

**PATIENT**

Ralph Vandersnick

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

16 years

WEIGHT

10 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Abby Bowers

INVOICE

13794

DATE

5/4/22

PRESENTING CLINICAL SIGNS

P has history of chronic vomiting that has progressively worsened over the last few months. He has also started to lose weight. We are trying to get him transitioned to a hydrolyzed diet.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem, T4, UA and feline triple test were done at end of Jan were mostly unremarkable. Total protein was slightly low at 6.1. T4 was high normal at 2.9. We rechecked T4 and SDMA 04/15/22 and it was 2.8 and SDMA was 16.

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. This may indicate cellular debris / protein, minor crystalline debris and mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present with no evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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/ Gallbladder

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. The gastric body wall width measured 0.25 cm.

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The small intestine presented intact yet mild altered wall muscularis/mucosa ratio owing to prominent muscularis layer primarily involving the jejunum and ileum. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.45 cm. No evidence of loss of intestinal wall layering or intestinal masses was noted.

SPECIES

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

Pancreas**BREED**

DSH

The pancreas presented normal size with areas of mild capsule asymmetry and mildly hypoechoic parenchyma exhibiting potential for small parenchymal cysts or hypoechoic nodules, which may suggest areas of nodular hyperplasia. No overt evidence of pancreatic neoplastic criteria was noted. Minor pancreatic duct dilation was present.

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Free Abdomen

Intermittent midabdominal mesenteric 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 lymph node measured 0.5 cm diameter. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

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Primary Findings

- Minor urinary bladder sediment
- Mild nonspecific chronic renal changes
- Infiltrative enteropathy
- Associated mild subjective benign / reactive mesenteric lymph nodes
- Chronic active pancreatitis pattern with potential for parenchymal cysts or nonspecific nodules - no overt evidence of pancreatic neoplastic criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline renal staging to include full urinalysis +/- culture and sensitivity if evidence of Inflammatory cells is suggested.

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The overall appearance of the small intestine, primarily the jejunum and ileum, is consistent with Infiltrative enteropathy. Inflammatory infiltrative enteropathy i.e., IBD / eosinophilic enteritis is suspected, although very early or low-grade neoplastic infiltrative enteropathy with round cells such as lymphoma may present in a similar sonographic manner.

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Given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further assessment, as well as correlation with the pancreatic presentation. Intestinal biopsies would be required for a definitive diagnosis. Empirical IBD / chronic active pancreatitis protocol with as-needed gastrointestinal support would be reasonable.

