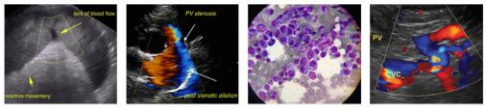


PATIENT

Rex Padula

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

12 yr

WEIGHT

9 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Dr. Hart

INVOICE

10618ag

DATE

05/13/2022

PRESENTING CLINICAL SIGNS

History: Hyporexia, diarrhea, weight loss. On I/D diet, fortiflora. WBC 19.8; neut 77; abs neut 15246. Urine 2+ leuk, 3+ blood - gave covenia injection

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with minor thickening of the apical bladder wall measuring 0.4 cm width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with potential for focally adhered mineral. No evidence of sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The bilateral kidneys exhibited asymmetrical contour with a variably echogenic to hypertrophied cortex and moderate loss of corticomedullary border demarcation. Areas of nonobstructive medullary mineral were present in the left kidney along with indistinct medullary architecture, concurrent areas of mineral were not observed in the right kidney. The left kidney was low normal in size. Scant pyelectasia was present in the right kidney.

The left kidney measured 3.3 cm in length. The right kidney measured 3.9 cm in length.

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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

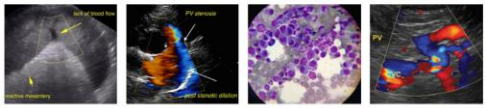
Liver

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. Subtle hepatic vascular congestion was present. The gallbladder was non-distended in size with mild subjective wall edema measuring 0.21 cm in width and primarily anechoic luminal content with minor non mineralized luminal debris. 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 gastric body wall measured 0.25 cm in width.

The small intestine presented intact yet prominent generalized wall layering owing to propensity for prominent muscularis layer. No evidence of loss of wall layering or intestinal masses. The lumen of the



PATIENT

Rex Padula

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

12 yr

WEIGHT

9 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Dr. Hart

INVOICE

10618ag

DATE

05/13/2022

small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.43 cm in width. The jejunum wall measured 0.30 cm in width. The ileocolic wall measured 0.36 cm in width.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor pancreatic duct dilation was present.

Free Abdomen

Intermittent focally enlarged jejunocolic and pancreatic 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.

No omental masses or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory enteropathy
- Suspect chronic pancreatitis
- Associated mild benign/reactive jejunocolic and pancreatic duodenal lymph nodes
- Nonspecific chronic renal changes with minor left kidney medullary mineral and scant right kidney pyelectasia
- Mild gallbladder wall edema and luminal debris
- Minor ventroapical cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

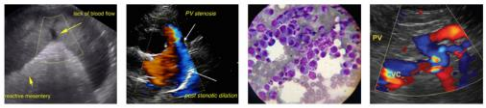
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The SI wall changes were mild yet suggestive of inflammatory enteropathy/IBD given the patient's clinical signs. The GB wall edema may be owing to sedation if clinically applicable yet potential for cholecystitis could be considered if previous history of hepatic elevation. Likewise, the possibility of triaditis may be a consideration.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD/triaditis therapy protocol with as needed GI support and assessment for clinical response would be reasonable.

