

PATIENT PRESENTING CLINICAL SIGNS

Freda Jones History: Elevated ALT, ALP, and bilirubin. Inappetence. Weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

BREED

DSH

Normal size and margination was 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.

SEX

FS

AGE

13 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology in the area of the right adrenal gland.

WEIGHT

2.9 kg

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.

INTERPRETED BY

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

Liver

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 with mild luminal debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

Gastrointestinal

The areas of the gastric body and fundus presented intact wall layering. Mildly thickened antrum and pyloric walls exhibiting decreased mural echogenicity and loss of discernable wall layering was present potentially extending into the upper duodenum. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.39 cm in width.

REFERRING VET

Dr. Asemadahun

INVOICE

10621ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segment unspecified small bowel exhibited mild mural hypertrophy similar appearing decreased echogenicity and indistinct wall layering subjectively in the mid to cranial abdomen and involving the jejunum. This segment measured approximately 2.0 cm length and 0.36 cm in wall width. Normal appearing small intestine measured 0.2 cm wall width. Potential pyloric or small bowel distention containing hyperechoic to strongly shadowing ingesta to echo measuring approximately 1.3 cm in diameter was present. The ileocolic wall measured 0.33 cm in width.

DATE

05/13/2022



PATIENT The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

SPECIES The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. Minor pancreatic duct dilation was present. No overt evidence of neoplasia.

Feline

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

- Hepatopathy-subjectively benign
- Mild gallbladder debris
- Thickened pylorus exhibiting decreased echogenicity and loss of wall layering potential extending into the upper duodenum
- Concurrent segmental mildly thickened small bowel exhibiting similar decreased echogenicity and indistinct wall layering
- Focal strongly shadowing pyloric vs small bowel echo-possible ingesta vs hair density or similar
- Mild chronic renal changes
- Suspect chronic active pancreatitis

WEIGHT

2.9 kg

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IMAGING PERFORMED BY

Dave Stasiuk

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyloric and small bowel mural hypertrophy may indicate inflammatory or potential neoplastic etiologies. Triad disease may also be considered a potential in this patient. Exploratory laparotomy for gross inspection of the GI tract with biopsies considered essential as well as the possibility of gastrotomy/enterotomy if confirmed evidence of impacted ingesta and/or foreign material. Hepatopancreatic biopsies should be considered at the time of surgery. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as three view chest radiographs to rule out potential thoracic pathology. Empirically, IBD/triaditis protocol with as needed GI support and sonographic monitoring of the GI tract would be a more conservative approach.

If surgery is elected, brief sonographic re-assessment of the GI tract and shadowing echo to make sure the echo is still present or has not moved is recommended. Regardless, GI biopsies are indicated.



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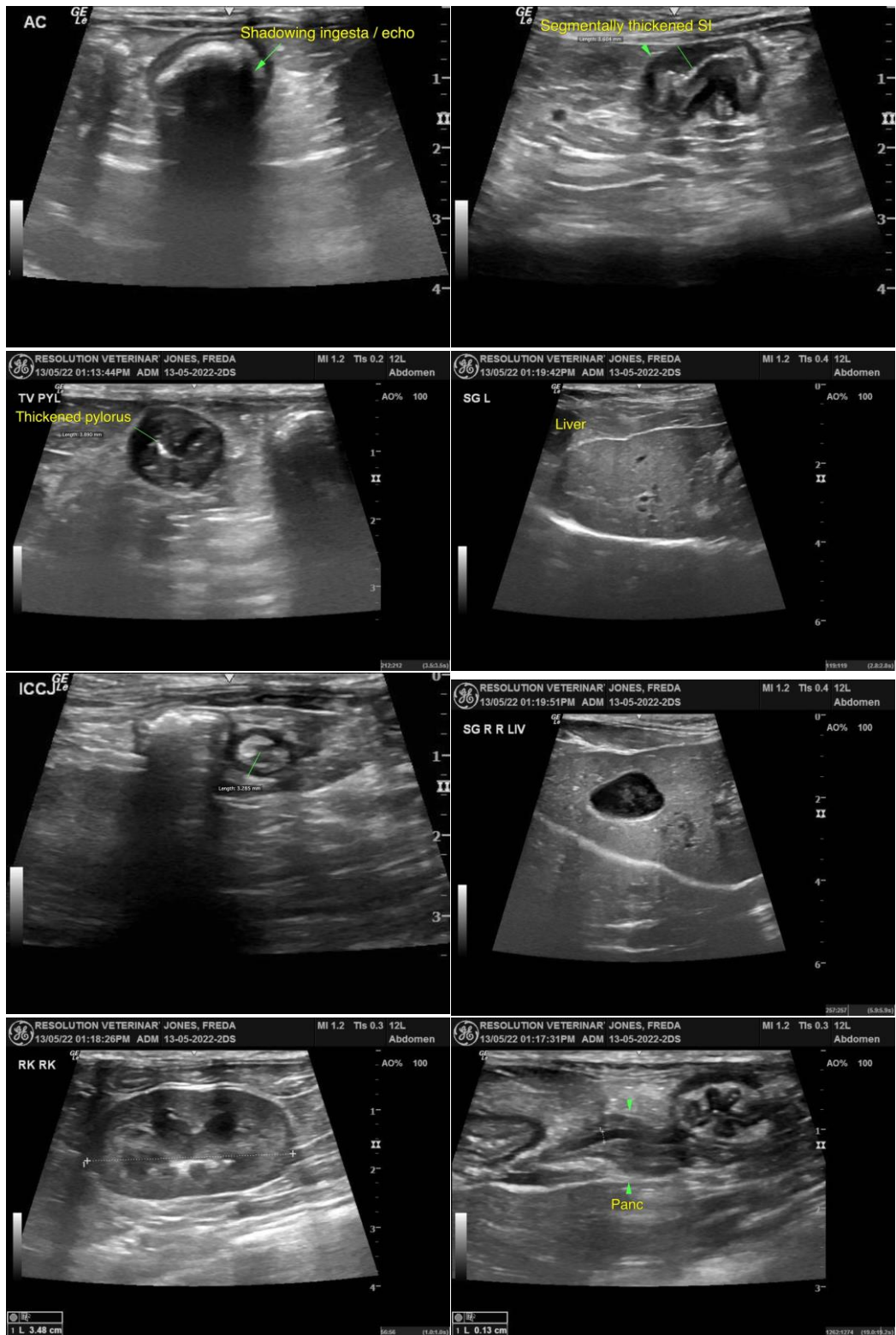
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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