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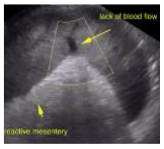
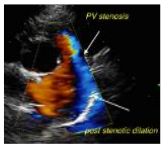
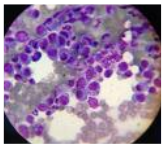
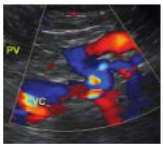

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cassidy Rodgers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Taylor AH of Parkville

INVOICE

16070

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting. Fever today of 103.1.
Abnormal PE/Chem/CBC/UA Results: Chem: GLU 336 (71-159), Glob 5.8 (2.8-5.1), ALT 151 (12-130), GGT 7 (0-4), Chol 285 (65-225), K 3.4 (3.5-5.8). Rest WNL including TT4. CBC: RDW 33.3% (15-27), Retic 106.3 (3-50), Eos 0.14 (0.17-1.57). Rest WNL.

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 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 0.30 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

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

The liver exhibited potential for subjective mild enlargement. The parenchyma of the liver was subjectively mild uniform increased in echogenicity compared to the spleen and falciform fat. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic content with mild nonmineralized luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm diameter.

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.

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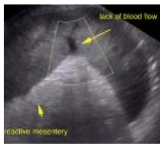

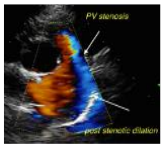

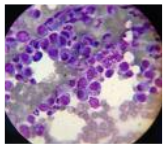
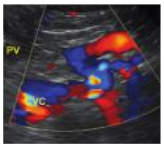

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The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent muscularis layer. No overt evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. Minor segmental jejunal ileus noted. The small intestinal wall measured 0.23 cm. The ileocolic wall measured 0.33 cm.

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

Pancreas

The pancreas was normal in size and contour with subtle primarily homogeneous to hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mildly prominent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.48 cm width.

No effusion noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy with associated subjectively benign/reactive jejunocolic lymphadenopathy
- Mild hyperechoic liver- suspect low-grade cholangiohepatitis
- Mild gallbladder debris with minor nonobstructive proximal common bile duct dilation
- Possible low-grade pancreatitis

Secondary Findings

- Nonspecific chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

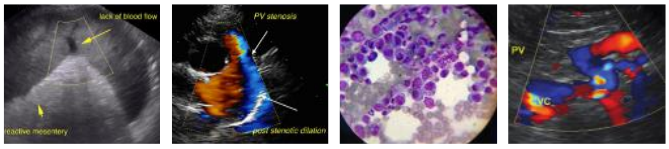
The intestinal presentation, although not definitive, with potential for patient variant, exhibited subtle mural changes, which are suggestive of inflammatory enteropathy (i.e., IBD). Neoplastic intestinal criteria are considered unlikely. Potential for triad disease may be considered in this patient.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening hepatic FNA, using a 25-gauge needle, and assuming normal clotting status, primarily to assess for evidence of inflammatory cells and rule out less likely potential for hepatic neoplasia.

An obvious cause of the fever was not definitively evident yet potentially associated with low-grade cholangiohepatitis or intestinal inflammation.

