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VETERINARY ULTRASOUND SERVICES
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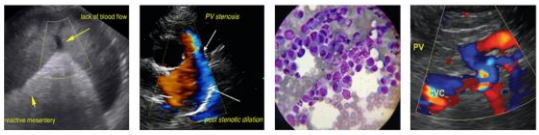


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Maxwell Werntz

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2011

WEIGHT
9.6

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. Kubala

INVOICE
10783ag

DATE
06/10/2022

PRESENTING CLINICAL SIGNS

History: Suspect IBD, vomiting, diarrhea, inappetence Mirtazapine, Cerenia, Prednisolone

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nonparticulate 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 asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was uniformly increased compared to the normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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. The spleen measured 0.76 cm in width at the level of the hilus.

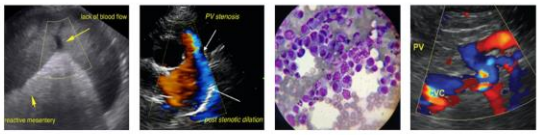
Liver

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 primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm in diameter. No evidence of post hepatic obstruction.

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 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio without significant mural hypertrophy or loss of wall layering. Subjective propensity for mildly prominent muscularis layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign



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material. The duodenum wall measured 0.28 cm in width. The jejunum wall measured 0.22 cm in width. The ileocolic wall measured 0.33 cm in width. Mild evidence of peri intestinal reactive mesentery was noted.

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

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.

Free Abdomen

No peritoneal effusion was present.

Intermittent to multiple mildly prominent to enlarged mesenteric 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 of a lymph node measured 1.2 cm x 0.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Intact yet mildly prominent small bowel wall layering-probable IBD
- Associated mild subjective benign reactive mesenteric lymph nodes-hyperplasia or mild reactive lymphadenitis owing to IBD likely
- Pancreatitis
- Nonspecific chronic renal changes
- Minor urinary bladder sediment
- Mild nonobstructive CBD dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

A combination of IBD and pancreatitis is suspected to be contributing to the patients GI signs. Potential for triad disease may be considered in this patient if previous or current history of hepatic enzyme elevations. Minor potential for early to mild neoplastic enteropathy with round cells cannot be definitively excluded yet thought less likely. Full thickness intestinal biopsies would be required for definitive diagnosis.

Empirical therapy for IBD and pancreatitis would be reasonable with assessment of clinical response and monitoring of body weight.

Pending GI panel results, additional therapeutics may include cobalamin supplementation, high colony count probiotic and a hydrolyzed diet trial.

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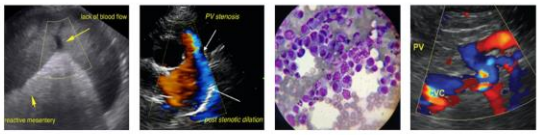

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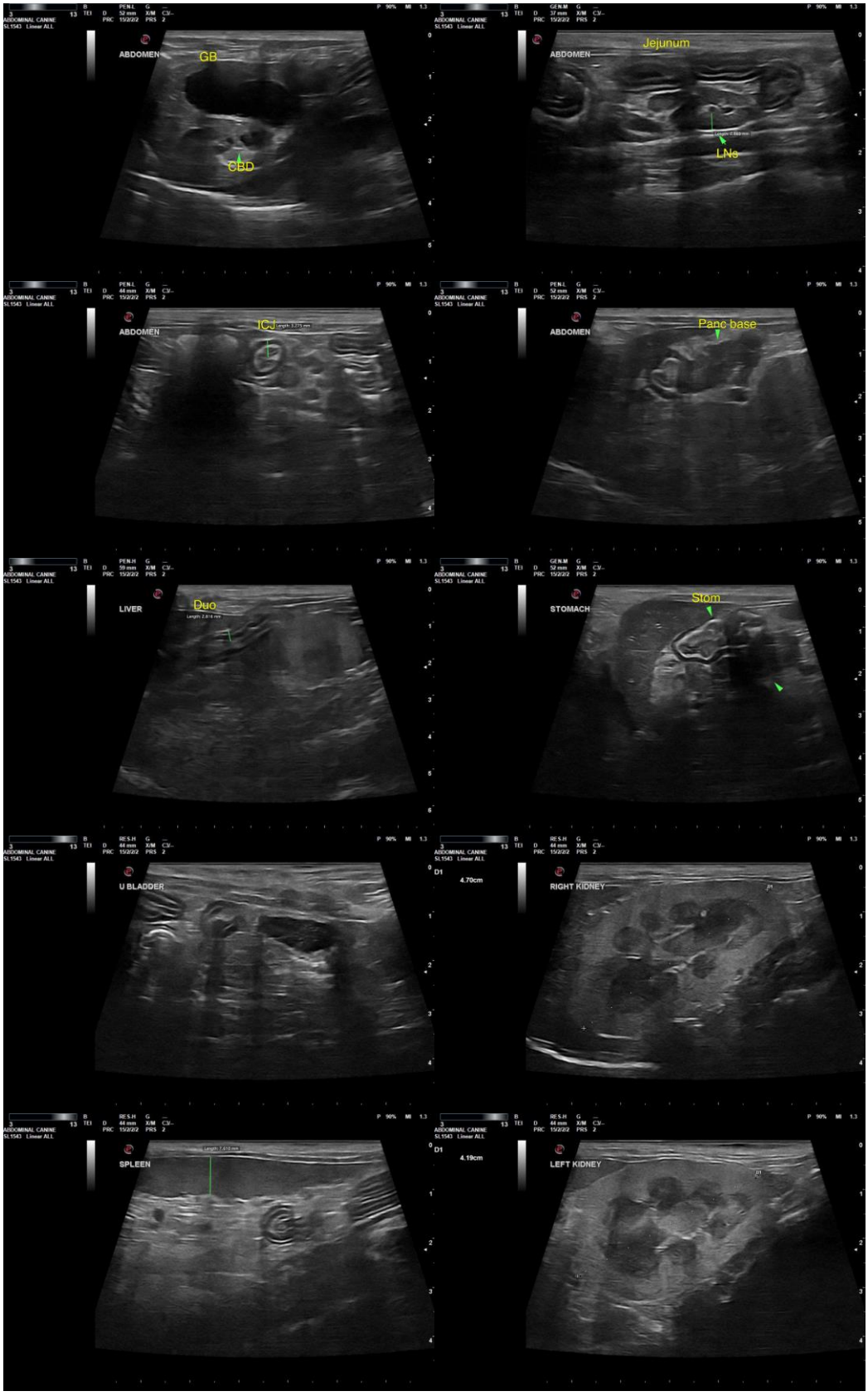

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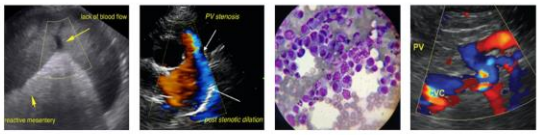

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com