



PATIENT

Cleopatra Seitzmeyer

PRESENTING CLINICAL SIGNS

History: Few month hx of chronic diarrhea and vomiting. Suspect abdominal effusion +/- mass effect on x-rays. Current meds: Provable probiotic and Purina EN food

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: HCT 24, WBC 19.45, fPL abn

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, 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 minor particulate sediment which may indicate cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

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 4.0 cm in length. The right kidney measured 4.2 cm in length.

AGE

15 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.53 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

INTERPRETED BY

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

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 measured 0.38 cm in width at the level of the hilus.

IMAGING PERFORMED BY
Jessica Miller

Liver

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.

HOSPITAL NAME

Raritan Valley
Veterinary Hospital

REFERRING VET

Dr. Verma

The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm in diameter.

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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.

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05/02/2022



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.45 cm in width. The ileocolic wall measured 0.46 cm in width.

SPECIES
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Normal visible colon wall layers were present with semi formed to soft feces in lumen.

Pancreas

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. No overt evidence of neoplasia.

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Free Abdomen

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Several to multiple nonhomogeneous variably prominent jejunocolic lymph nodes were observed. Generalized non uniform echogenic mesentery was noted along with intermittent small pockets of peritoneal free fluid.

AGE

15 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.53 pounds

- Active to chronic active pancreatitis
- Generalized infiltrative enteropathy
- Associated nonhomogeneous jejunocolic lymph nodes and intermittent scant peritoneal free fluid
- Coarse hepatic parenchyma, minor nonobstructive CBD dilation

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine is consistent with infiltrative enteropathy, considerations may include inflammatory enteropathy (IBD/eosinophilic enteritis) or neoplastic infiltrative enteropathy with round cells (lymphoma or other). Potential for triad disease may be a consideration if previous history of hepatic enzyme elevations and in light of potential mild cholangitis. Minor potential for pancreatic neoplasia yet thought less likely. Full thickness intestinal biopsies +/- hepatopancreatic biopsy would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for IBD is recommended.

IMAGING PERFORMED BY

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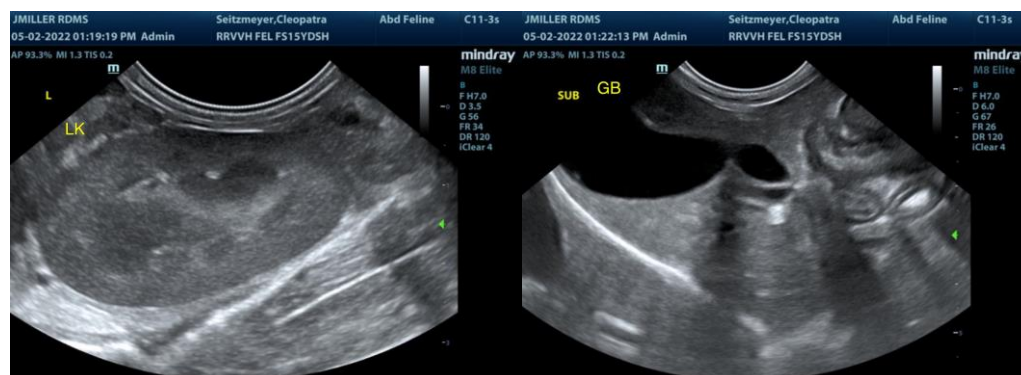
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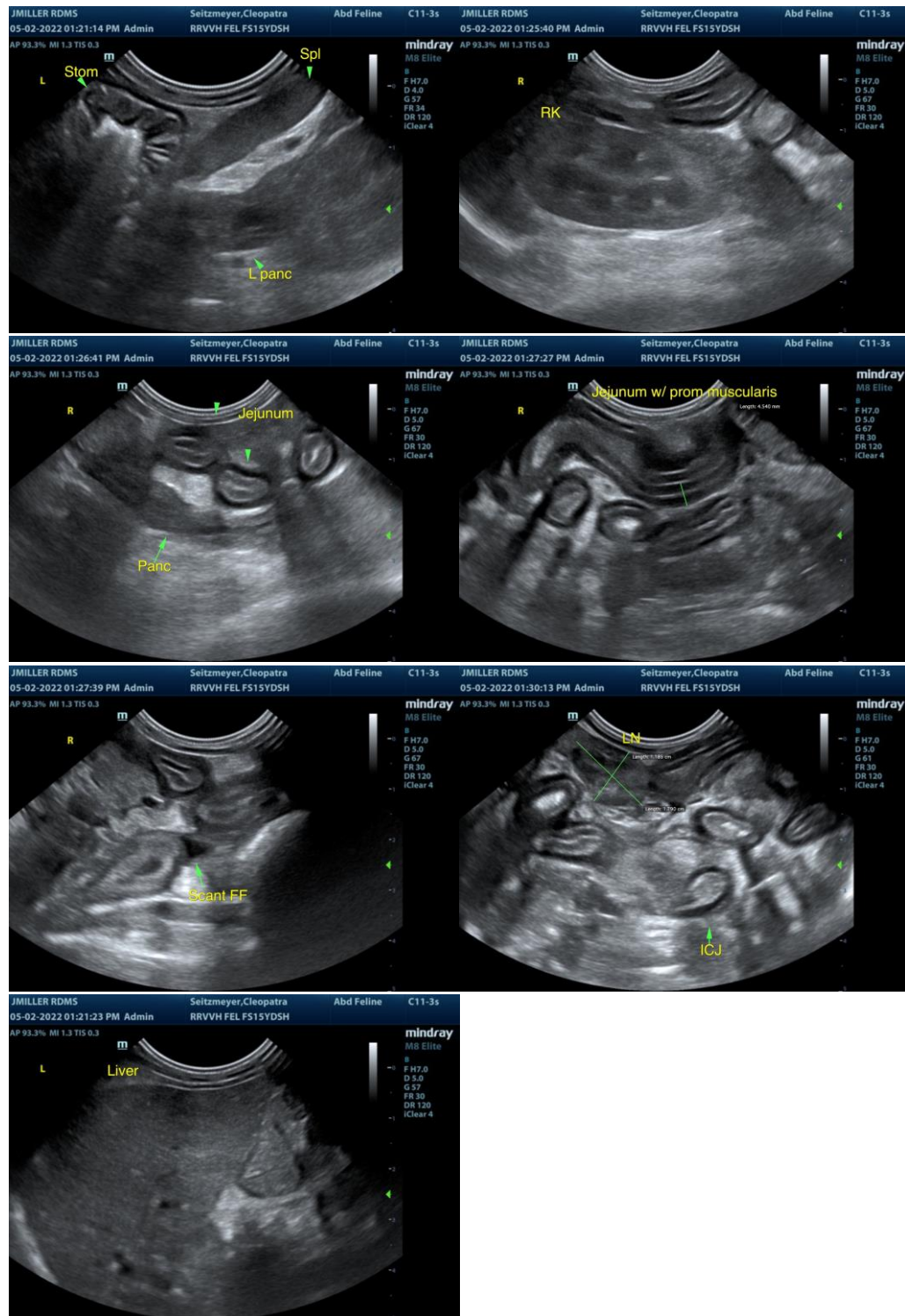
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The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

Feline

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info@SonoPath.com

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