



PATIENT PRESENTING CLINICAL SIGNS

Bo Britland History: 6-month duration weight loss, normal appetite/drinking, no vomiting, occasional loose stool, possible cranial abdominal pain z/d, Metronidazole, Gabapentin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 were noted. Aortic trifurcation was normal.

DSH

SEX 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

Neutered Male

AGE **Adrenal Glands**

2020 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm.

WEIGHT The right adrenal gland was normal in size measuring 0.43 cm. Pinpoint area of dystrophic mineral was present in the right adrenal gland, which is an incidental finding and not considered pathologic.

9.2 Pounds

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited borderline enlargement with subjective cranial folding, maintained symmetrical capsule contour and finely textured homogeneous normoechoic parenchyma. No masses or nodules noted. The spleen measured 1.0 cm in width at the level of the hilus.

IMAGING PERFORMED BY Liver

Rebekah Jakum, CVT ARDMS/RVT 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.

HOSPITAL NAME The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This is likely incidental and not consistent with post hepatic obstruction, potential for low-grade cholangitis possible if previous history of hepatic enzyme elevations.

Alburtis AH

REFERRING VET Gastrointestinal

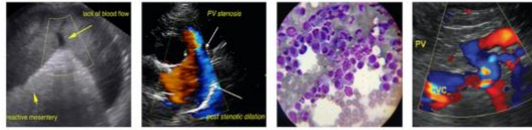
Dr. Borelli The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained anechoic pyloric fluid. The pylorus wall measured 0.2 cm.

INVOICE The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall and jejunum wall measured 0.23 cm. The ileocolic wall measured 0.31 cm.

15217

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

5/16/22



PATIENT *Pancreas*

Bo Britland The left pancreas, extending into the pancreas base, exhibited subtle prominent size, symmetrical contour and isoechoic to mildly hypoechoic uniform parenchyma.

SPECIES *Free Abdomen*

Feline Intermittent jejunocolic and medial iliac 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 jejunal lymph node measured 1.7 cm x 0.82 cm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal gastrointestinal tract with minor retained pyloric fluid
- Intermittent subjectively benign/reactive jejunocolic and medial iliac lymph nodes- hyperplasia or mild reactive lymphadenitis likely
- Borderline splenomegaly with subjective folding
- Mildly prominent pancreas- nonspecific, patient variant versus potential for low-grade pancreatitis possible

SEX

Neutered Male

AGE

2020

WEIGHT

9.2 Pounds

Secondary Findings

- Focal right adrenal dystrophic mineral- incidental, not pathological

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the spleen as not overtly suggestive of splenic pathology or neoplastic criteria with considerations including patient variant, splenomegaly owing to sedation (if clinically applicable), benign hyperplasia, hematopoiesis or incidental splenitis. However, given the patients weight loss, ultrasound guided FNA of the spleen, using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present. Additional assessment of the weight loss may include a GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs and thorough neurological examination to rule out occult disease, which may be contributing factors to the weight loss. Potential for structurally insignificant inflammatory bowel or low-grade pancreatitis could be present, yet sonographically normal, in conjunction with subjectively benign jejunocolic lymphadenopathy. Sonographic monitoring of the lymph nodes for evidence of progression +/- concurrent ultrasound guided FNA for screening cytology could be considered.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

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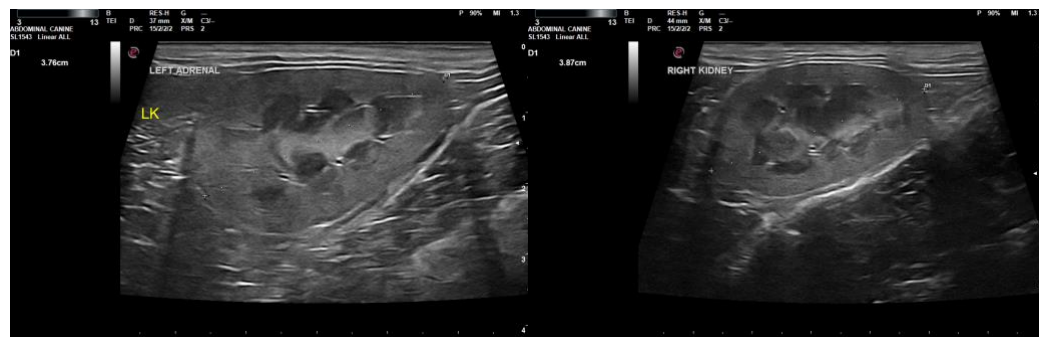
Dr. Borelli

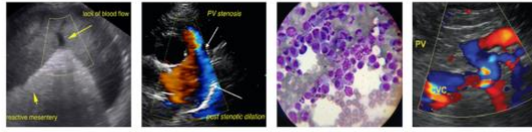
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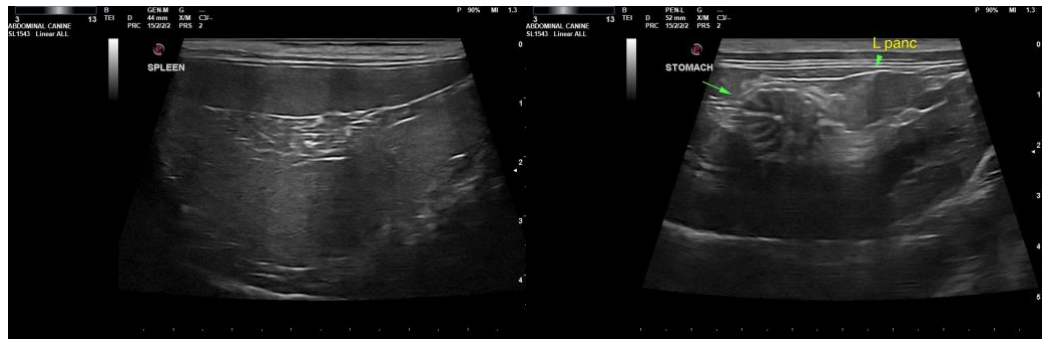
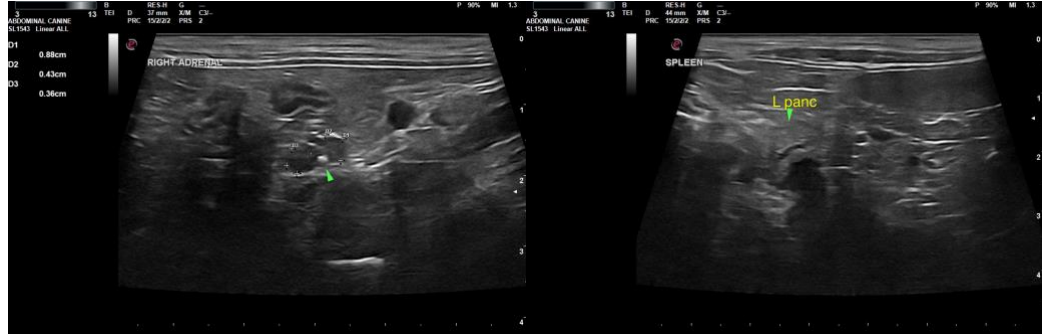
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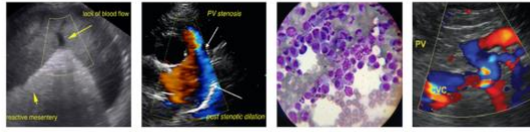
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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