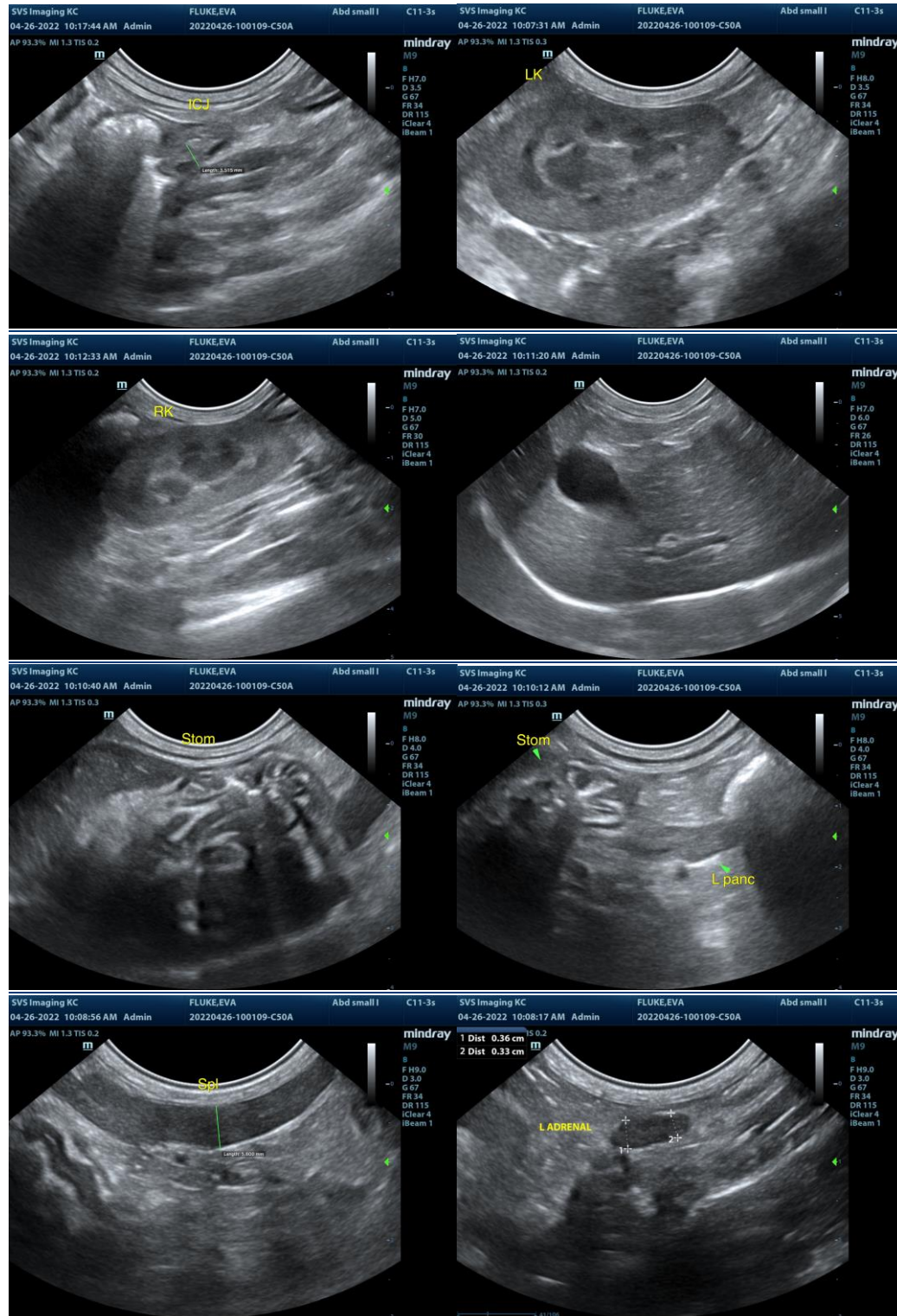
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The information and recommendations provided are based on the images presented by the

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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