



PATIENT PRESENTING CLINICAL SIGNS

Tigger Graver History: PU/PD, occasional vomiting Pred 2.5 EOD

Unremarkable CBC/chemistry panel/urinalysis, Urine specific gravity 1.016, neg protein and glucose

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

The area of the aortic trifurcation was free of pathology.

AGE

2011

Normal size and margination were 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 3.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

WEIGHT

8.8 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width.

The right adrenal gland was not definitively visualized. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen was normal in size and contour with uniform decreased splenic parenchyma echogenicity. No masses or nodules noted. The spleen measured 0.77 cm width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Blue Ridge VC

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Filchner

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 0.26 cm.

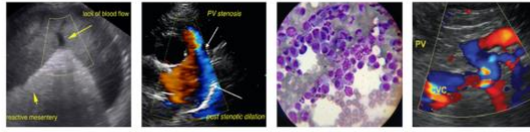
INVOICE

15111

The small intestine presented intact thickened wall layering, exhibiting inverted muscularis to mucosa ratio, owing to generalized significantly thickened muscularis layer. No overt evidence of loss of intestinal wall layering or distinct intestinal masses. The duodenum wall measured 0.35 cm. The jejunum wall measured up to 0.45 cm. The ileocolic wall measured 0.43 cm.

DATE

5/9/22



PATIENT

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

Tigger Graver

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.

SPECIES

Feline

Free Abdomen

BREED

DSH

Multiple enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Generalized periintestinal to perilymphatic reactive mesentery was present. An example of lymph node size was 1.4 cm x 0.52 cm. No evidence of peritoneal effusion noted.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

2011

- Infiltrative enteropathy with inverted wall layer ratio
- Associated mesenteric lymphadenopathy with perilymphatic to periintestinal reactive mesentery
- Pancreatitis
- Mild chronic renal changes

WEIGHT

8.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the small intestine may include inflammatory infiltrative enteropathy (i.e., IBD/eosinophilic enteritis) or neoplastic infiltrative enteropathy with round cells, such as lymphoma, mast cell neoplasia or other, both of which may present in similar sonographic manner. Minor potential for dry form FIP possible yet thought less likely. The associated mesenteric lymphadenopathy may indicate hyperplasia, reactive lymphadenitis, while the possibility of early neoplastic lymphadenopathy cannot be excluded. Concurrent pancreatitis (often seen with gastrointestinal disease) is sonographically present.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, full thickness intestinal biopsies +/- lymphatic biopsies would be required for a definitive diagnosis. Given the degree of intestinal thickening, potential ultrasound guided FNA of the intestinal wall, for screening cytology, could be possible.

IMAGING PERFORMED BY

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Empirically, IBD protocol, which may include increased Prednisolone frequency and dosage (i.e., 1-2 mg/kg PO SID), cobalamin supplementation, as needed gastrointestinal support with monitoring of clinical response and patient weight would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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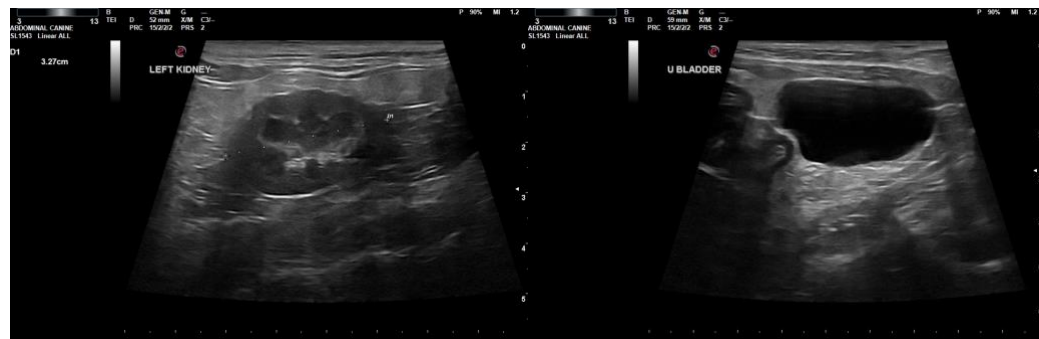
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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