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rex Padula

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

12 yr

WEIGHT

9 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

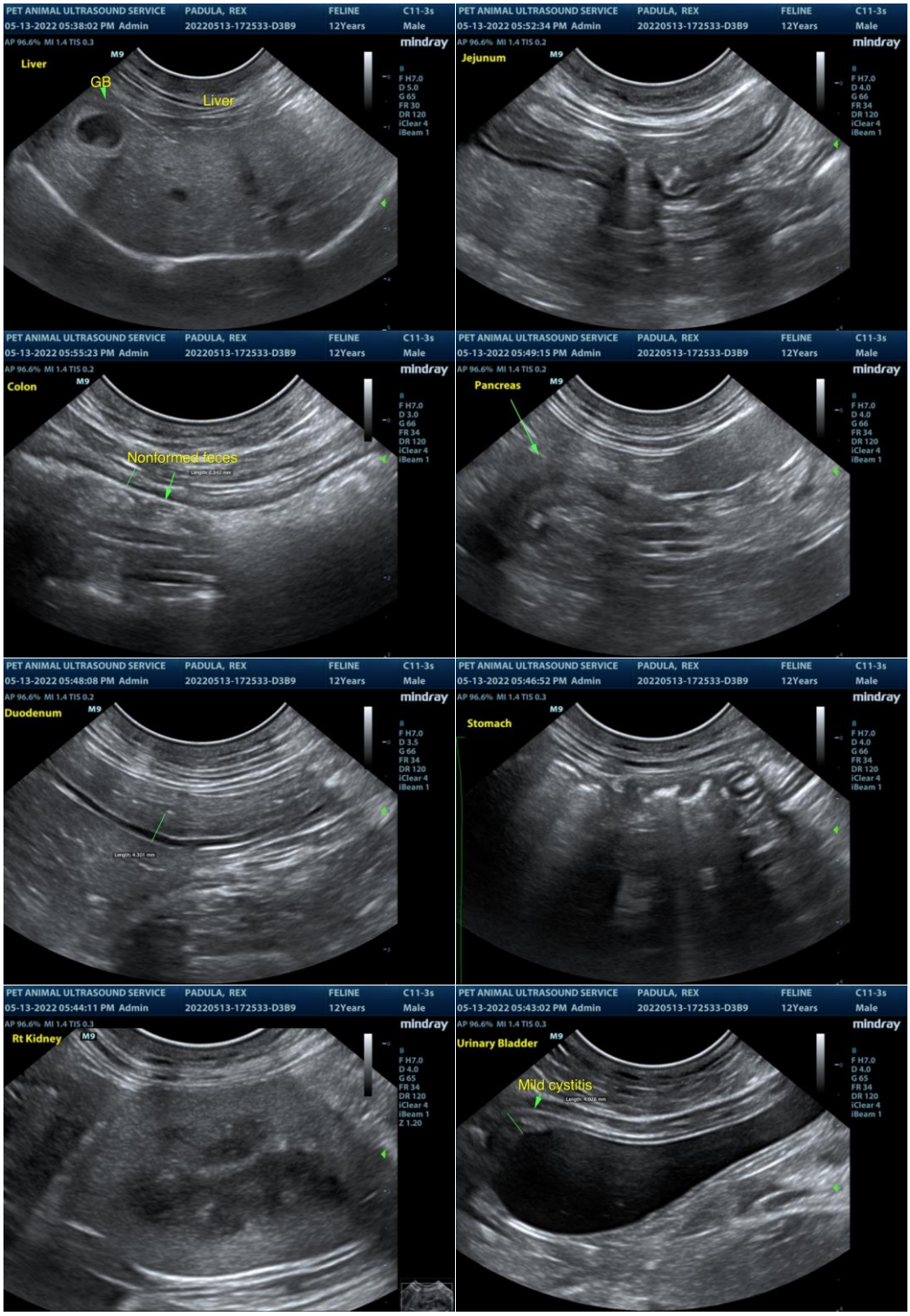
Dr. Hart

INVOICE

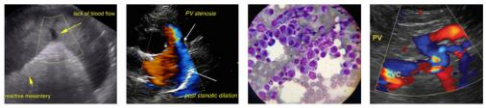
10618ag

DATE

05/13/2022



PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rex Padula

SPECIES

Feline

BREED

DSH

SEX

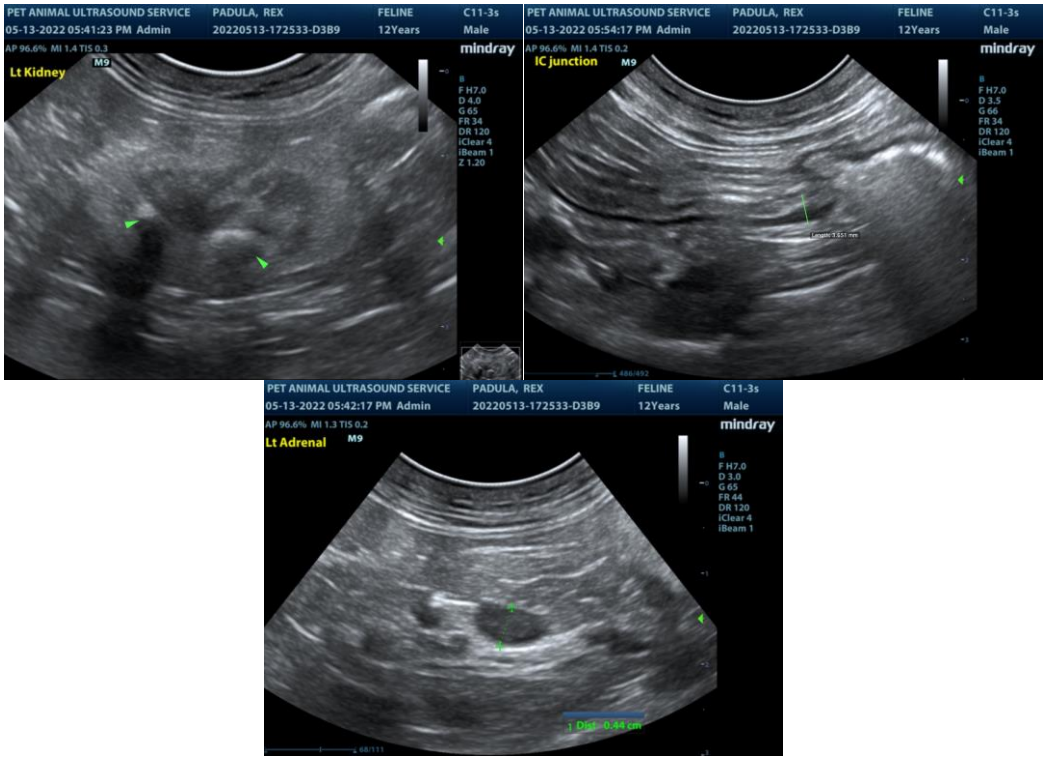
NM

AGE

12 yr

WEIGHT

9 lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal Medical Center

REFERRING VET

Dr. Hart

INVOICE

10618ag

DATE

05/13/2022

The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
info@SonoPath.com