



PATIENT PRESENTING CLINICAL SIGNS

Thelma Haberek Chronic weight loss and loose stool. Non-responsive to low fat diet and seems to have worsened on prednisone. Fecal PCR negative. Thyroid and other chemistry values normal. Dewormed with no improvement. Ravenous appetite. ? IBD vs neoplasia vs other.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

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 3.4 cm. The right kidney measured 3.2 cm.

AGE

12 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

4.9 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.31 cm.

Spleen

INTERPRETED BY

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Wood River AH

Gastrointestinal

REFERRING VET

Dr. Casey Schuelke

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme present in the stomach. Gastric body wall measured 0.22 cm.

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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.25-0.27 cm. Ileocolic wall measured 0.27 cm.

INVOICE

37525

Normal visible colon wall layers were present with semiformal to soft feces, consistent with reported loose stool.

DATE

5/8/22



PATIENT *Pancreas*

Thelma Haberek The left and right pancreatic limbs exhibited subtle prominent size with maintained symmetrical capsule contour. Mildly hypoechoic parenchyma compared to adjacent peripancreatic omentum.

SPECIES *Free Abdomen*

Feline Intermittent, mildly prominent mid abdominal mesenteric lymph nodes were present. Example measured 2.8 cm x 0.43 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

BREED

DSH Small pockets of scant peri intestinal to peritoneal free fluid present. No omental masses.

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild chronic renal changes
- Overtly normal gastrointestinal tract with mild potentially retained gastric chyme
- Intermittent benign/reactive mesenteric lymphadenopathy
- Suspect chronic active pancreatitis
- Minor peritoneal free fluid

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.9 Pounds

Although no sonographic evidence of intestinal mural pathology was present, suppression of intestinal mural changes from recent Prednisolone could be possible. In patients with chronic gastrointestinal signs and weight loss, considerations may include dietary intolerance/food hypersensitivity or allergy, dysbiosis, infectious gastroenteritis, structurally insignificant inflammatory bowel disease, or occult intestinal neoplasia (less likely).

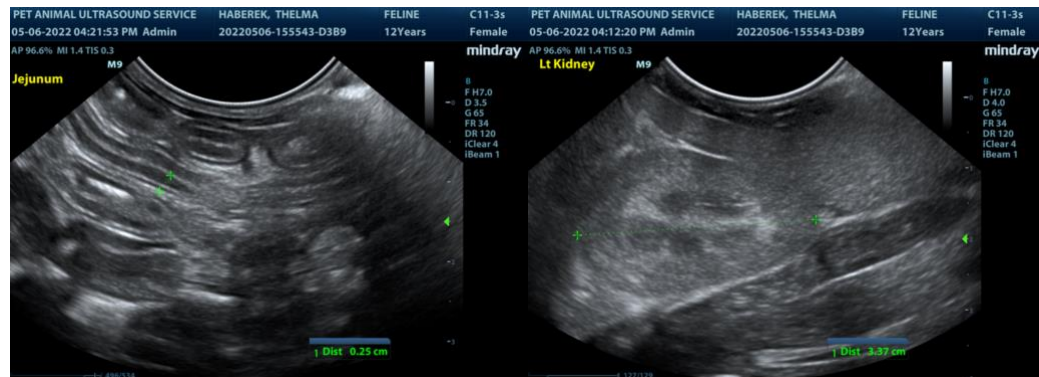
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 DABVP (Canine and Feline)

Full GI panel to include PLI, TLI, cobalamin and folate recommended. Given the lack of response to previous empirical therapy, and pending GI panel results, cobalamin supplementation, high colony count probiotic hydrolyzed diet trial, +/- empirical fiber supplementation and potential diet rotation may prove beneficial.

