



PATIENT PRESENTING CLINICAL SIGNS

Jade Skweir History: Uncontrolled hyperthyroid, history of IBD, 6-month duration weight loss Tapazole, prednisolone
Labs: T4 3.5

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 were noted.

DSH

SEX Normal size and margination were present in the left kidney. 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 3.3 cm in length.

Spayed Female

AGE The right kidney was subnormal in size. Asymmetrical margination was present in the right kidney with subtle areas of associated increased cortex echogenicity, consistent with cortical infarcts. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineralization and mild pyelectasia were present. The right kidney measured 2.5 cm in length.

2005

WEIGHT Areas of medullary mineralization and mild pyelectasia were present. The right kidney measured 2.5 cm in length.

6 Pounds

Adrenal Glands

INTERPRETED BY No overt pathology in the area of the left adrenal gland.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The right adrenal gland was mildly prominent in size. The right adrenal gland measured 0.53 cm width. This is nonspecific yet not overtly consistent with adrenal neoplastic criteria, likely a patient variant. Screening blood pressure to assess for evidence of hypertension suggested.

IMAGING PERFORMED BY Spleen

Rebekah Jakum, CVT ARDMS/RVT 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 0.80 cm in width at the level of the hilus.

HOSPITAL NAME

Stanglein VC

REFERRING VET Liver

Dr. Rothrock The liver exhibited normal size and contour and normal hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture. A ventral uniform echogenic nodule was present in the mid liver along with nondisruptive mildly nonhomogeneous microcystic nodule (1.6 cm in diameter) present in the caudal liver. Areas of nonobstructive biliary tree mineral were present.

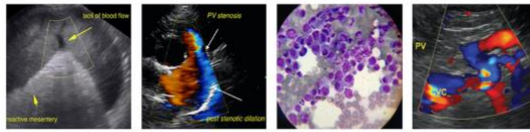
INVOICE

14595

DATE

4/4/22

The gallbladder was nondistended with mild nonobstructive mineral in the area of the gallbladder neck, as well as mild nondependent particulate sediment. The gallbladder walls were overtly normal without evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation. The common bile duct was dilated and tortuous without overt post hepatic obstruction.



PATIENT ***Gastrointestinal***

Jade Skweir 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 0.25 cm.

SPECIES The small intestine presented intact wall layering with segmental mild altered muscularis to mucosa ratio owing to propensity for mildly prominent muscularis and mucosa. The jejunum wall measured 0.30 cm. The duodenum wall measured 0.24 cm.

Feline

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

DSH ***Pancreas***

The left limb, right limb, and base of the pancreas presented 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. Minor pancreatic duct dilation was present.

SEX

Spayed Female

AGE ***Free Abdomen***

2005 No evidence of significant lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT • Mild to moderate chronic renal changes, more prominent in the right kidney with right kidney cortical infarcts and mild pyelectasia.

6 Pounds

• Nonspecific yet subjectively benign hepatic intraparenchymal nodules with nonobstructive biliary tree mineralization- probable cystic biliary adenoma, nodular hyperplasia, lipogranuloma. Potential for focal hepatic infarct possible.

INTERPRETED BY

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

• Mild nonobstructive gallbladder mineral and concurrent nondependent sediment

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

• Active to chronic active pancreatitis

• Chronic enteropathy- likely chronic IBD

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentially, the current use of prednisolone in this patient may be masking intraabdominal pathology or intestinal mural changes, however, the small intestine exhibited mural changes suggestive of chronic inflammatory enteropathy. Neoplastic infiltrative enteropathy, which may present in similar sonographic manner cannot be definitively excluded without full thickness intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out concurrent thoracic pathology as a potential contributing factor to the patients weight loss.

REFERRING VET

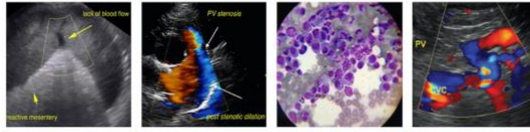
Dr. Rothrock

INVOICE The right kidney 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.

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PATIENT

Jade Skweir

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2005

WEIGHT

6 Pounds

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IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

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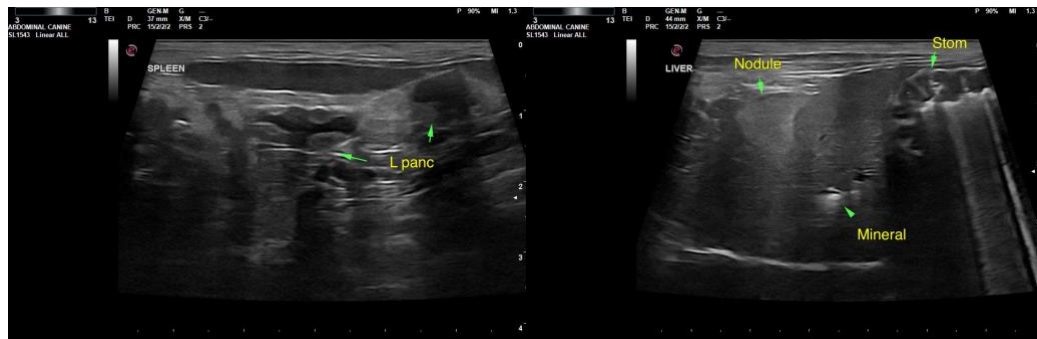
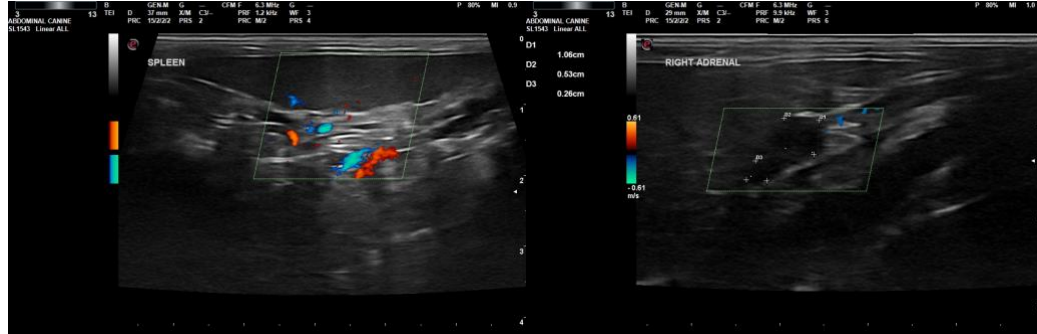
Dr. Rothrock

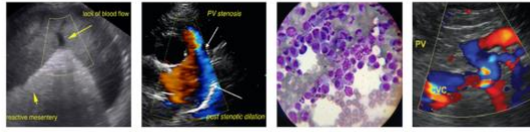
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PATIENT

Jade Skweir

SPECIES

Feline

BREED

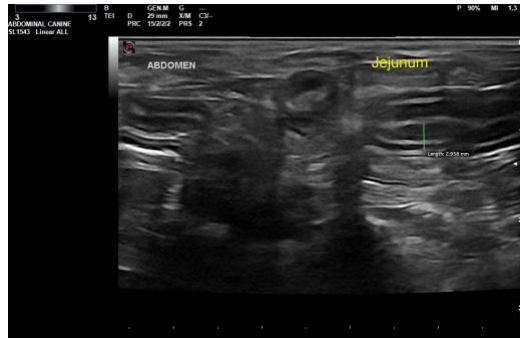
DSH

SEX

Spayed Female

AGE

2005



WEIGHT

6 Pounds

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.

INTERPRETED BY

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

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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mac.daniel@sonopath.com

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