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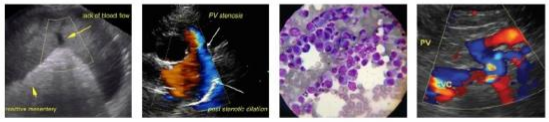

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Grayson Freeman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindsay Sjloin

INVOICE

37898

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History of vomitng up food 3-5 times a week for the last 3 months Physical exam findings: moderate periodontal disease. Otherwise PE is WNL Abnormal CBC values: none Abnormal Chemistry Values: IDEXX SDMA 15 (0 - 14 µg/dL), Creatinine 1.6 (0.9 - 2.3 mg/dL),Cholesterol 82 (91 - 305 mg/d) Abnormal UA Values: 2-5 WBC and 2-5 RBC, rare rods. Free catch sample from litter box Radiograph Findings(email radiographs if available): n/a Reason for Ultrasound: evaluate for kidneys for chronic kidney disease and intestinal tract for cause of vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 3.8 cm. The right kidney measured 3.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm. The right adrenal gland measured 0.48 cm.

Spleen

The spleen exhibited mild prominent size, yet technically within normal limits. Primarily maintained finely textured homogeneous parenchyma present. Areas of medial capsule asymmetry noted with a focal area of mild medial splenic parenchymal expansion. No masses or nodules noted. The spleen measured 0.92 cm in width at the level of the hilus.

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.

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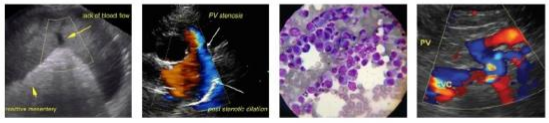

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Jejunum wall measured 0.32 cm. Ileocolic wall measured 0.46 cm.

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

Pancreas

The pancreas was generally prominent in size with areas of capsule asymmetry and hypoechoic to non-homogeneous parenchyma. Mild pancreatic duct dilation noted.

Free Abdomen

Multiple jejunocolic lymph nodes were present, exhibiting variable increased size with asymmetrical contour with non-homogeneous to mildly hypoechoic parenchyma. Mildly enlarged pancreaticoduodenal and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle regional perilymphatic reactive mesentery noted. Example of mesenteric lymph node measured 3.1 cm x 0.92 cm.

No effusion.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern – suspect inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis). Potential for neoplastic infiltrative enteropathy (i.e., lymphoma or other) possible.
- Active to chronic active pancreatitis.
- Associated variably sized to non-homogeneous jejunocolic, focal pancreaticoduodenal and minor medial iliac lymphadenopathy.
- Mild chronic renal changes.
- Mild asymmetrical medial spleen with potential for focal minor medial parenchymal expansion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the spleen was non-specific. Considerations may include patient or age related variant, hyperplasia, hematopoiesis, incidental splenitis, while the possibility of early splenic neoplasia, although thought less likely, cannot be definitively excluded.

Further assessment in this case may include GI panel to include PLI, TLI, cobalamin and folate. Assuming normal clotting status, splenic FNA using 25-gauge needle recommended for screening cytology. Full thickness intestinal +/- pancreatic biopsies would be required for definitive diagnosis. Empirical IBD/pancreatitis protocol with as needed gastrointestinal support would be reasonable if biopsies are not possible, and assessment of clinical response. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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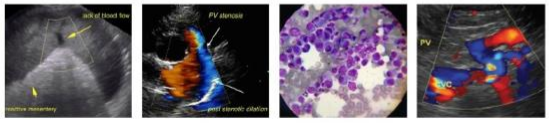

