



PATIENT

Shine Miller

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 years

WEIGHT

8.84 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run
Veterinary Clinic

REFERRING VET

Dr. Jessica Latham
DVM

INVOICE

13862

DATE

5/12/22

PRESENTING CLINICAL SIGNS

Weight loss over last few months, occasional vomiting noted at home. Appetite has been good, but owner has noted gradual weight loss.

Abnormal PE/Chem/CBC/UA Results: Chem 17 - GGT 32 (was 11 in 9/21) tBili 4.9 (N: 0.0-0.9) Glob slightly elevated CBC - Hct 28% Monocytes and Basophils slightly elevated Lytes - WNL T4 - 1.9 SDMA - 11 Chest rads - NSF Abd rads - Prominent mass effect in cranial abdomen, loss of detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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. Potential, thinly walled, small cyst was present in the mid lateral left kidney containing anechoic fluid. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

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 exhibited mild generalized enlargement, measuring 1.3 cm width at the level of the hilus. No masses or nodules were noted.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild focally hyperechoic gallbladder debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.



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Gastrointestinal

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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.

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The small intestine presented intact yet thickened walls exhibiting minor altered muscularis/mucosa ratio owing to generalized propensity for mildly prominent small bowel muscularis and submucosa layer. No overt evidence of intestinal masses was noted. The duodenum wall width measured 0.28 cm. The jejunum wall width measured up to 0.34 cm.

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

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The pancreas exhibited subtle to mild prominent size with minor areas of capsule asymmetry. Subjective mild hypoechoic parenchyma was present. Potential pancreatic duct dilation was noted.

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Free Abdomen

Small pockets of scant peritoneal free fluid were noted.

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Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.62 cm width.

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ULTRASONOGRAPHIC FINDINGS

- Hepatosplenomegaly
- Infiltrative enteropathy pattern - inflammatory infiltrative enteropathy / IBD with potential for neoplastic infiltrative enteropathy with round cells i.e., lymphoma or other
- Intermittent nonspecific yet subjectively benign / reactive mesenteric lymphadenopathy and scant peritoneal free fluid
- Suspect chronic to chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the small intestine and pancreas. Even without significant hepatic enzyme elevation, Triad Disease may be considered a top differential diagnosis in this patient. However, the possibility of multicentric round cell neoplasia, given the hepatosplenomegaly, cannot be excluded. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA is warranted for screening cytology.

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Full-thickness intestinal +/- pancreatic biopsies are likely required for a definitive diagnosis. Empirically, therapy for IBD +/- Triad Disease would be reasonable with assessment of clinical response and continued monitoring of patient's body weight.

