



PATIENT

Pepper Barkus

SPECIES

Feline

BREED

Domestic Short Hair

SEX

F/S

AGE

12 years

WEIGHT

2.56 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dallas Reynolds LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

16557

DATE

4/8/23

PRESENTING CLINICAL SIGNS

P is still having episodes of vomiting and weight loss since last ultrasound. 11/15/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with persistent, mild variably thickened apical urinary bladder wall exhibiting a mild asymmetrical luminal surface contour and discrete polyploid changes. Pinpoint hyperechoic mural foci were visualized, which may indicate pinpoint areas of apical mural mineralization. The area of apical urinary bladder wall thickening measured \approx 2.1 cm x 0.58 cm. No evidence of urinary bladder sediment or calculi was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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 was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary nondisruptive well-demarcated hyperechoic nodule, consistent with probable benign myelolipoma or hyperplasia, was present measuring 0.21 cm diameter. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size measuring 0.70 cm width at the level of the hilus.

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 parenchymal remodeling. 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.



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Gastrointestinal

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 width measured 0.25 cm.

The small intestine presented generalized intact variably prominent to thickened wall layering owing to propensity for variably prominent segmental muscularis layer without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.4 cm width.

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

Pancreas

The left pancreatic limb was mildly prominent in size exhibiting minor capsule asymmetry and mild heterogeneous parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

Mildly prominent 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 evident. An example of lymph node size was 1.2 cm x 0.5 cm. Intermittent small pockets of scant peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy with associated mild mesenteric lymphadenopathy
- Concurrent chronic active pancreatitis
- Mild chronic renal changes
- Benign splenic nodule
- Mild static hepatic parenchymal remodeling
- Persistent variably thickened apical urinary bladder with possible pinpoint mural mineralization - chronic apical cystitis, potential for low-grade carcinoma
- Intermittent scant peri intestinal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation may indicate inflammatory neoplastic or less likely granulomatous (Dry FIP) etiologies with associated mild mesenteric lymphoid hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's weight loss. Full-thickness intestinal, apical urinary bladder, and lymph node biopsies are required for a definitive



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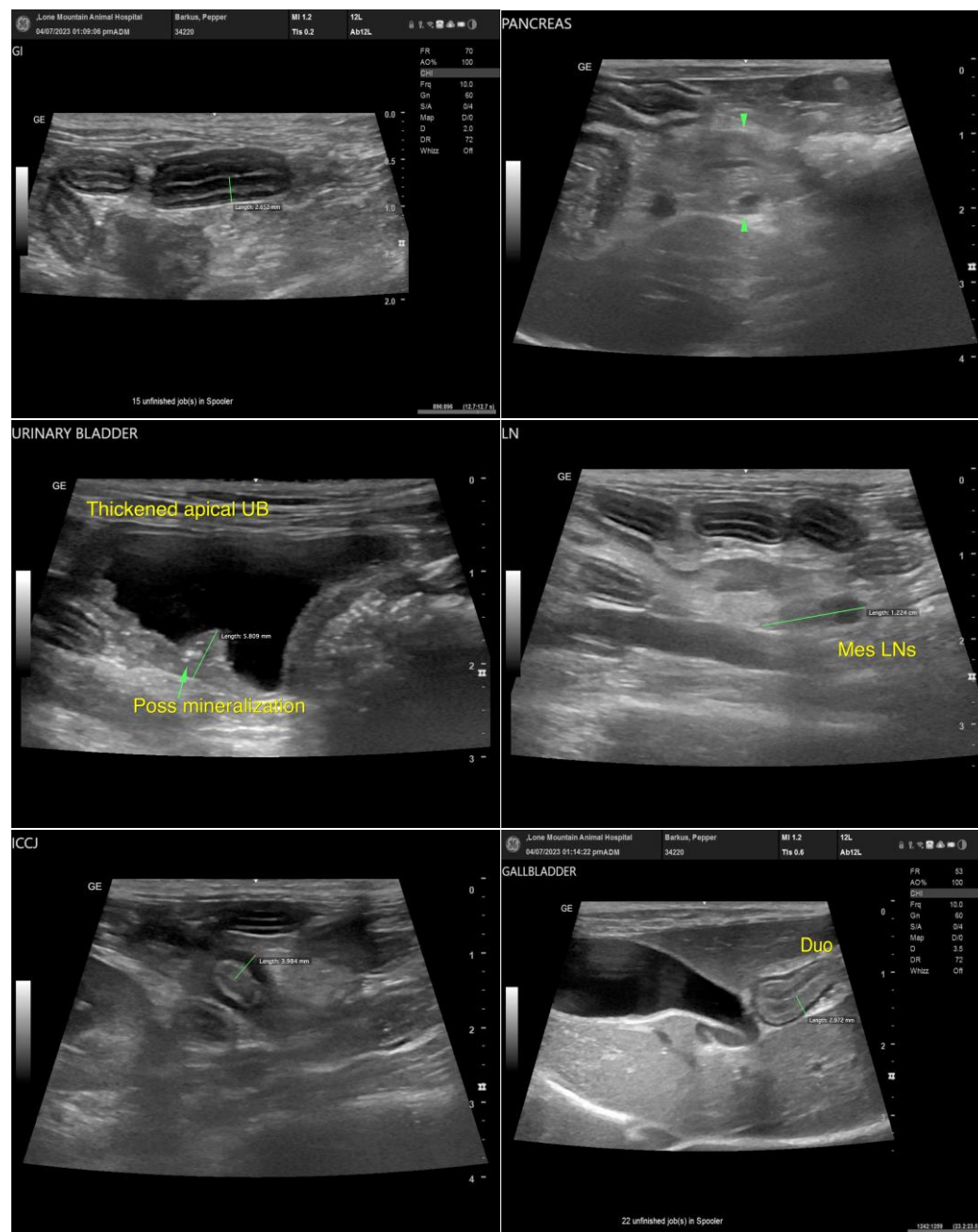
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diagnosis. Triad Disease could be an alternative consideration in this patient if previous or concurrent hepatic enzyme elevations.

