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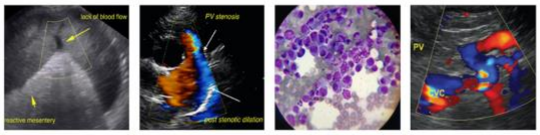

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Ashlie Study

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

2012

WEIGHT

14.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Jennings

INVOICE

37797

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Lethargy, gagging since dental 11.2021. CBC – Hct 24, normal WBC 5.4, unremarkable Chem.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.34 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.87 cm I nwidth at the level of the hilus. 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. 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. 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. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with segmental propensity for mildly prominent muscularis layer, yet without evidence of significant mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.26 cm. Ileocolic wall measured 0.36 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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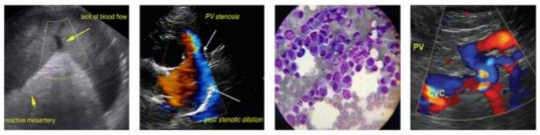

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Free Abdomen

Intermittent, mildly prominent jejunocolic lymph nodes noted. Example measured 0.29 cm in diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No free fluid. No omental masses.

PRIMARY FINDINGS

- Suspect mild IBD
- Intermittent, mild, subjectively benign jejunocolic lymphadenopathy – mild lymphoid hyperplasia or reactive lymphadenitis secondary to inflammatory bowel possible.

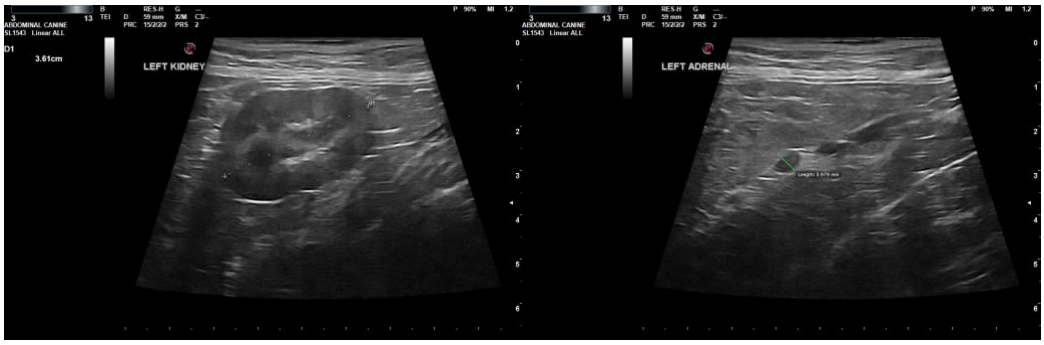
SECONDARY FINDINGS

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes. Although normal patient variant is possible, the changes are suggestive of mild inflammatory enteropathy/IBD. However, given the lack of reported gastrointestinal signs (i.e., definitive vomiting, diarrhea, or evidence of weight loss), this finding is non-specific. No other evidence of abdominal visceral pathology as an obvious cause of the patient's clinical signs.

Empirical gastrointestinal support, hydrolyzed diet trial +/- conservative IBD protocol would be reasonable. Full thickness gastrointestinal biopsies would be required for definitive diagnosis. If the development of consistent gastrointestinal signs or evidence of weight loss, a GI panel to include PLI, TLI, cobalamin and folate could be considered. A definitive cause of the patient's mild anemia was not evident.



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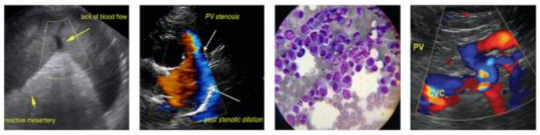

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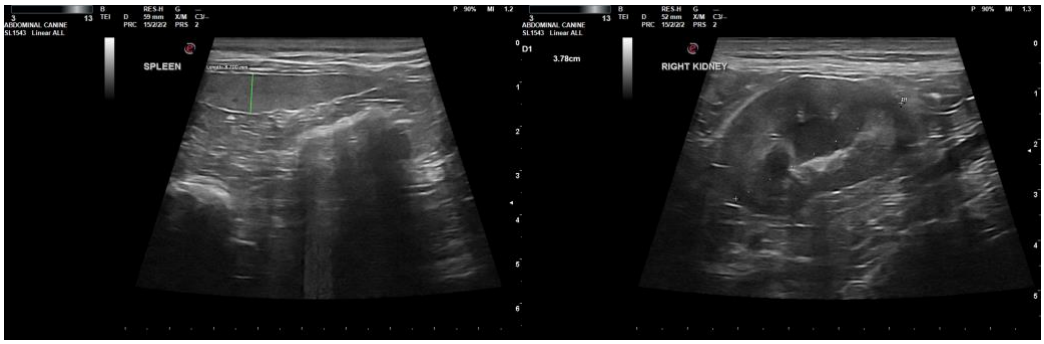

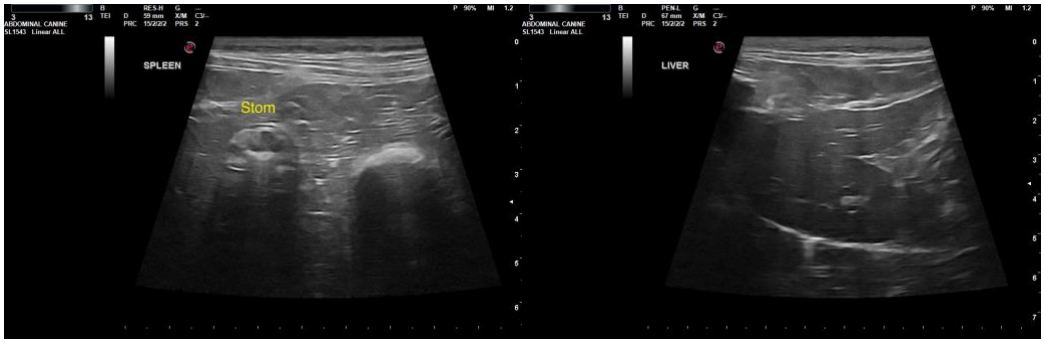

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice) info@SonoPath.com