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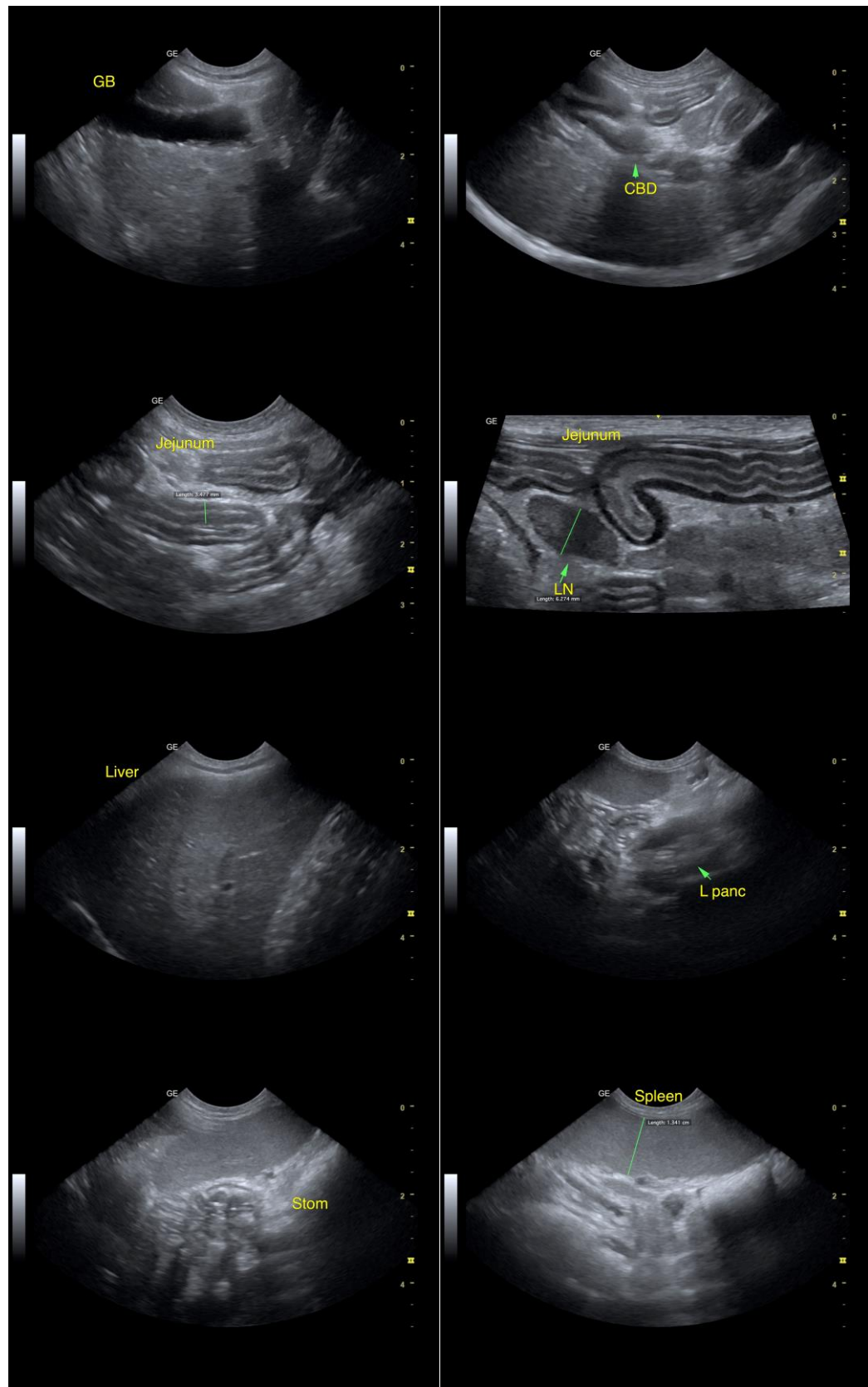
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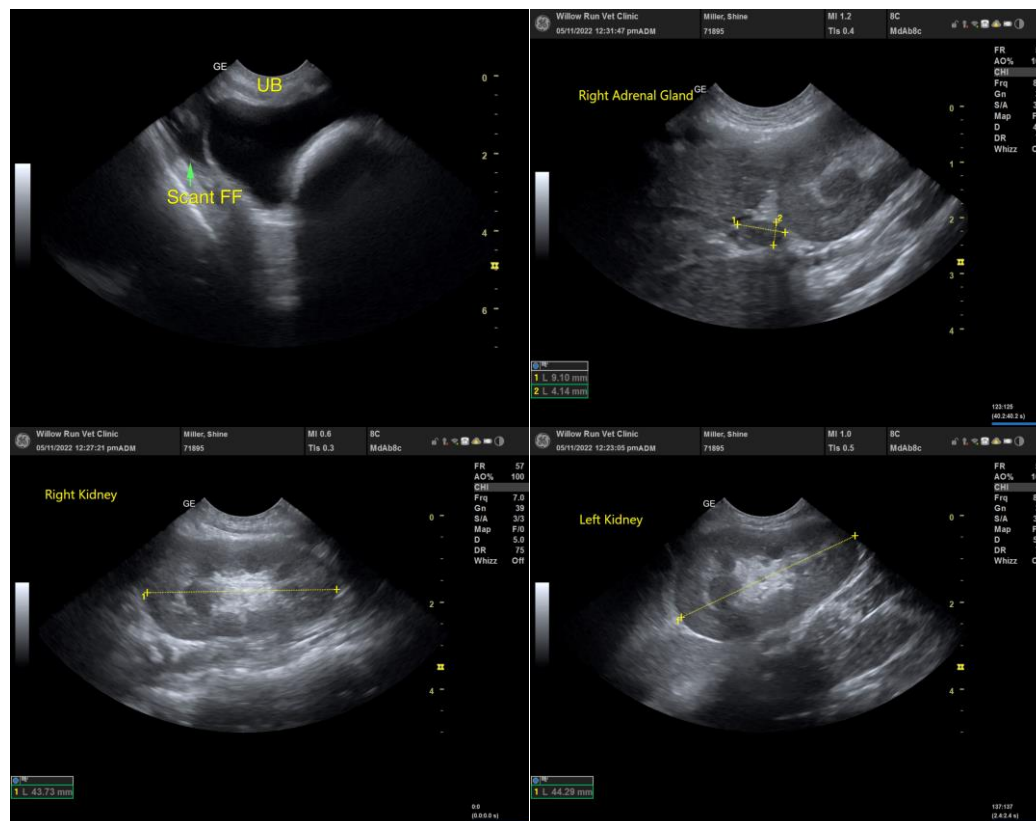
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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