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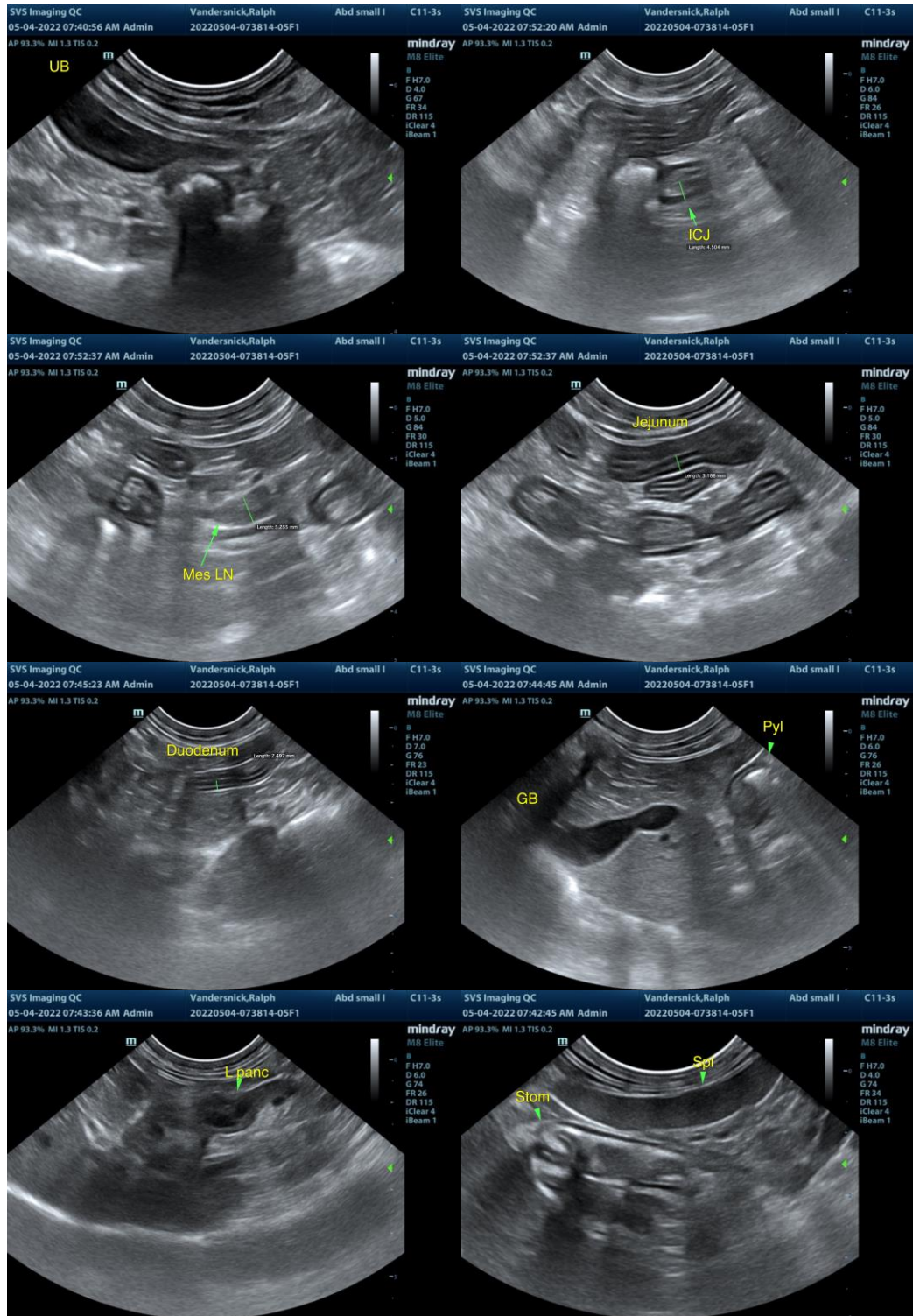
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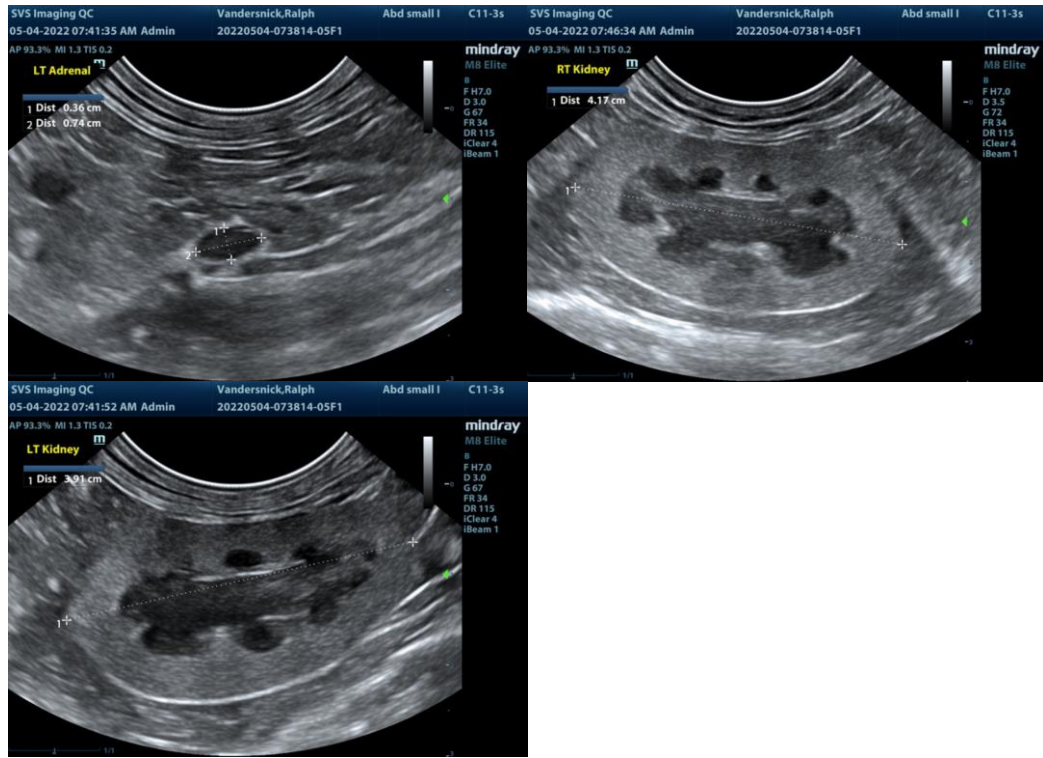
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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