



PATIENT

Zippy Stein

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

12.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

13742

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Patient presents for decreased appetite, abnormal fpl - diabetic. On PZI insulin. BG today at 9:40am was 309.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.0 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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. The spleen measured 0.86 cm. width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size likely secondary to the presence of gastric ingesta. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present.

The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental jejunal mural hypertrophy exhibiting intact yet mild altered muscularis/mucosa ratio.



PATIENT	Segments of mildly prominent jejunal wall layering measured up to 0.32 wall width. Subtle associated decreased mural echogenicity was noted in the areas of mild jejunal mural hypertrophy. No overt evidence of distinct intestinal masses or mechanical obstruction were noted.
Zippy Stein	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas was normal in size with subtle hypoechoic parenchyma compared to adjacent omentum.
DSH	Free Abdomen
SEX	Subtle evidence of peri intestinal reactive mesentery was noted. Several, midabdominal 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 of lymph node size was 3.4 cm x 0.95 cm. No effusion was present.
FS	
AGE	
13 years	
WEIGHT	
12.2 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Kelly Vazquez	
HOSPITAL NAME	
Animal General on Hudson	
REFERRING VET	
Dr. Karen Zelinski	
INVOICE	
13742	
DATE	
4/27/22	

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Probable low-grade pancreatitis
- Segmental enteropathy - suspect segmental inflammatory enteropathy / IBD, potential emerging neoplastic infiltrative enteropathy with round cells i.e., lymphoma, cannot be excluded
- Hypoechoic to prominent midabdominal mesenteric lymph nodes - suspect hyperplasia or reactive lymphadenitis secondary to inflammatory enteropathy, minor potential for emerging neoplastic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the intestinal presentation may include a GI panel to include PLI/TLI/Cobalamin/Folate. Ultrasound-guided FNA of a hypoechoic to prominent mesenteric lymph node, if accessible, is warranted for screening cytology. Urine culture and sensitivity on sterile urine sample is suggested if evidence of glucose urea or diabetic dysregulation.

Empirically, conservative therapy for segmental inflammatory enteropathy and low-grade pancreatitis would be reasonable. Sonographic monitoring of the small intestine for evidence of progressive mural changes is likely ideal if persistent / progressive gastrointestinal signs or evidence of weight loss. Eventual Intestinal biopsies may be required for a definitive diagnosis.



