



PATIENT

Jean- Luc Camarota

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

13

WEIGHT

8.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13628ag

DATE

04/28/2023

PRESENTING CLINICAL SIGNS

Presented for chronic vomiting . Hx of atrial fibrillation , patient is currently on diltiazem 30 mg SID .
Diet - friskies.

Abnormal PE/Chem/CBC/UA Results: PE - arrythmia , advanced periodontal ds / tooth abscess/diffuse thickened GI loops on abdominal palpation. Blood test pending

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 non-organized particulate 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 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 4.0 cm in length. The right kidney measured 3.8 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 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 with non-uniform decreased parenchymal echogenicity with mild to moderate coarse echotexture. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.30 cm in width.



PATIENT	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to borderline inverted 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.
Jean- Luc Camarota	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Feline	The pancreas presented variably enlarged with hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
BREED	Free Abdomen
American Shorthair	Multiple 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 present. An example of lymph node size was 1.3 cm in diameter.
SEX	Generalized hyperechoic omentum with scant to mild volume peri intestinal to perilymphatic effusion.
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ULTRASONOGRAPHIC FINDINGS

- Marked diffuse infiltrative enteropathy pattern with associated mesenteric lymphadenopathy.
- Mild hypomotile stomach.
- Pancreatitis.
- Non-homogenous mildly hypoechoic liver.
- Generalized peritonitis.
- Mild non-specific transdiaphragmatic comet tail artefact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations in this case may include marked diffuse inflammatory enteropathy with associated mesenteric lymphoid hyperplasia or reactive lymphadenitis, concurrent pancreatitis, triad disease, neoplastic infiltrative enteropathy with round cells or less likely granulomatous enteropathy/lymphadenopathy i.e., FIP. Neoplastic criteria is favored given the degree of intestinal mural changes with concurrent lymphadenopathy.

Sampling would be required for a definitive diagnosis. Intestinal and lymphatic full thickness/surgical biopsies and screening FNA cytology pending lab work could be considered.

Empirical therapy for IBD/triad disease with as needed GI support would be reasonable. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

An extremely guarded long term prognosis is indicated.

