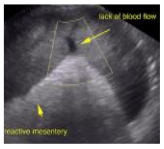
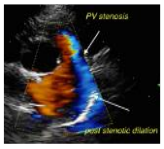
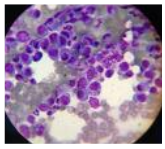
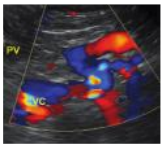
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Ariel Jarbeck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Lindsey Knouse

INVOICE

16794

DATE

5/11/23

PRESENTING CLINICAL SIGNS

Patients last exam was in October 2022 when p had been vomiting frequqently for a month. Patient vomited in exam room before exam. In October, pli was mildly high at 4.3, AST mildly high at 78, Stage 2 CKD, urine WNL, T4 in grey zone . TLI and folate high on GI panel, B12, pli WNL. CBC chem performed in March, Stage 2 CKD present again with Creatinine 2.1, BUN 45. ALP mildly elevated (68), AST normal, t4 in grey zone. Cerenia every other day has helped manage symptoms but still chronic weight loss on this. Panacur dewormer was given 4/24, owner concerned with ongoing weight loss.

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.

The bilateral kidneys were borderline subnormal in size with asymmetrical contour and cortical infarcts. Moderate loss of corticomedullary border demarcation was noted with the dystrophic medullary mineral. No pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 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 0.27 cm width. The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape. The right adrenal gland subjectively measured 0.31 cm width.

Spleen

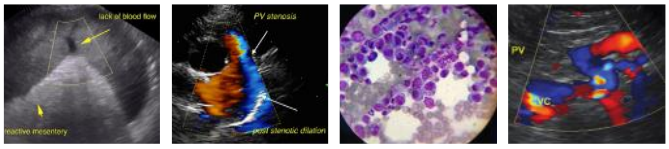
The spleen was borderline enlarged measuring 1.0-1.1 cm width at the mid-spleen. The spleen maintained symmetrical capsule contour with subtle parenchyma heterogeneity. No masses or nodules were noted.

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 to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size exhibiting non-thickened, mildly hyperechoic gallbladder wall containing primarily anechoic content. The proximal common bile duct was minorly dilated and tortuous, not consistent with post hepatic obstructive criteria.

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.



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

PATIENT

Ariel Jarbeck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Lindsey Knouse

INVOICE

16794

DATE

5/11/23

The small intestine presented generalized intact variably prominent wall layering owing to subjective propensity for variably prominent mucosa and segmental muscularis layer. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.28-0.29 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. Minor pancreatic duct dilation was present.

Free Abdomen

Focal to intermittent, mesenteric lymph nodes were present. These lymph nodes were mildly prominent with uniform hypoechoic parenchyma. A normal width: length ratio was maintained (<0.5). Evidence of regional perilymphatic to peri intestinal mild uniform hyperechoic omentum was noted mid-abdomen. An example of lymph node size was 1.6 cm in length. No evidence of omental masses or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative kidneys with cortical infarcts and dystrophic medullary mineral
- Borderline splenomegaly with subtle parenchyma heterogeneity
- Minor nonobstructive proximal common bile duct dilation - age-related variant, potential low-grade cholangitis
- Subjective mild chronic pancreatitis pattern
- Intact yet mild prominent small bowel wall
- Suspect intermittent minor mesenteric lymphadenitis with minor perilymphatic / peri intestinal reactive omentum

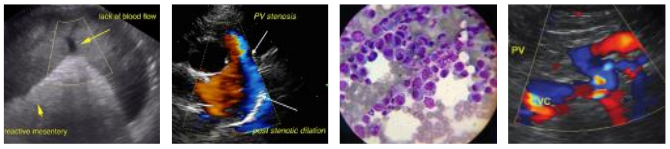
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild evidence of chronic wall changes most suggestive of chronic inflammatory enteropathy criteria. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to chronic pancreatitis, is suggested.