PATIENT

Zippy Stein

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

12.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

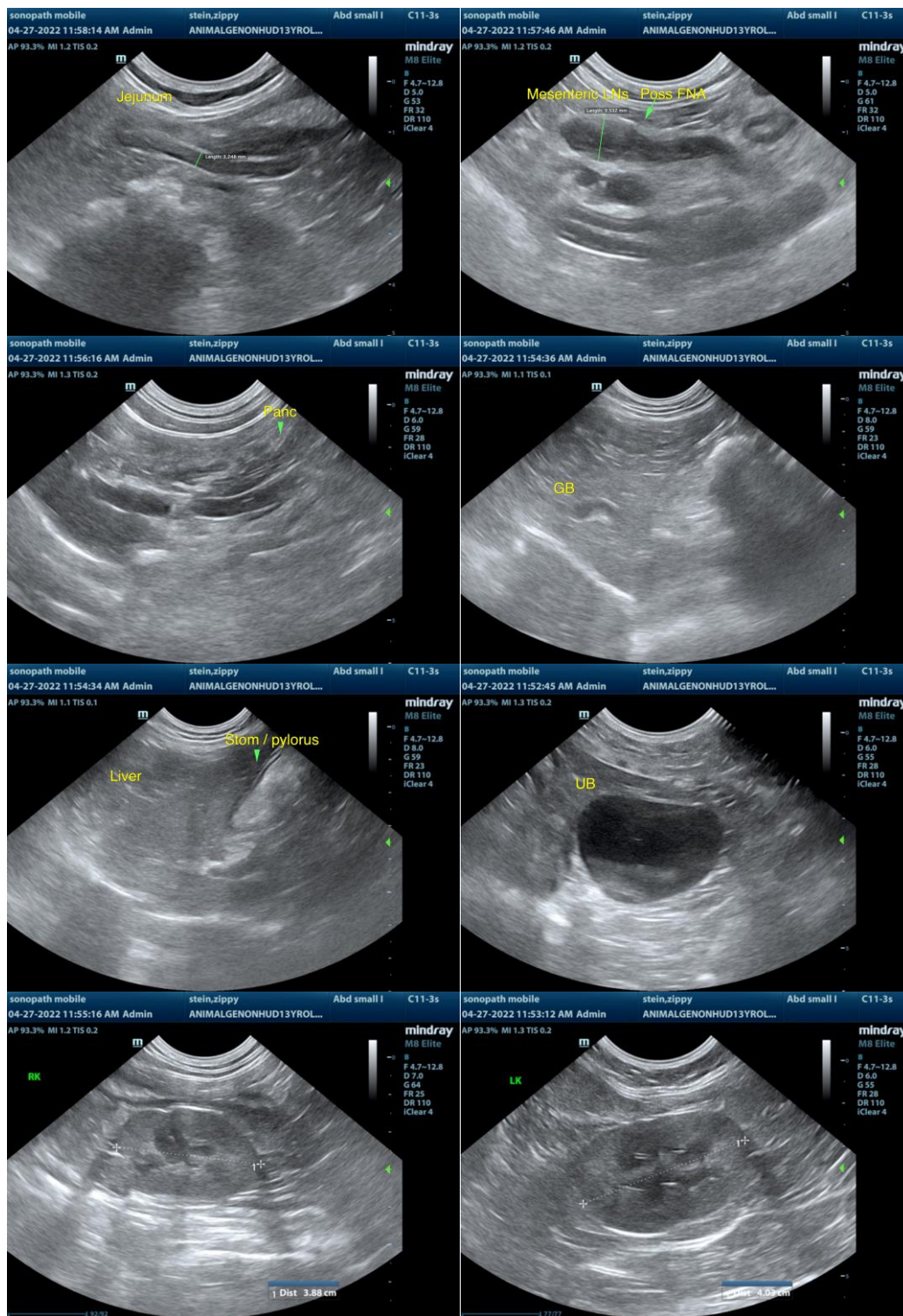
Dr. Karen Zelinski

INVOICE

13742

DATE

4/27/22





PATIENT

Zippy Stein

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

12.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

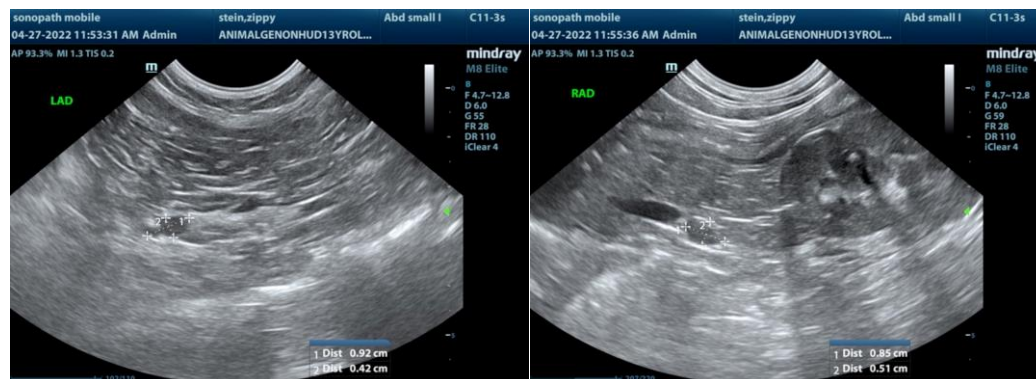
Dr. Karen Zelinski

INVOICE

13742

DATE

4/27/22



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