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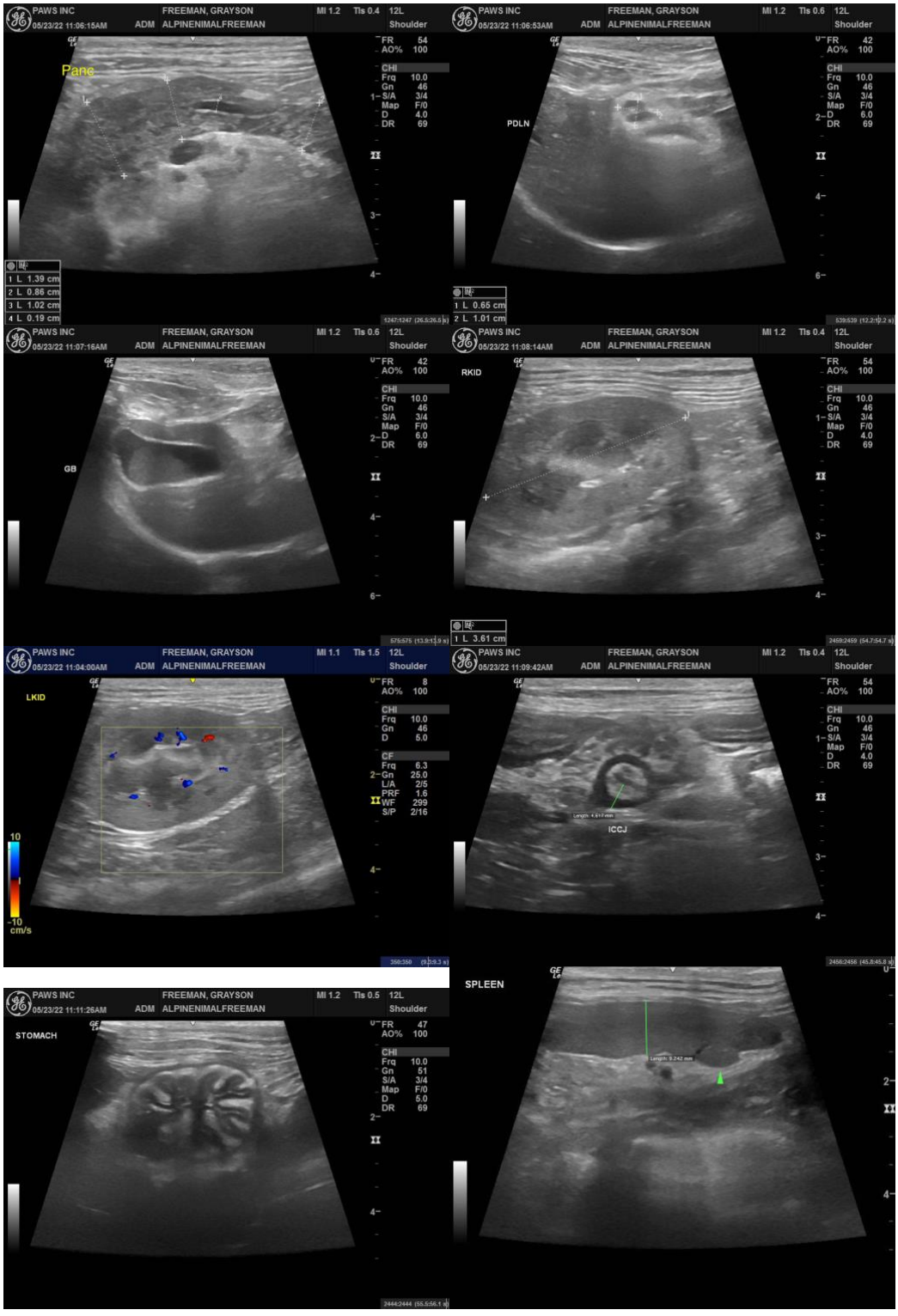

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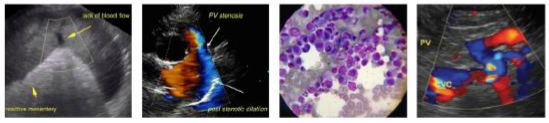

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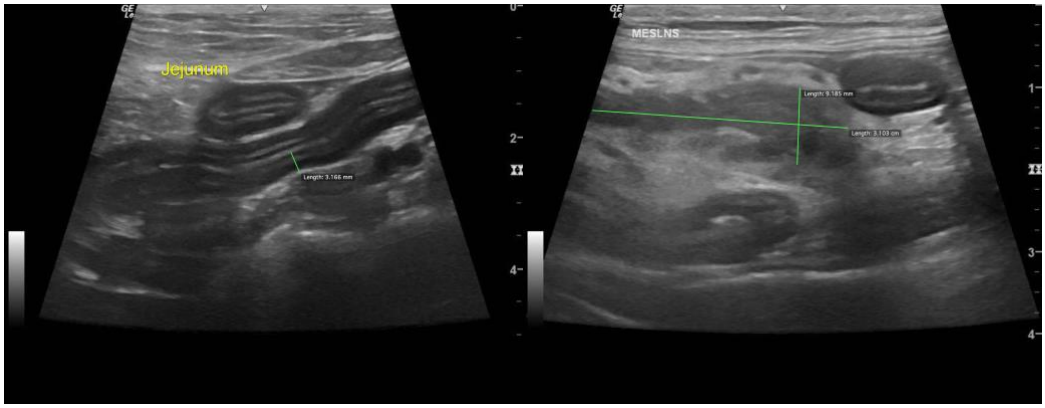

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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