Based on the gastrointestinal ultrasonographic presentation and potential for concurrent mild chronic pancreatitis pattern, IBD or other chronic inflammatory enteropathy with potential for chronic pancreatitis / Triaditis are considered most likely. Potential for early to low-grade neoplastic infiltrative intestinal disease cannot be definitively excluded, yet thought less likely. Definitive diagnosis would require intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of systemic BP going forward is likely ideal if possible. Empirical therapy for chronic inflammatory enteropathy +/- Triad Disease with monitoring of body weight going forward and assessment of clinical response would be reasonable.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ariel Jarbeck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

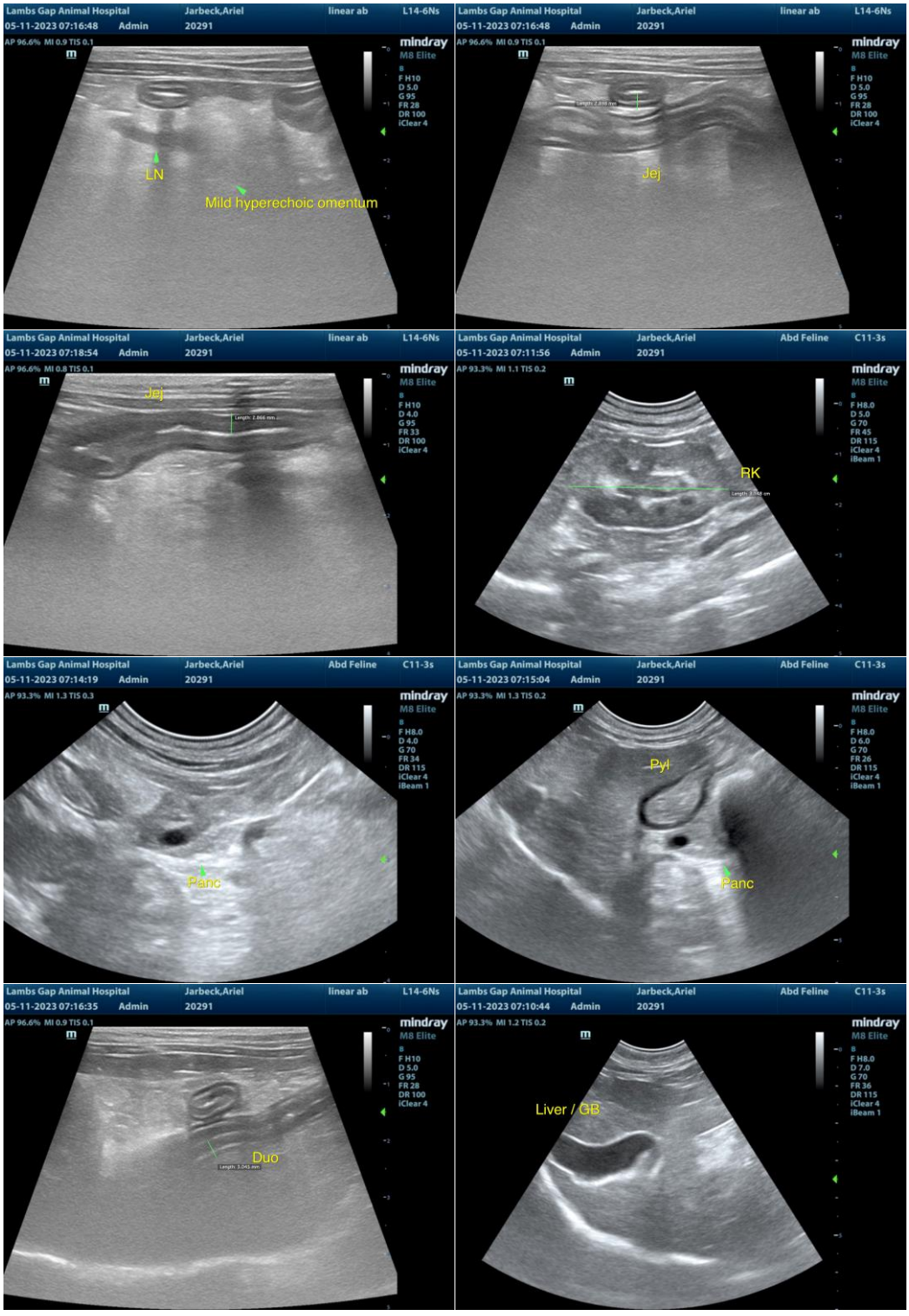
Dr. Lindsey Knouse

INVOICE

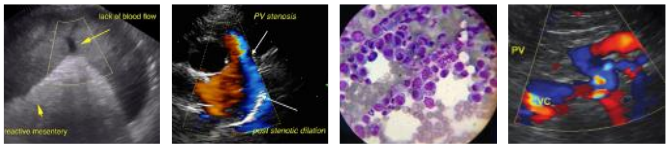
16794

DATE

5/11/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ariel Jarbeck

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

9.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

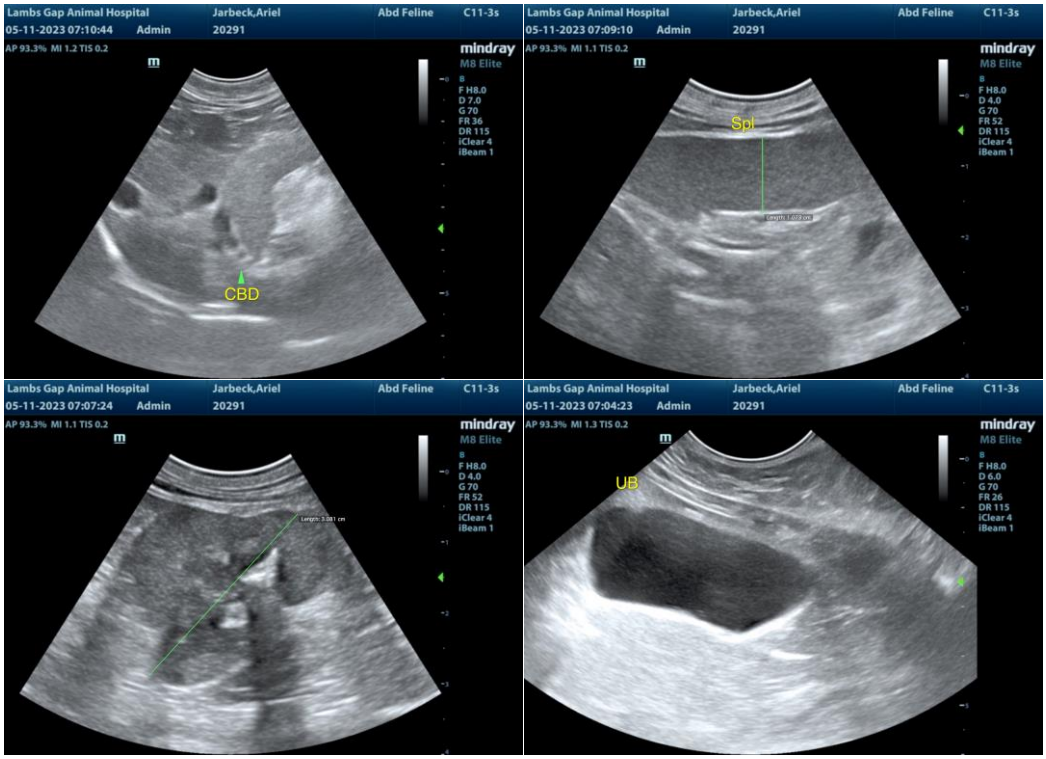
Dr. Lindsey Knouse

INVOICE

16794

DATE

5/11/23



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)
mac.daniel@sonopath.com