SonoPath
Clinical Sonography & Telecytology
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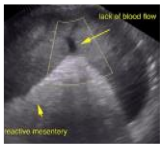

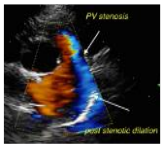

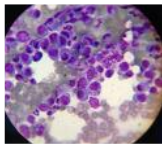
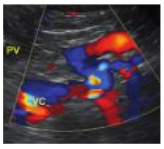

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Keeper Coursey

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

3.58 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

16551

DATE

4/8/23

PRESENTING CLINICAL SIGNS

History of cerebellar hypoplasia. History of chronic intermittent vomiting and diarrhea. Improved when rDVM switched to raw diet.

Abnormal PE/Chem/CBC/UA Results: CBC: Neutropenia 0.14k, Monocytosis 1.14k, rest WNL. Chem/Lytes: unremarkable fPL: normal FIV/ FeLV/ HWT = all neg UA: USG 1.042, dipstick wnl. Sediment NSF. Radiographs: gastritis with thickening of bowel loops. Exam: Moderate dental disease. Intention tremors. Rest of exam unremarkable.

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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length. Pinpoint to minor areas of medullary mineral were noted.

Adrenal Glands

No overt pathology was noted in the area of the left or right 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, 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 generalized intact wall layering with subjective mild prominent wall layering present in the area of the pylorus. No evidence of retained gastric ingesta, fluid, or foreign material. the pylorus wall width measured 0.30 cm.

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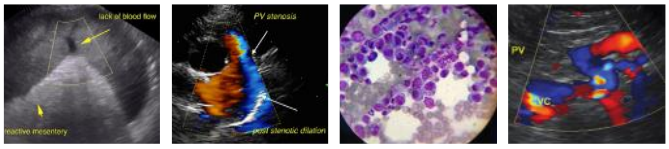

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The small intestine presented generalized intact wall layering with propensity for subtly prominent segmental muscularis, yet without evidence of significant intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The duodenum wall measured 0.25 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic wall measured 0.26 cm width.

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

Pancreas

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

Free Abdomen

No evidence of significant lymphadenopathy, omental masses, or peritoneal effusion was noted.

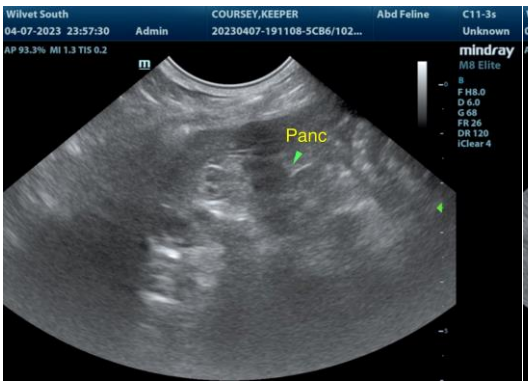
ULTRASONOGRAPHIC FINDINGS

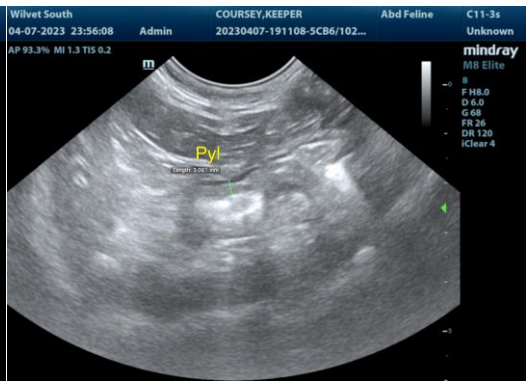
- Mild chronic enteropathy pattern with intact wall layering
- Mildly prominent pyloric walls
- Subtle heterogeneous pancreas
- Mild chronic renal changes with pinpoint / minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant, the small intestine exhibited minor subjective chronic wall changes suggestive of mild inflammatory pattern. No overt evidence of intraabdominal neoplastic criteria or active pancreatitis. Given the patient's clinical response to diet change, previous dietary intolerance / food allergy, low-grade to chronic inflammatory enteropathy, and less likely chronic pancreatitis, are considered most likely.

Assessment of serum cobalamin / folate levels is recommended. Empirically, continued diet, given positive clinical response, high colony count probiotic, empirical deworming if the patient is indoor/outdoor, cobalamin supplementation pending assessment of cobalamin levels, and as-needed gastroprotectants may prove beneficial. CBC pathology review is suggested.





