SonoPath
Clinical Sonography & Telecytology
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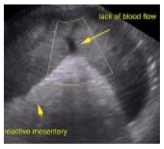
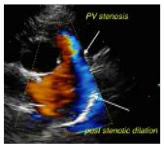
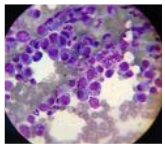
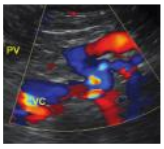




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Little Messi Zima-Francis

SPECIES
Feline

BREED
DSH

SEX
SF

AGE
10 M

WEIGHT
7.66 lbs

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

IMAGING PERFORMED BY
Dr. Rivera

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Rivera

INVOICE
16790

DATE
5/10/23

PRESENTING CLINICAL SIGNS

Rechecking: EARS History: 10M OLD SF DSH PRESENTING TO RECHECK EARS. HAS IMPROVED BUT STILL SCRATCHING A BIT. RECHECK AUS

Abnormal PE/Chem/CBC/UA Results: Exam Notes: Pet is QAR. Clear OU. AU: mild light brown waxy cerumen, no erythema or swelling present. Mild gingivitis. Grade II/VI heart murmur. Soft and non-painful on abdominal palpation. SKIN: WNL

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 1.0 cm width at the level of the hilus.

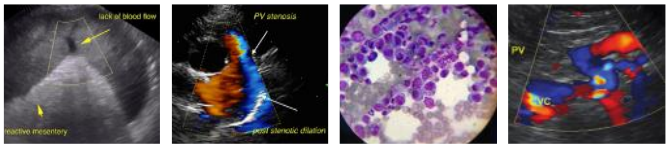
Liver/ Gallbladder

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 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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured



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0.32 cm width. The jejunum wall measured up to 0.35 cm width. No overt pathology was noted at the level of the ileocolic junction, although not definitively visualized.

Normal visible colon wall layers were present with apparent formed to semi-formed fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

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

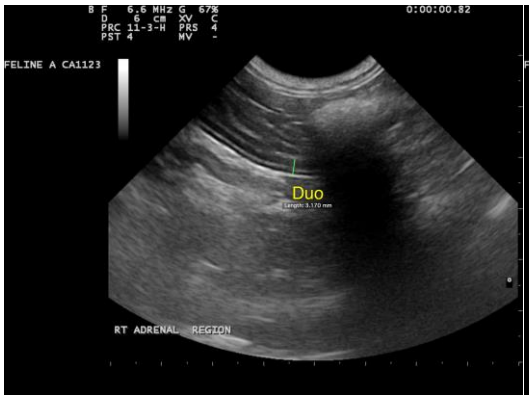
ULTRASONOGRAPHIC FINDINGS

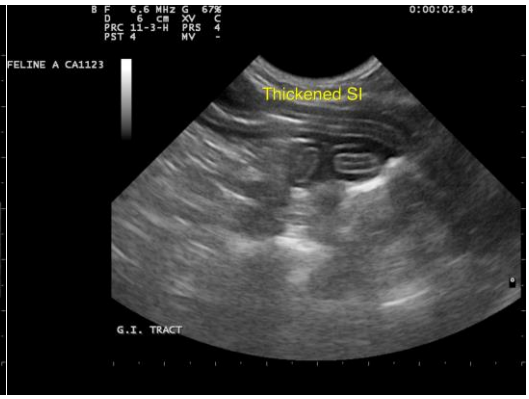
- Persistent generalized thickened yet intact small intestinal wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The persistently thickened small intestinal wall owing to generalized prominent muscularis layer, although nonspecific, continued to suggest inflammatory enteropathy criteria even without reported gastrointestinal signs or weight loss. Inflammatory enteropathies such as IBD or eosinophilic enteritis with the potential for mild to low-grade neoplastic infiltrative enteropathy with round cells or dry form FIP are all potentials. Full-thickness intestinal biopsies would be required for a definitive diagnosis. Assessment of cobalamin/folate levels may be considered if gastrointestinal signs are present or develop.

If the patient is nonclinical without evidence of weight loss, continued sonographic monitoring of the intestinal tract, as well as for gastrointestinal signs and weight loss going forward.





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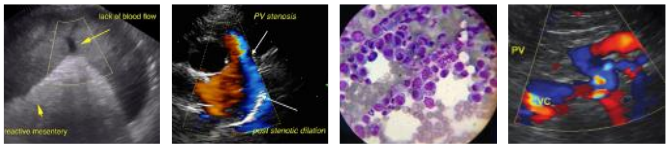

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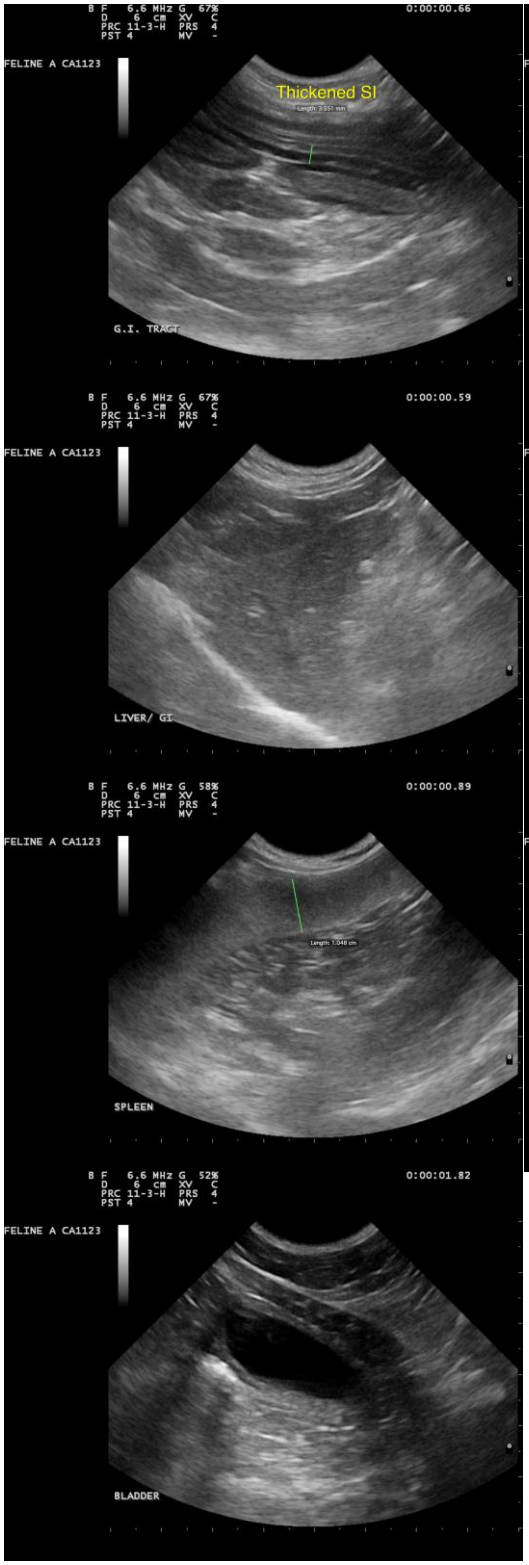

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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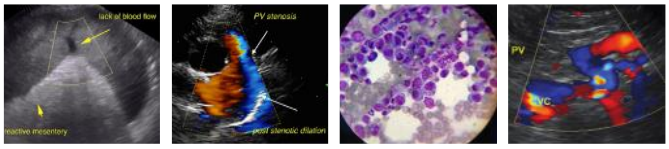

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com