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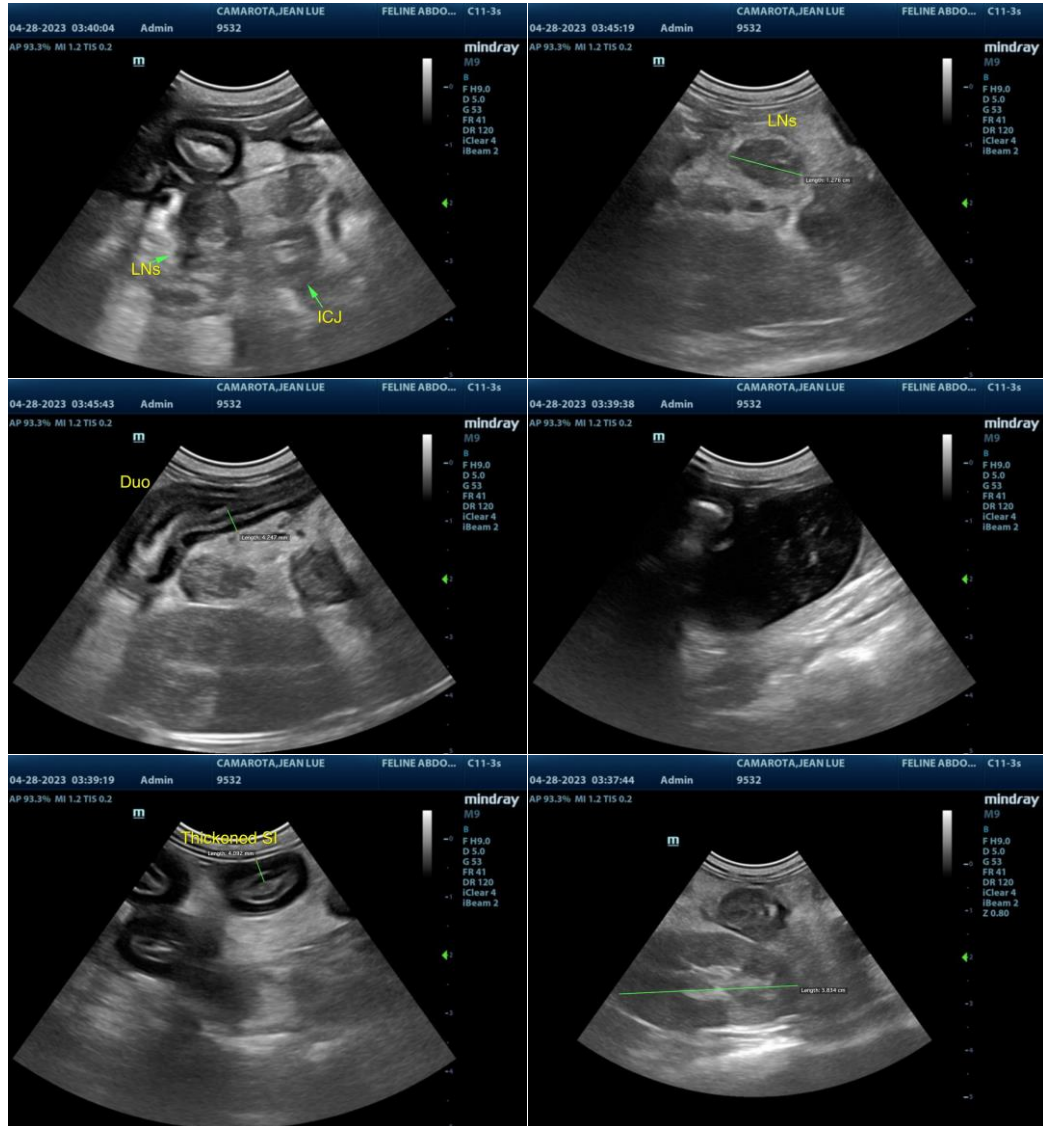
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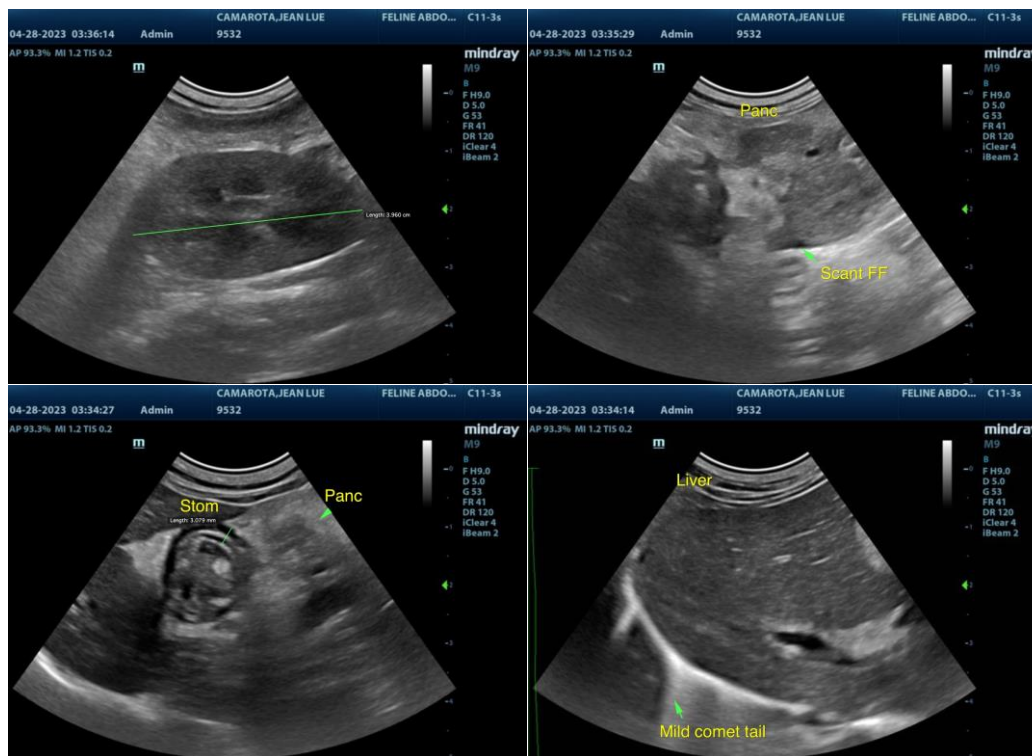
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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