Empirical IBD / Triad Disease protocol with as-needed gastrointestinal support and monitoring of the gastrointestinal tract, lymph nodes, and apical urinary bladder would be reasonable if biopsies are not elected.





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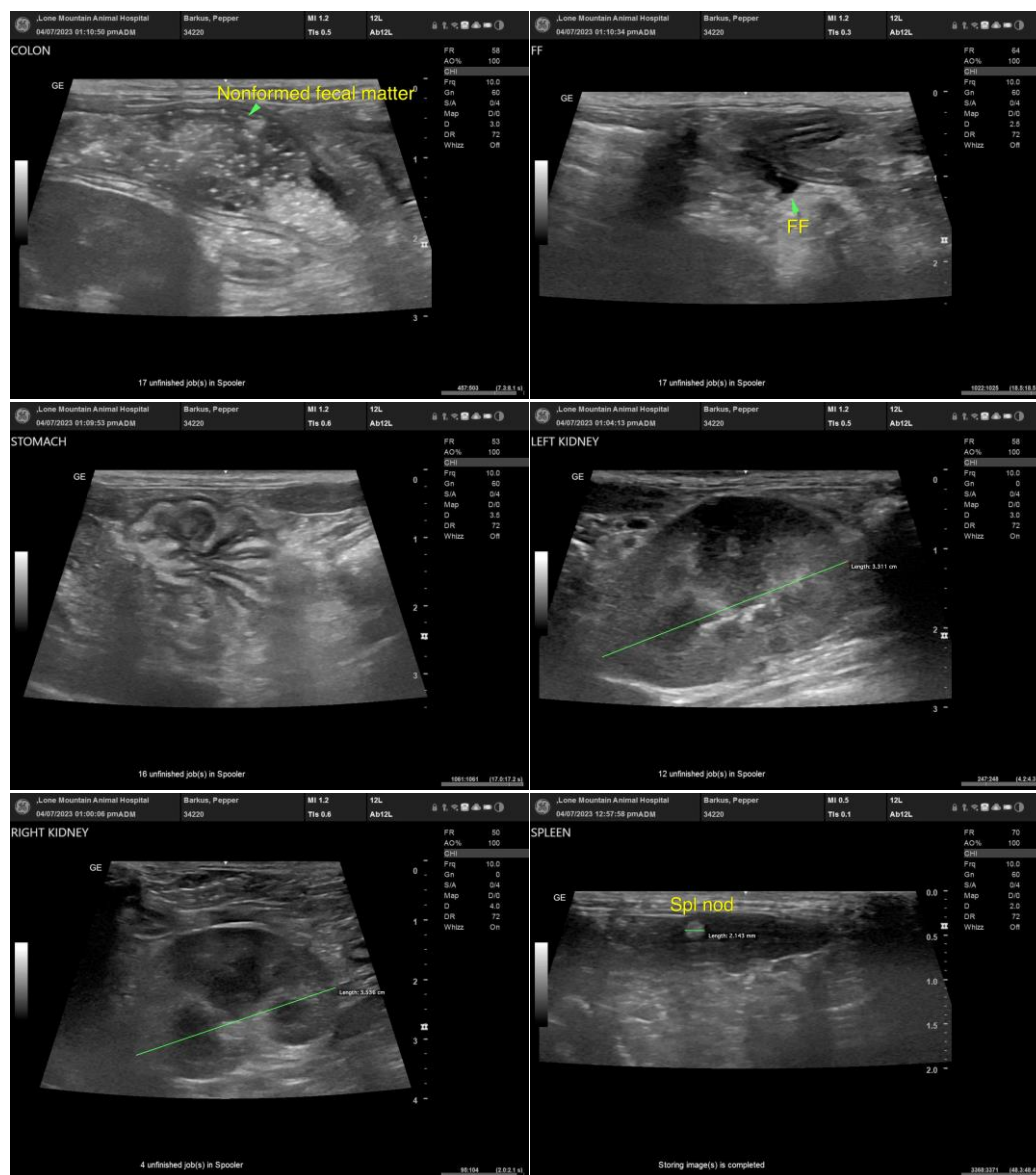
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com