



PATIENT PRESENTING CLINICAL SIGNS

Trooper Hanson History: Lethargic; diarrhea x 2 days. History chronic vomiting. Painful on abdominal palpation. Lost 1 lb in past few months. BW = chronic kidney disease (SDMA 34; BUN 43). Thyroid panel normal. Radiographs no significant visceral abnormalities. R/O lymphoma vs pancreatitis. On Cerenia, Gabapentin, Zeniquin.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results:

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

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.

MN

AGE

15 years

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. Bilateral pinpoint dystrophic medullary mineral was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

10 pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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 0.98 cm in width at the level of the hilus.

HOSPITAL NAME

Woods River Animal Hospital

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 with mild nondependent particulate debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schuelke

Gastrointestinal

INVOICE

10481ag

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 0.26 cm in width.

DATE

04/29/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent duodenojejunal mucosa and muscularis as well as areas of segmental indistinct wall layer detail and mild decreased mural echogenicity were present. No overt evidence of



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intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm in width. The jejunum wall measured 0.6 cm in width. The ileocolic wall measured 0.31 cm in width.

SPECIES

Feline

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

DSH

Free Abdomen

Focally enlarged colic 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 0.35 cm width.

SEX

MN

AGE

15 years

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild pyelectasia
- Chronic enteropathy pattern
- Suspect low grade to chronic pancreatitis

WEIGHT

10 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

INTERPRETED BY

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

The SI exhibited relatively mild to subtle mural changes which are suggestive of chronic inflammatory enteropathy. In conjunction with the patient's history of vomiting and weight loss the possibility of an acute component to the GI presentation given the recent onset of diarrhea is also possible. The possibility of neoplastic infiltrative enteropathy is considered less likely yet may present in a similar sonographic manner. Low grade to chronic pancreatitis would be suspected if the patient is painful on cranial abdominal or subxiphoid palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Biopsies would be required for a definitive diagnosis. Empirical therapy for chronic inflammatory enteropathy/IBD and mild pancreatitis would be reasonable.

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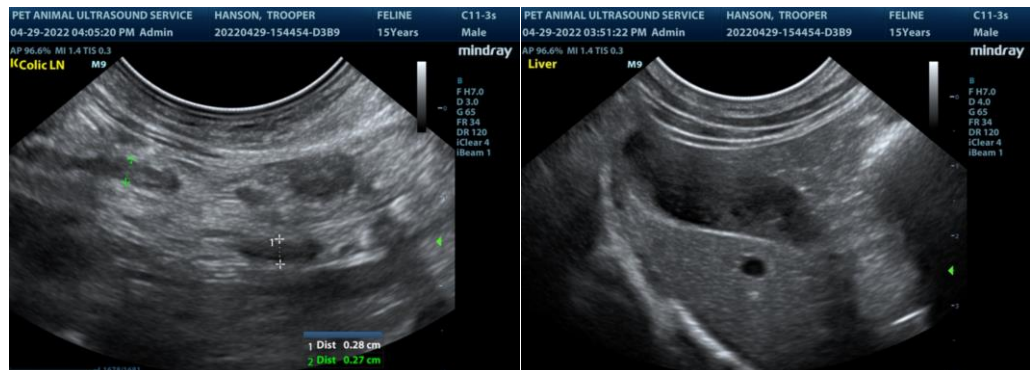
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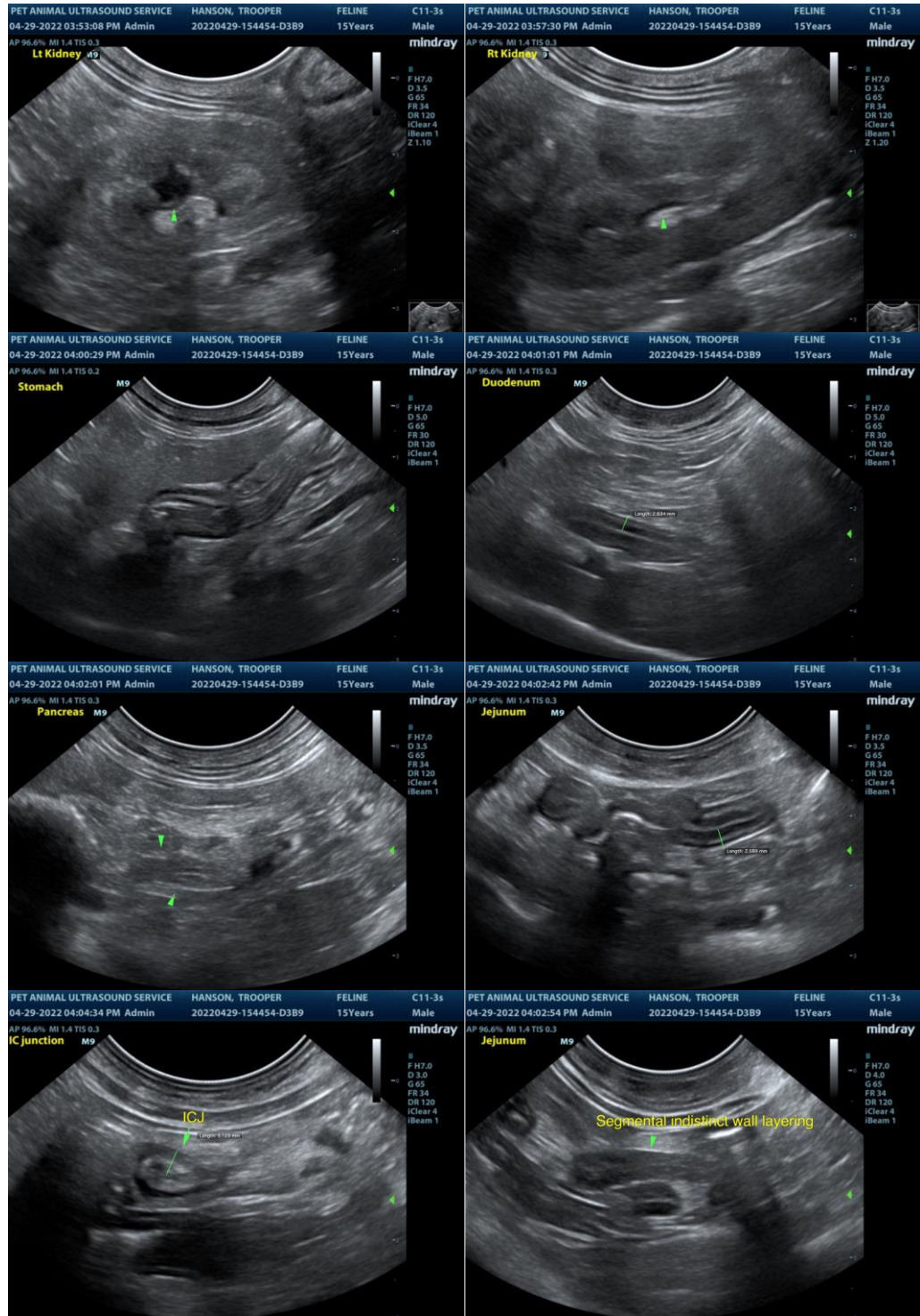
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Trooper Hanson

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