Fructosamine level is suggested if previous or persistent hyperglycemia.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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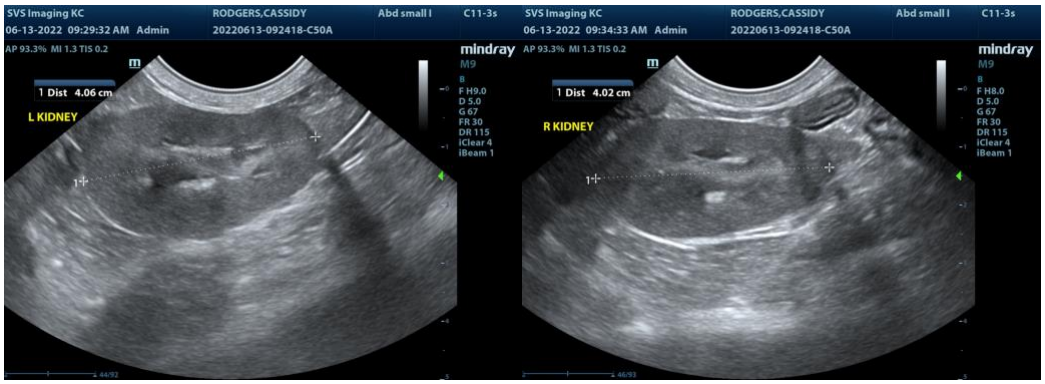
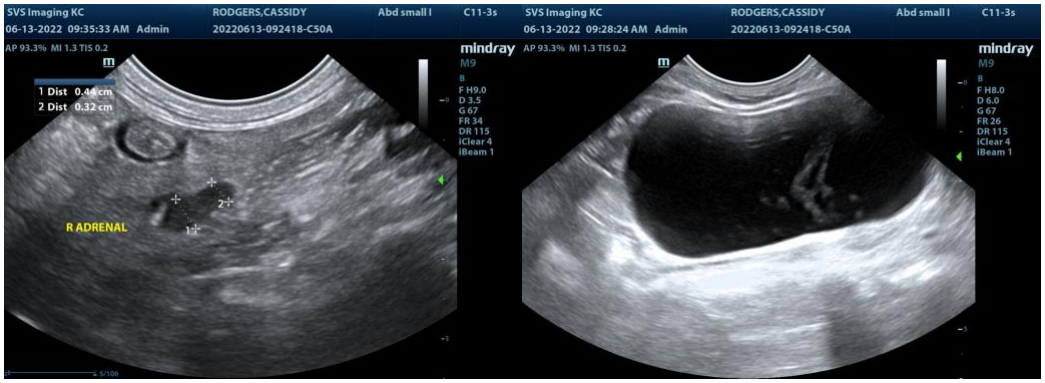
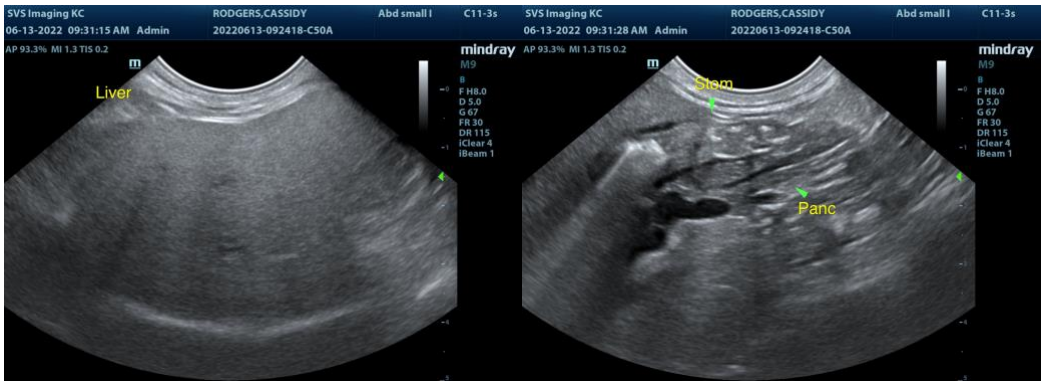
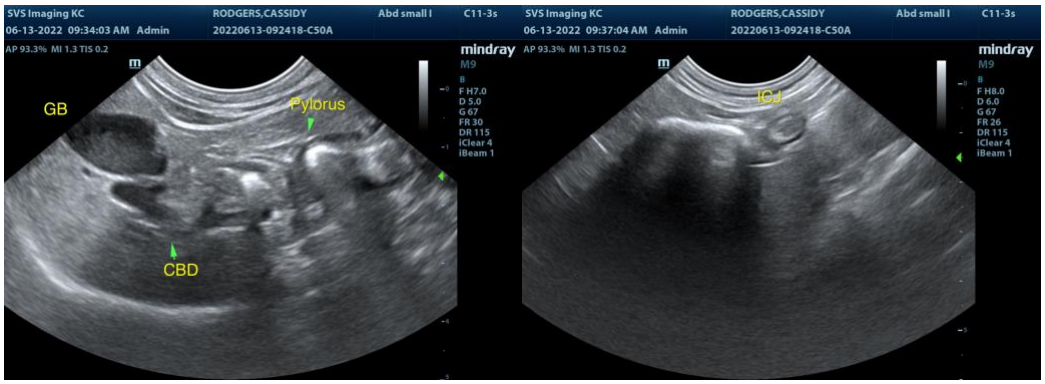
Empirically, as needed gastrointestinal support +/- triad disease therapy protocol could be considered with assessment of the clinical response.









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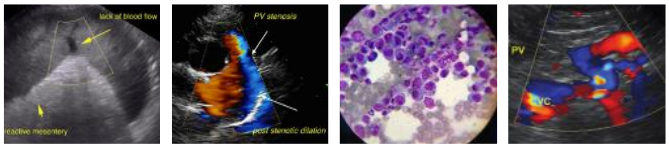

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com