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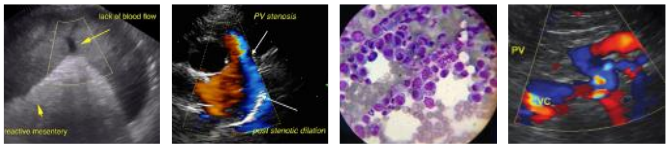

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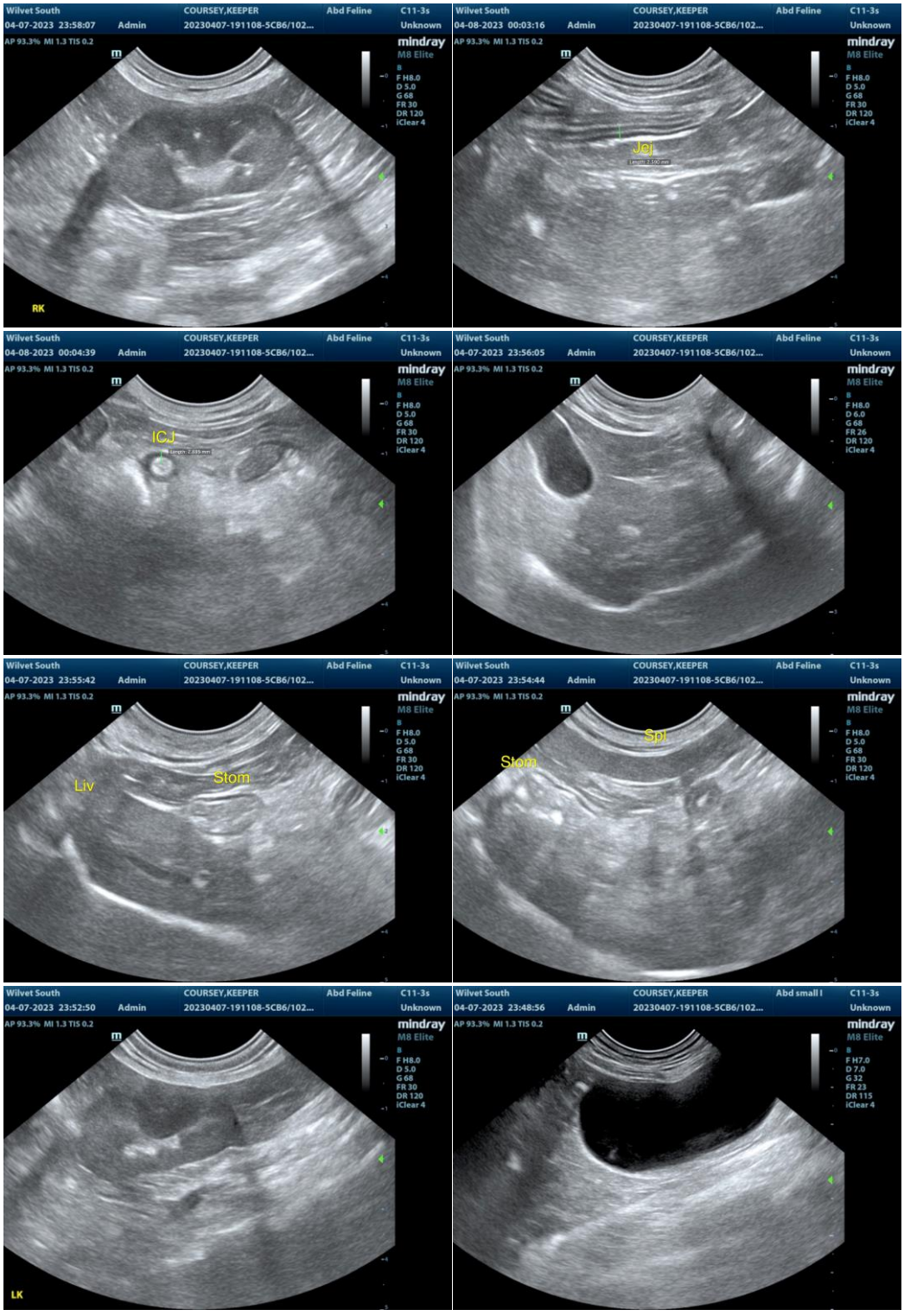

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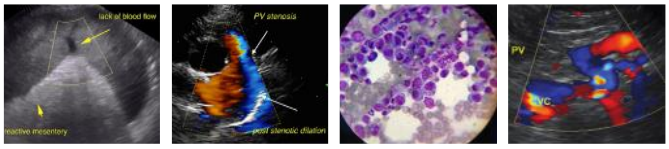

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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