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SPECIES

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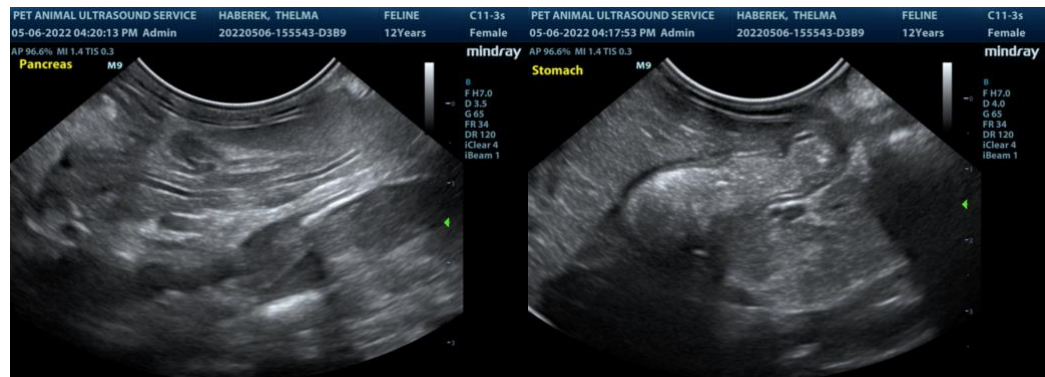
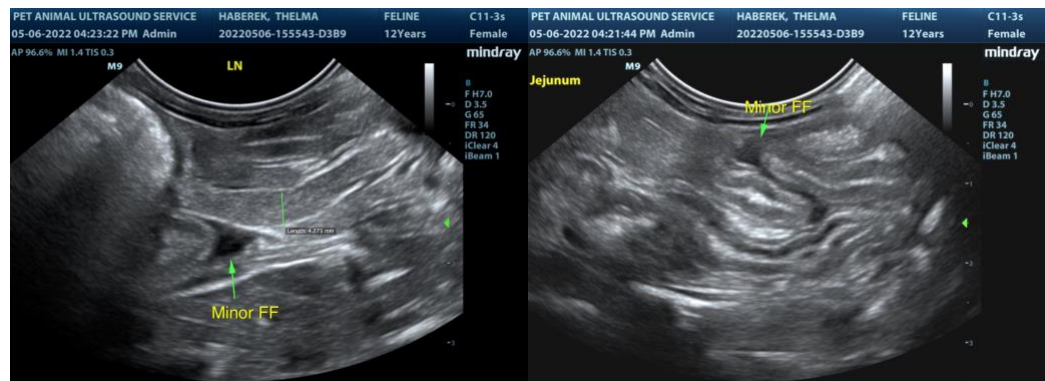
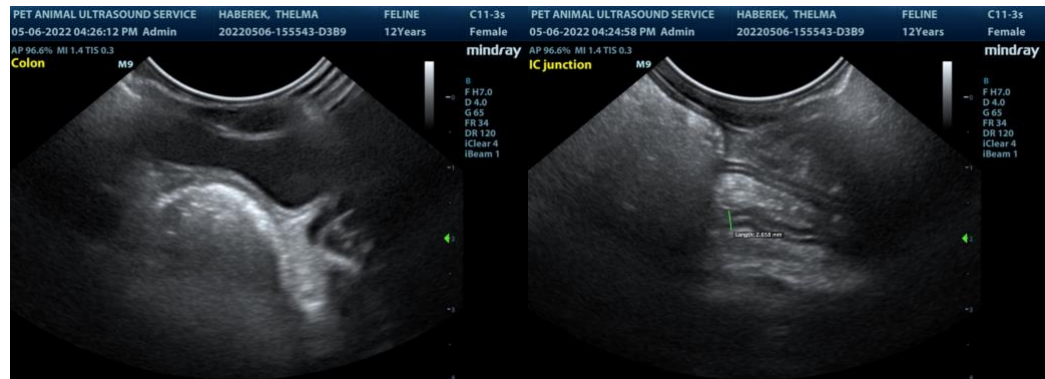
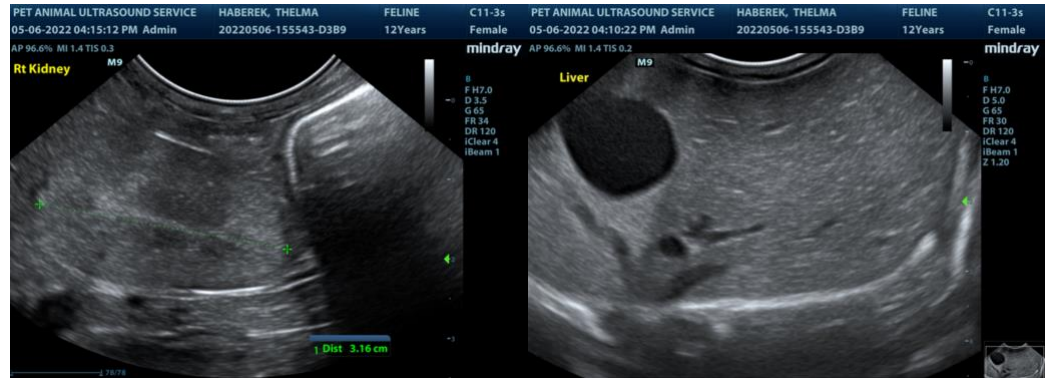
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PATIENT

Thelma Haberek

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.

SPECIES

Feline

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.

BREED

DSH

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